

**SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement  
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION  
Revised January 2024



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**COVER PAGE**

|  |   |                              |  |
|--|---|------------------------------|--|
| <b>1. NAME OF COMMITTEE</b>  |   |                              |  |
| <b>Firewall Fund</b>   |   |                              |  |
| <b>2. TREASURER NAME</b>   |   |                              |  |
| First<br><b>Timothy</b>  | MI  | Last<br><b>Birch</b>         | Suffix   |
| <b>3. TREASURER ADDRESS</b>  |   |                              |  |
| Street Address<br><b>379 Belden Hill Rd</b>  | City<br><b>Wilton</b>   | State<br><b>CT</b>           | Zip Code<br><b>06987</b>                         |
| <b>4. ELECTION/REFERENDUM DATE</b>   | <b>5. OFFICE SOUGHT</b> <i>(Complete only if Candidate Committee)</i> |                              | <b>6. DISTRICT NUMBER</b> <i>(if applicable)</i> |
|  |   |                              |  |
| <b>7. CANDIDATE NAME</b> <i>(Complete only if Candidate or Exploratory Committee)</i>  |   |                              |  |
| First  | MI  | Last                         | Suffix   |
| <b>8. TYPE OF REPORT</b>   |   |                              |  |
| <b>7th Day Preceding General Election - Original</b>   |   |                              |  |
| <b>9. PERIOD COVERED</b>   |   |                              |  |
| Beginning Date   |   | Ending Date                  |  |
| <b>10/01/2025</b>  |   | thru <b>10/26/2025</b>       |  |
| <b>10. CERTIFICATION</b>   |   |                              |  |
| <input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete. |   |                              |  |
| <b>Electronic Filing</b>   | <b>Amber Page Gehr</b>  | <b>10/28/2025 10:10:14AM</b> |  |
| SIGNATURE  | PRINT NAME OF THE SIGNER  | DATE CERTIFIED               |  |
| <b>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.</b>   |   |                              |  |

**SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2024

**SUMMARY PAGE TOTALS**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  | TYPE OF REPORT                                       |                       |
|---|--|-----------------------|
| <b>Firewall Fund</b>  | <b>7th Day Preceding General Election - Original</b> |                       |
|   | COLUMN A<br>This Period                              | COLUMN B<br>Aggregate |
| 11. Balance on hand January 1 of current year for Ongoing and Party Committees OR<br>Balance on hand from day Committee was formed for all other Committees |  | <b>\$23,496.84</b>    |
| 12. Balance on hand at the beginning of Reporting Period  | <b>\$38,652.00</b>                                   |                       |
| 13. Contributions received from Individuals (Section A and B)   | <b>\$31,165.00</b>                                   | <b>\$94,685.50</b>    |
| 14. Receipts from Other Committees (Sections C1 and C2)   | <b>\$5,250.00</b>                                    | <b>\$5,250.00</b>     |
| 15. Other Monetary Receipts (Section D through K)   | <b>\$0.00</b>  | <b>\$0.00</b>         |
| 16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)   | <b>\$0.00</b>  | <b>\$0.00</b>         |
| 16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed  |  |                       |
| 16c. Total Purchases of Advertising - Program Book or Sign (Section L3)   | <b>\$5,000.00</b>                                    | <b>\$5,000.00</b>     |
| 17. Total Monetary Receipts (add totals for lines 13 through 16c)   | <b>\$41,415.00</b>                                   | <b>\$104,935.50</b>   |
| 18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)  | <b>\$80,067.00</b>                                   | <b>\$128,432.34</b>   |
| 19. Expenses Paid by Committee (Section P)  | <b>\$26,880.13</b>                                   | <b>\$75,245.47</b>    |
| 20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both colum   | <b>\$53,186.87</b>                                   | <b>\$53,186.87</b>    |
| 21. In-Kind Donations not Considered Contributions Received (Section L4)  | <b>\$0.00</b>  | <b>\$0.00</b>         |
| 22. In-Kind Donations not Considered Contributions - House Party (Section L5)   | <b>\$0.00</b>  | <b>\$0.00</b>         |
| 23. In-Kind Contributions Received (Section M)  | <b>\$0.00</b>  | <b>\$1,000.00</b>     |
| 24. Refundable Deposit to Telephone Company (Section N)   | <b>\$0.00</b>  | <b>\$0.00</b>         |
| 25. Loan Balance  | <b>\$0.00</b>  |                       |
| 25a. + Loans Received (Section D)   | <b>\$0.00</b>  | <b>\$0.00</b>         |
| 25b. + Interest and Penalties on Loan(s)  | <b>\$0.00</b>  | <b>\$0.00</b>         |
| 25c. - Payments on Loan   | <b>\$0.00</b>  | <b>\$0.00</b>         |
| 25d. Total Outstanding Loan Amount  | <b>\$0.00</b>  |                       |
| 26. Campaign Expenses Paid By Candidate (Section Q)   | <b>\$0.00</b>  | <b>\$0.00</b>         |
| 27. Expenses Incurred on Committee Credit Card (Section R)  | <b>\$359.03</b>                                      | <b>\$5,402.40</b>     |
| 28. Expenses Incurred by Committee During this Period but Not Paid (Section S)  | <b>\$0.00</b>  |                       |
| 28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)  | <b>\$0.00</b>  |                       |

**I. MONETARY RECEIPTS (Section A-K)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Firewall Fund  | 7th Day Preceding General Election - Original |

**A. Total Contributions from Small Contributors-Received this Period ONLY**

(See instructions for definition of Small Contributor)

Subtotal Section A

**\$250.00****B. Itemized Contributions from Individuals**

|   |  |  |                                       |                        |
|---|--|--|---------------------------------------|------------------------|
| Last Name<br>needleman  |  | First Name<br>norman   |                                       | MI                     |
| Residential Street Address<br>9 Foxboro Rd  |  | City<br>Essex  | State<br>CT                           | Zip Code<br>06426-1070 |
| Principal Occupation<br>Executive   |  | Name of Employer<br>Tower labs ltd   |                                       |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                       | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/01/2025  | Aggregate Contributions<br>\$1,500.00 | \$500.00               |

|   |  |  |                                    |                        |
|---|--|--|------------------------------------|------------------------|
| Last Name<br>Heisler  |  | First Name<br>Rhonda   |                                    | MI                     |
| Residential Street Address<br>24 Alice Dr   |  | City<br>Bloomfield   | State<br>CT                        | Zip Code<br>06002-1528 |
| Principal Occupation<br>Retired   |  | Name of Employer<br>Retired  |                                    |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                    | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/01/2025  | Aggregate Contributions<br>\$75.00 | \$50.00                |

|   |  |  |                                     |                        |
|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Huttner  |  | First Name<br>Sharon   |                                     | MI                     |
| Residential Street Address<br>37 Turtle Bay Dr  |  | City<br>Branford   | State<br>CT                         | Zip Code<br>06405-4972 |
| Principal Occupation<br>Retired   |  | Name of Employer<br>Retired  |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/01/2025  | Aggregate Contributions<br>\$750.00 | \$250.00               |

**I. MONETARY RECEIPTS (Section A-K)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Firewall Fund  | 7th Day Preceding General Election - Original |

**B. Itemized Contributions from Individuals**

|   |  |  |  |                                     |                        |
|---|--|--|--|-------------------------------------|------------------------|
| Last Name<br>Sacks  |  | First Name<br>Katharine  |  | MI                                  |                        |
| Residential Street Address<br>165 Bishop St # A   |  | City<br>New Haven  |  | State<br>CT                         | Zip Code<br>06511-3717 |
| Principal Occupation<br>attorney  |  |  | Name of Employer<br>Katharine B. Sacks, Attorney at Law, LLC |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |  | Amount of Contribution              |                        |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  |  | Date Received<br>10/01/2025                                  | Aggregate Contributions<br>\$100.00 | \$100.00               |
| Last Name<br>Nichols  |  | First Name<br>Alice  |  | MI                                  |                        |
| Residential Street Address<br>90 Congdon St , None  |  | City<br>Providence   |  | State<br>RI                         | Zip Code<br>02906-1413 |
| Principal Occupation<br>business owner manufacturing pet products in RI   |  |  | Name of Employer<br>Up Country Inc.                          |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |  | Amount of Contribution              |                        |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  |  | Date Received<br>10/01/2025                                  | Aggregate Contributions<br>\$250.00 | \$250.00               |
| Last Name<br>Tartell  |  | First Name<br>Karen  |  | MI                                  |                        |
| Residential Street Address<br>116 Washington Post Dr  |  | City<br>Wilton   |  | State<br>CT                         | Zip Code<br>06897-4633 |
| Principal Occupation<br>Retired   |  |  | Name of Employer<br>Retired                                  |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |  | Amount of Contribution              |                        |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  |  | Date Received<br>10/01/2025                                  | Aggregate Contributions<br>\$150.00 | \$50.00                |

**I. MONETARY RECEIPTS (Section A-K)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Firewall Fund  | 7th Day Preceding General Election - Original |

**B. Itemized Contributions from Individuals**

|   |  |  |                                     |                        |
|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Rosen  |  | First Name<br>Goldy  |                                     | MI<br>C                |
| Residential Street Address<br>62 Woodbrook Dr   |  | City<br>Stamford   | State<br>CT                         | Zip Code<br>06907-1031 |
| Principal Occupation<br>Retired   |  | Name of Employer<br>Retired  |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10152025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/01/2025  | Aggregate Contributions<br>\$350.00 | \$100.00               |
| Last Name<br>Brenner  |  | First Name<br>Erin   |                                     | MI                     |
| Residential Street Address<br>14 Wilshire Park # Na   |  | City<br>Needham  | State<br>MA                         | Zip Code<br>02492-3723 |
| Principal Occupation<br>Chief Operating Officer   |  | Name of Employer<br>Ventric Herh   |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10152025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/01/2025  | Aggregate Contributions<br>\$100.00 | \$100.00               |
| Last Name<br>Hill   |  | First Name<br>Kevin  |                                     | MI                     |
| Residential Street Address<br>81 Broad St   |  | City<br>Wethersfield   | State<br>CT                         | Zip Code<br>06109-3104 |
| Principal Occupation<br>Lobbyist  |  | Name of Employer<br>Powers Griffin and Hill  |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10152025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/01/2025  | Aggregate Contributions<br>\$100.00 | \$100.00               |

**I. MONETARY RECEIPTS (Section A-K)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Firewall Fund  | 7th Day Preceding General Election - Original |

**B. Itemized Contributions from Individuals**

|   |  |                                 |                                     |                        |
|---|--|---------------------------------|-------------------------------------|------------------------|
| Last Name<br>WORTH  |  | First Name<br>KEYIN             |                                     | MI                     |
| Residential Street Address<br>220 Albany Tpke Unit 168  |  | City<br>Canton                  | State<br>CT                         | Zip Code<br>06019-7006 |
| Principal Occupation<br>Civil Mediator  |  | Name of Employer<br>KEYIN WORTH |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                 | Amount of Contribution              |                        |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                 |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/01/2025     | Aggregate Contributions<br>\$750.00 | \$250.00               |

|   |  |                                     |                                     |                        |
|---|--|-------------------------------------|-------------------------------------|------------------------|
| Last Name<br>Cordano  |  | First Name<br>Amanda                |                                     | MI                     |
| Residential Street Address<br>160 Florida Hill Rd # Na  |  | City<br>Ridgefield                  | State<br>CT                         | Zip Code<br>06877-5225 |
| Principal Occupation<br>Executive Director  |  | Name of Employer<br>Ms President US |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                     | Amount of Contribution              |                        |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No 10152025A   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/01/2025         | Aggregate Contributions<br>\$100.00 | \$100.00               |

|   |  |                                   |                                    |                        |
|---|--|-----------------------------------|------------------------------------|------------------------|
| Last Name<br>Vallam   |  | First Name<br>Tejal               |                                    | MI                     |
| Residential Street Address<br>45 Andover Dr   |  | City<br>Rocky Hill                | State<br>CT                        | Zip Code<br>06067-1733 |
| Principal Occupation<br>Self Employed   |  | Name of Employer<br>Self Employed |                                    |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                   | Amount of Contribution             |                        |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |                                    |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/01/2025       | Aggregate Contributions<br>\$50.00 | \$50.00                |

**I. MONETARY RECEIPTS (Section A-K)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Firewall Fund  | 7th Day Preceding General Election - Original |

**B. Itemized Contributions from Individuals**

|   |  |                                    |  |                               |
|---|--|------------------------------------|--|-------------------------------|
| Last Name<br><b>Heftman</b>   |  | First Name<br><b>Jackie</b>        |  | MI                            |
| Residential Street Address<br><b>97 Acre View Dr</b>  |  | City<br><b>Stamford</b>            | State<br><b>CT</b>                         | Zip Code<br><b>06903-2510</b> |
| Principal Occupation<br><b>Retired</b>  |  | Name of Employer<br><b>Retired</b> |  |                               |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                    |  | Amount of Contribution        |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |  |                               |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>10/02/2025</b> | Aggregate Contributions<br><b>\$250.00</b> | <b>\$250.00</b>               |

|   |  |  |  |                               |
|---|--|--|--|-------------------------------|
| Last Name<br><b>Occhiogrosso</b>  |  | First Name<br><b>Roy</b>                 |  | MI                            |
| Residential Street Address<br><b>25 Park Rd</b>   |  | City<br><b>Simsbury</b>                  | State<br><b>CT</b>                         | Zip Code<br><b>06070-2711</b> |
| Principal Occupation<br><b>Consultant</b>   |  | Name of Employer<br><b>Self Employed</b> |  |                               |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |  |  | Amount of Contribution        |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |  |                               |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>10/02/2025</b>       | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>               |

|   |  |                                    |  |                          |
|---|--|------------------------------------|--|--------------------------|
| Last Name<br><b>Meyer</b>   |  | First Name<br><b>Marie Noelle</b>  |  | MI                       |
| Residential Street Address<br><b>7 Tod S Driftway 7 S</b>   |  | City<br><b>Old Greenwich</b>       | State<br><b>CT</b>                           | Zip Code<br><b>06870</b> |
| Principal Occupation<br><b>Retired</b>  |  | Name of Employer<br><b>Retired</b> |  |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                    |  | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |  |                          |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>10/02/2025</b> | Aggregate Contributions<br><b>\$1,000.00</b> | <b>\$1,000.00</b>        |

**I. MONETARY RECEIPTS (Section A-K)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Firewall Fund  | 7th Day Preceding General Election - Original |

**B. Itemized Contributions from Individuals**

|   |  |  |                                     |                        |
|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Thies  |  | First Name<br>Armin                                |                                     | MI<br>P                |
| Residential Street Address<br>194 Big Oak Rd # X  |  | City<br>Stamford                                   | State<br>CT                         | Zip Code<br>06903-4608 |
| Principal Occupation<br>Retired   |  | Name of Employer<br>Retired                        |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |  | Amount of Contribution              |                        |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10152025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/03/2025                        | Aggregate Contributions<br>\$100.00 | \$100.00               |
| Last Name<br>Hughes   |  | First Name<br>Sean                                 |                                     | MI                     |
| Residential Street Address<br>88 Sheffield St   |  | City<br>Old Saybrook                               | State<br>CT                         | Zip Code<br>06475-2307 |
| Principal Occupation<br>Communicator Lobbyist   |  | Name of Employer<br>Hughes and Cronin              |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No       |  | Amount of Contribution              |                        |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10152025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/06/2025                        | Aggregate Contributions<br>\$100.00 | \$100.00               |
| Last Name<br>Kinney   |  | First Name<br>Stephen                              |                                     | MI                     |
| Residential Street Address<br>20 Cromwell Pl  |  | City<br>Old Saybrook                               | State<br>CT                         | Zip Code<br>06475-2512 |
| Principal Occupation<br>Lobbyist  |  | Name of Employer<br>Gaffney Bennett and Associates |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |  | Amount of Contribution              |                        |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10152025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/07/2025                        | Aggregate Contributions<br>\$100.00 | \$100.00               |

**I. MONETARY RECEIPTS (Section A-K)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Firewall Fund  | 7th Day Preceding General Election - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                     |                        |
|---|--|---|-------------------------------------|------------------------|
| Last Name<br>Conway   |  | First Name<br>Richard                             |                                     | MI                     |
| Residential Street Address<br>80 Blue Ridge Rd  |  | City<br>Kensington                                | State<br>CT                         | Zip Code<br>06037-2802 |
| Principal Occupation<br>Lobbyist  |  | Name of Employer<br>Gaffney, Bennett & Associates |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |   |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10152025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/07/2025                       | Aggregate Contributions<br>\$100.00 | \$100.00               |

|   |  |  |                                     |                        |
|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Bingham  |  | First Name<br>Ryan                     |                                     | MI                     |
| Residential Street Address<br>20 Spencer Brook Rd   |  | City<br>New Hartford                   | State<br>CT                         | Zip Code<br>06057-3635 |
| Principal Occupation<br>Lobbyist  |  | Name of Employer<br>Sullivan & LeShane |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |  |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10152025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/07/2025            | Aggregate Contributions<br>\$100.00 | \$100.00               |

|   |  |   |                                     |                        |
|---|--|---|-------------------------------------|------------------------|
| Last Name<br>Smith  |  | First Name<br>Christopher               |                                     | MI                     |
| Residential Street Address<br>606 Cortland Cir  |  | City<br>Cheshire                        | State<br>CT                         | Zip Code<br>06410-2938 |
| Principal Occupation<br>Lobbyist  |  | Name of Employer<br>Rome Smith Kowalski |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |   |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10152025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/07/2025             | Aggregate Contributions<br>\$100.00 | \$100.00               |

**I. MONETARY RECEIPTS (Section A-K)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Firewall Fund  | 7th Day Preceding General Election - Original |

**B. Itemized Contributions from Individuals**

|   |  |  |                                     |                        |
|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Greenman   |  | First Name<br>Saam   |                                     | MI                     |
| Residential Street Address<br>10 Oakledge Cir , Home  |  | City<br>Norwalk  | State<br>CT                         | Zip Code<br>06854-2514 |
| Principal Occupation<br>Teacher   |  | Name of Employer<br>Capt Saam's Scuba School, LLC  |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No       |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10152025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/07/2025  | Aggregate Contributions<br>\$100.00 | \$100.00               |

|   |  |  |                                     |                        |
|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Meyer  |  | First Name<br>Virginia   |                                     | MI                     |
| Residential Street Address<br>518 W Lyon Farm 518 West Dr   |  | City<br>Greenwich  | State<br>CT                         | Zip Code<br>06831      |
| Principal Occupation<br>Retired   |  | Name of Employer<br>Retired  |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10152025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/07/2025  | Aggregate Contributions<br>\$100.00 | \$100.00               |

|   |  |  |                                     |                        |
|---|--|--|-------------------------------------|------------------------|
| Last Name<br>French   |  | First Name<br>William  |                                     | MI                     |
| Residential Street Address<br>2 Osprey Cmns   |  | City<br>Clinton  | State<br>CT                         | Zip Code<br>06413-2712 |
| Principal Occupation<br>Retired   |  | Name of Employer<br>Retired  |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No       |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10152025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/07/2025  | Aggregate Contributions<br>\$100.00 | \$100.00               |

**I. MONETARY RECEIPTS (Section A-K)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Firewall Fund  | 7th Day Preceding General Election - Original |

**B. Itemized Contributions from Individuals**

|   |  |  |                                    |                        |
|---|--|--|------------------------------------|------------------------|
| Last Name<br>Barlow   |  | First Name<br>Malcolm  |                                    | MI                     |
| Residential Street Address<br>627 Spring St   |  | City<br>Manchester   | State<br>CT                        | Zip Code<br>06040-6745 |
| Principal Occupation<br>Attorney  |  | Name of Employer<br>Self   |                                    |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                    | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/07/2025  | Aggregate Contributions<br>\$50.00 | \$50.00                |

|   |  |  |                                       |                        |
|---|--|--|---------------------------------------|------------------------|
| Last Name<br>Kaufman  |  | First Name<br>Derek  |                                       | MI                     |
| Residential Street Address<br>98 Round Hill Rd  |  | City<br>Greenwich  | State<br>CT                           | Zip Code<br>06831-3744 |
| Principal Occupation<br>nonprofit   |  | Name of Employer<br>Inclusive Abundance Initiative   |                                       |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                       | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/08/2025  | Aggregate Contributions<br>\$1,000.00 | \$1,000.00             |

|   |  |  |                                     |                        |
|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Reynolds   |  | First Name<br>Kevin  |                                     | MI<br>N                |
| Residential Street Address<br>71 Sycamore Rd  |  | City<br>West Hartford  | State<br>CT                         | Zip Code<br>06117-2845 |
| Principal Occupation<br>Lobbyist  |  | Name of Employer<br>RSG  |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10152025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/09/2025  | Aggregate Contributions<br>\$100.00 | \$100.00               |

**I. MONETARY RECEIPTS (Section A-K)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Firewall Fund  | 7th Day Preceding General Election - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                     |                        |
|---|--|---|-------------------------------------|------------------------|
| Last Name<br>Kowalski   |  | First Name<br>Linda                     |                                     | MI                     |
| Residential Street Address<br>23 Sybil Creek Pl   |  | City<br>Branford                        | State<br>CT                         | Zip Code<br>06405-5261 |
| Principal Occupation<br>Consultant  |  | Name of Employer<br>Rome Smith Kowalski |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |   | Amount of Contribution              |                        |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10152025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/09/2025             | Aggregate Contributions<br>\$100.00 | \$100.00               |

|   |  |   |                                     |                        |
|---|--|---|-------------------------------------|------------------------|
| Last Name<br>Smith  |  | First Name<br>Mike                      |                                     | MI                     |
| Residential Street Address<br>228 Shadyside Ln  |  | City<br>Milford                         | State<br>CT                         | Zip Code<br>06460-6721 |
| Principal Occupation<br>Lobbyist  |  | Name of Employer<br>Rome Smith Kowalski |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |   | Amount of Contribution              |                        |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10152025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/09/2025             | Aggregate Contributions<br>\$100.00 | \$100.00               |

|   |  |                                   |                                       |                        |
|---|--|-----------------------------------|---------------------------------------|------------------------|
| Last Name<br>Bunnell  |  | First Name<br>Charles             |                                       | MI                     |
| Residential Street Address<br>204 Niantic River Rd  |  | City<br>Waterford                 | State<br>CT                           | Zip Code<br>06385-1536 |
| Principal Occupation<br>Chief of Staff  |  | Name of Employer<br>Mohegan Tribe |                                       |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                   | Amount of Contribution                |                        |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10152025A</u><br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |                                       |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/09/2025       | Aggregate Contributions<br>\$1,000.00 | \$1,000.00             |

**I. MONETARY RECEIPTS (Section A-K)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Firewall Fund  | 7th Day Preceding General Election - Original |

**B. Itemized Contributions from Individuals**

|   |  |  |                                       |                        |
|---|--|--|---------------------------------------|------------------------|
| Last Name<br>Rowthorn   |  | First Name<br>Perry  |                                       | MI                     |
| Residential Street Address<br>43 Walbridge Rd   |  | City<br>West Hartford  | State<br>CT                           | Zip Code<br>06119-1344 |
| Principal Occupation<br>Lawyer  |  | Name of Employer<br>Rowthorn Law LLC   |                                       |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                       | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/09/2025  | Aggregate Contributions<br>\$1,000.00 | \$1,000.00             |

|   |  |  |                                       |                        |
|---|--|--|---------------------------------------|------------------------|
| Last Name<br>Zinn Rowthorn  |  | First Name<br>Hayley   |                                       | MI                     |
| Residential Street Address<br>43 Walbridge Rd   |  | City<br>West Hartford  | State<br>CT                           | Zip Code<br>06119-1344 |
| Principal Occupation<br>Educational therapist   |  | Name of Employer<br>Realize Learning   |                                       |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                       | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/10/2025  | Aggregate Contributions<br>\$1,000.00 | \$1,000.00             |

|   |  |  |                                     |                        |
|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Butts  |  | First Name<br>Cynthia  |                                     | MI                     |
| Residential Street Address<br>17 Bridlewood Rd  |  | City<br>South Windsor  | State<br>CT                         | Zip Code<br>06074-2513 |
| Principal Occupation<br>CEO   |  | Name of Employer<br>CT Association of Realtors   |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10152025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/10/2025  | Aggregate Contributions<br>\$100.00 | \$100.00               |

**I. MONETARY RECEIPTS (Section A-K)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Firewall Fund  | 7th Day Preceding General Election - Original |

**B. Itemized Contributions from Individuals**

|   |  |  |                                     |                        |
|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Cronin Hughes  |  | First Name<br>Jean   |                                     | MI                     |
| Residential Street Address<br>88 Sheffield St   |  | City<br>Old Saybrook   | State<br>CT                         | Zip Code<br>06475-2307 |
| Principal Occupation<br>Lobbyist  |  | Name of Employer<br>Hughes & Cronin  |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10152025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/10/2025  | Aggregate Contributions<br>\$100.00 |                        |
|   |  |  |                                     | \$100.00               |
| Last Name<br>Dugan  |  | First Name<br>Michael  |                                     | MI                     |
| Residential Street Address<br>23 Viola Dr   |  | City<br>East Hampton   | State<br>CT                         | Zip Code<br>06424-1683 |
| Principal Occupation<br>Lobbyist  |  | Name of Employer<br>Capitol Consulting LLC   |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10152025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/10/2025  | Aggregate Contributions<br>\$100.00 |                        |
|   |  |  |                                     | \$100.00               |
| Last Name<br>Ross   |  | First Name<br>Phyllis  |                                     | MI                     |
| Residential Street Address<br>201 Blood St Lyme Ct # 6371   |  | City<br>Lyme   | State<br>CT                         | Zip Code<br>06371      |
| Principal Occupation<br>Retired   |  | Name of Employer<br>Retired  |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/11/2025  | Aggregate Contributions<br>\$15.00  |                        |
|   |  |  |                                     | \$15.00                |

**I. MONETARY RECEIPTS (Section A-K)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Firewall Fund  | 7th Day Preceding General Election - Original |

**B. Itemized Contributions from Individuals**

|   |  |  |  |                               |
|---|--|--|--|-------------------------------|
| Last Name<br><b>Weeks</b>   |  | First Name<br><b>Brad</b>  |  | MI                            |
| Residential Street Address<br><b>5 Twin Pines Dr</b>  |  | City<br><b>Wallingford</b>   | State<br><b>CT</b>                         | Zip Code<br><b>06492-6020</b> |
| Principal Occupation<br><b>Consultant</b>   |  | Name of Employer<br><b>Rome Smith Kowalski</b>   |  |                               |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |  | Amount of Contribution        |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <b>10152025A</b><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                               |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>10/11/2025</b>   | Aggregate Contributions<br><b>\$100.00</b> |                               |
|   |  |  |  | <b>\$100.00</b>               |
| Last Name<br><b>Meyer</b>   |  | First Name<br><b>Marie Noelle</b>  |  | MI                            |
| Residential Street Address<br><b>7 Tait Rd</b>  |  | City<br><b>Old Greenwich</b>   | State<br><b>CT</b>                         | Zip Code<br><b>06870-1816</b> |
| Principal Occupation<br><b>Retired</b>  |  | Name of Employer<br><b>Retired</b>   |  |                               |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |  | Amount of Contribution        |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                               |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>10/11/2025</b>   | Aggregate Contributions<br><b>\$500.00</b> |                               |
|   |  |  |  | <b>\$500.00</b>               |
| Last Name<br><b>Weeks</b>   |  | First Name<br><b>Karen</b>   |  | MI                            |
| Residential Street Address<br><b>5 Twin Pines Dr</b>  |  | City<br><b>Wallingford</b>   | State<br><b>CT</b>                         | Zip Code<br><b>06492-6020</b> |
| Principal Occupation<br><b>Consultant</b>   |  | Name of Employer<br><b>Rome Smith Kowalski</b>   |  |                               |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |  | Amount of Contribution        |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <b>10152025A</b><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                               |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>10/11/2025</b>   | Aggregate Contributions<br><b>\$100.00</b> |                               |
|   |  |  |  | <b>\$100.00</b>               |

**I. MONETARY RECEIPTS (Section A-K)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Firewall Fund  | 7th Day Preceding General Election - Original |

**B. Itemized Contributions from Individuals**

|   |  |  |                                     |                        |
|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Jepsen   |  | First Name<br>George                       |                                     | MI                     |
| Residential Street Address<br>995 Prospect Ave  |  | City<br>West Hartford                      | State<br>CT                         | Zip Code<br>06105-1101 |
| Principal Occupation<br>Attorney  |  | Name of Employer<br>George Jepsen & Assocs |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |  |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10152025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/11/2025                | Aggregate Contributions<br>\$100.00 | \$100.00               |

|   |  |  |                                     |                        |
|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Hughes   |  | First Name<br>Josh                     |                                     | MI                     |
| Residential Street Address<br>34 Lexington Rd   |  | City<br>West Hartford                  | State<br>CT                         | Zip Code<br>06119-1747 |
| Principal Occupation<br>Lobbyist  |  | Name of Employer<br>Capitol Consulting |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |  |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10152025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/13/2025            | Aggregate Contributions<br>\$100.00 | \$100.00               |

|   |  |   |                                     |                        |
|---|--|---|-------------------------------------|------------------------|
| Last Name<br>Keenan   |  | First Name<br>Dan                                 |                                     | MI                     |
| Residential Street Address<br>7 Wintergreen Cir   |  | City<br>Southwick                                 | State<br>MA                         | Zip Code<br>01077-9224 |
| Principal Occupation<br>Lawyer - Lobbyist   |  | Name of Employer<br>Trinity Health Of New England |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |   |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10152025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/13/2025                       | Aggregate Contributions<br>\$100.00 | \$100.00               |

**I. MONETARY RECEIPTS (Section A-K)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Firewall Fund  | 7th Day Preceding General Election - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                     |                        |
|---|--|---|-------------------------------------|------------------------|
| Last Name<br>Corey  |  | First Name<br>Art                                   |                                     | MI                     |
| Residential Street Address<br>24 Valley View Rd   |  | City<br>Glastonbury                                 | State<br>CT                         | Zip Code<br>06033-3621 |
| Principal Occupation<br>Senior Vice President & General Counsel   |  | Name of Employer<br>Connecticut Bankers Association |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |   | Amount of Contribution              |                        |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10152025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/14/2025                         | Aggregate Contributions<br>\$100.00 | \$100.00               |

|   |  |  |                                       |                        |
|---|--|--|---------------------------------------|------------------------|
| Last Name<br>Angels   |  | First Name<br>Mackenzie                          |                                       | MI                     |
| Residential Street Address<br>443 Savage Hill Rd  |  | City<br>Berlin                                   | State<br>CT                           | Zip Code<br>06037-3300 |
| Principal Occupation<br>Lawyer  |  | Name of Employer<br>Brown Paindiris & Scott, LLP |                                       |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |  | Amount of Contribution                |                        |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10152025A</u><br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                                       |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/14/2025                      | Aggregate Contributions<br>\$1,000.00 | \$1,000.00             |

|   |  |   |                                     |                        |
|---|--|---|-------------------------------------|------------------------|
| Last Name<br>Malone   |  | First Name<br>Jude                                  |                                     | MI                     |
| Residential Street Address<br>200 River Rd  |  | City<br>Mystic                                      | State<br>CT                         | Zip Code<br>06355-1822 |
| Principal Occupation<br>Government Relations  |  | Name of Employer<br>CT Beer Wholesalers Association |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |   | Amount of Contribution              |                        |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10152025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/14/2025                         | Aggregate Contributions<br>\$100.00 | \$100.00               |

**I. MONETARY RECEIPTS (Section A-K)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Firewall Fund  | 7th Day Preceding General Election - Original |

**B. Itemized Contributions from Individuals**

|   |  |  |                                       |                        |
|---|--|--|---------------------------------------|------------------------|
| Last Name<br>Trumble  |  | First Name<br>Lisa   |                                       | MI                     |
| Residential Street Address<br>1699 Orleans Rd   |  | City<br>Harwich  | State<br>MA                           | Zip Code<br>02645-1538 |
| Principal Occupation<br>President & CEO   |  | Name of Employer<br>Southern New England Healthcare Organization   |                                       |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                       | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/14/2025  | Aggregate Contributions<br>\$250.00   |                        |
|   |  |  |                                       | \$250.00               |
| Last Name<br>Licht  |  | First Name<br>Jessica  |                                       | MI                     |
| Residential Street Address<br>13 Aldens Xing  |  | City<br>East Hampton   | State<br>CT                           | Zip Code<br>06424-2107 |
| Principal Occupation<br>Therapist   |  | Name of Employer<br>Self   |                                       |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                       | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/14/2025  | Aggregate Contributions<br>\$1,000.00 |                        |
|   |  |  |                                       | \$1,000.00             |
| Last Name<br>Mongellow  |  | First Name<br>Thomas   |                                       | MI                     |
| Residential Street Address<br>257 Adrian Ave  |  | City<br>Newington  | State<br>CT                           | Zip Code<br>06111-3503 |
| Principal Occupation<br>President & CEO   |  | Name of Employer<br>Connecticut Bankers Association  |                                       |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                       | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No <u>10152025A</u>  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/14/2025  | Aggregate Contributions<br>\$100.00   |                        |
|   |  |  |                                       | \$100.00               |

**I. MONETARY RECEIPTS (Section A-K)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Firewall Fund  | 7th Day Preceding General Election - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                     |                        |
|---|--|---|-------------------------------------|------------------------|
| Last Name<br>Shaiken  |  | First Name<br>Ben                                   |                                     | MI                     |
| Residential Street Address<br>27 Hawthorne Ln   |  | City<br>Mansfield Center                            | State<br>CT                         | Zip Code<br>06250-1308 |
| Principal Occupation<br>Director of Public Policy & Advocacy  |  | Name of Employer<br>CT Community Nonprofit Alliance |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   | Amount of Contribution              |                        |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10152025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative  |   |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/14/2025                         | Aggregate Contributions<br>\$100.00 | \$100.00               |

|   |  |                             |                                     |                        |
|---|--|-----------------------------|-------------------------------------|------------------------|
| Last Name<br>Reynolds   |  | First Name<br>Kevin         |                                     | MI<br>N                |
| Residential Street Address<br>71 Sycamore Rd  |  | City<br>West Hartford       | State<br>CT                         | Zip Code<br>06117-2845 |
| Principal Occupation<br>Lobbyist  |  | Name of Employer<br>RSG     |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                        |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10152025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative  |                             |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/14/2025 | Aggregate Contributions<br>\$200.00 | \$100.00               |

|   |  |                                 |                                     |                        |
|---|--|---------------------------------|-------------------------------------|------------------------|
| Last Name<br>Heckman  |  | First Name<br>James             |                                     | MI                     |
| Residential Street Address<br>42 Forest St  |  | City<br>Unionville              | State<br>CT                         | Zip Code<br>06085-1202 |
| Principal Occupation<br>Attorney  |  | Name of Employer<br>CT Realtors |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                 | Amount of Contribution              |                        |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10152025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative  |                                 |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/14/2025     | Aggregate Contributions<br>\$100.00 | \$100.00               |

**I. MONETARY RECEIPTS (Section A-K)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Firewall Fund  | 7th Day Preceding General Election - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                     |                        |
|---|--|---|-------------------------------------|------------------------|
| Last Name<br>Levin  |  | First Name<br>Jay   |                                     | MI                     |
| Residential Street Address<br>23 Worthington Rd   |  | City<br>New London  | State<br>CT                         | Zip Code<br>06320-2932 |
| Principal Occupation<br>Attorney/Lobbyist   |  | Name of Employer<br>Levin, Paulino & Christ Government Relations<br>Consu |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |   | Amount of Contribution              |                        |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10152025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/15/2025   | Aggregate Contributions<br>\$100.00 | \$100.00               |

|   |  |  |                                     |                        |
|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Johnson  |  | First Name<br>Michael                  |                                     | MI                     |
| Residential Street Address<br>1418 Boulevard  |  | City<br>West Hartford                  | State<br>CT                         | Zip Code<br>06119-1912 |
| Principal Occupation<br>Lobbyist  |  | Name of Employer<br>Sullivan & LeShane |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |  | Amount of Contribution              |                        |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10152025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/15/2025            | Aggregate Contributions<br>\$100.00 | \$100.00               |

|   |  |   |                                     |                        |
|---|--|---|-------------------------------------|------------------------|
| Last Name<br>Nunez  |  | First Name<br>Paul                          |                                     | MI                     |
| Residential Street Address<br>70 Marvel Rd  |  | City<br>New Haven                           | State<br>CT                         | Zip Code<br>06515-2118 |
| Principal Occupation<br>Lobbyist  |  | Name of Employer<br>DePino, Nuñez and Biggs |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No       |   | Amount of Contribution              |                        |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10152025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/15/2025                 | Aggregate Contributions<br>\$100.00 | \$100.00               |

**I. MONETARY RECEIPTS (Section A-K)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Firewall Fund  | 7th Day Preceding General Election - Original |

**B. Itemized Contributions from Individuals**

|   |  |  |                                     |                        |
|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Larkin   |  | First Name<br>Courtney   |                                     | MI                     |
| Residential Street Address<br>18 Grist Mill Rd  |  | City<br>Glastonbury  | State<br>CT                         | Zip Code<br>06033-2542 |
| Principal Occupation<br>Lobbyist  |  | Name of Employer<br>Travelers  |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10152025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/15/2025  | Aggregate Contributions<br>\$100.00 |                        |
|   |  |  |                                     | \$100.00               |
| Last Name<br>McCabe   |  | First Name<br>Patrick  |                                     | MI                     |
| Residential Street Address<br>36 Trumbull St  |  | City<br>Hartford   | State<br>CT                         | Zip Code<br>06103-2404 |
| Principal Occupation<br>Public affairs  |  | Name of Employer<br>Capitol Strategies Group   |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10152025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/15/2025  | Aggregate Contributions<br>\$100.00 |                        |
|   |  |  |                                     | \$100.00               |
| Last Name<br>Shea   |  | First Name<br>Timothy  |                                     | MI                     |
| Residential Street Address<br>7 Hatheway Rd   |  | City<br>Ellington  | State<br>CT                         | Zip Code<br>06029-3218 |
| Principal Occupation<br>Lobbyist  |  | Name of Employer<br>Brown Rudnick  |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10152025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/15/2025  | Aggregate Contributions<br>\$100.00 |                        |
|   |  |  |                                     | \$100.00               |

**I. MONETARY RECEIPTS (Section A-K)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Firewall Fund  | 7th Day Preceding General Election - Original |

**B. Itemized Contributions from Individuals**

|   |  |  |                                       |                        |
|---|--|--|---------------------------------------|------------------------|
| Last Name<br>Caligiuri  |  | First Name<br>Sam  |                                       | MI                     |
| Residential Street Address<br>189 Palisado Ave  |  | City<br>Windsor  | State<br>CT                           | Zip Code<br>06095-2032 |
| Principal Occupation<br>Attorney  |  | Name of Employer<br>Nassau Financial Group   |                                       |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                       | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/15/2025  | Aggregate Contributions<br>\$1,000.00 |                        |

|   |  |  |                                       |                        |
|---|--|--|---------------------------------------|------------------------|
| Last Name<br>Rosenzweig   |  | First Name<br>David  |                                       | MI                     |
| Residential Street Address<br>6 Patriot Dr  |  | City<br>Andover  | State<br>MA                           | Zip Code<br>01810-7361 |
| Principal Occupation<br>Attorney  |  | Name of Employer<br>Keegan Werlin LLP  |                                       |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                       | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/15/2025  | Aggregate Contributions<br>\$1,000.00 |                        |

|   |  |   |                                       |                        |
|---|--|---|---------------------------------------|------------------------|
| Last Name<br>Giannaros  |  | First Name<br>Demetrios   |                                       | MI                     |
| Residential Street Address<br>56 Basswood Rd  |  | City<br>Farmington  | State<br>CT                           | Zip Code<br>06032-1142 |
| Principal Occupation<br>Retired   |  | Name of Employer<br>Retired   |                                       |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                  |                                       | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input checked="" type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                       |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/15/2025   | Aggregate Contributions<br>\$1,000.00 |                        |

**I. MONETARY RECEIPTS (Section A-K)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Firewall Fund  | 7th Day Preceding General Election - Original |

**B. Itemized Contributions from Individuals**

|   |  |  |                                       |                        |
|---|--|--|---------------------------------------|------------------------|
| Last Name<br>Ginsburg   |  | First Name<br>Andrew   |                                       | MI                     |
| Residential Street Address<br>272 Westmont St   |  | City<br>West Hartford  | State<br>CT                           | Zip Code<br>06117-2907 |
| Principal Occupation<br>Executive   |  | Name of Employer<br>Hartford Distributors, Inc.  |                                       |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                       | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/15/2025  | Aggregate Contributions<br>\$1,000.00 |                        |

|   |  |  |                                       |                        |
|---|--|--|---------------------------------------|------------------------|
| Last Name<br>Hollander  |  | First Name<br>Ross   |                                       | MI                     |
| Residential Street Address<br>7 Kensington Park   |  | City<br>Bloomfield   | State<br>CT                           | Zip Code<br>06002-2146 |
| Principal Occupation<br>Executive   |  | Name of Employer<br>Hartford Distributors, Inc.  |                                       |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                       | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/15/2025  | Aggregate Contributions<br>\$1,000.00 |                        |

|   |  |  |                                     |                        |
|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Dendas   |  | First Name<br>Zach   |                                     | MI                     |
| Residential Street Address<br>2 Curiosity Ln  |  | City<br>Essex  | State<br>CT                         | Zip Code<br>06426-1356 |
| Principal Occupation<br>gov affairs   |  | Name of Employer<br>Sullivan & LeShane   |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10152025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/15/2025  | Aggregate Contributions<br>\$100.00 |                        |

**I. MONETARY RECEIPTS (Section A-K)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Firewall Fund  | 7th Day Preceding General Election - Original |

**B. Itemized Contributions from Individuals**

|   |  |  |                                     |                        |
|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Sweeney  |  | First Name<br>Liam   |                                     | MI                     |
| Residential Street Address<br>29 Penn Dr  |  | City<br>West Hartford  | State<br>CT                         | Zip Code<br>06119-1153 |
| Principal Occupation<br>Lobbyist  |  | Name of Employer<br>Penn Lincoln Strategies  |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10152025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/15/2025  | Aggregate Contributions<br>\$100.00 | \$100.00               |

|   |  |  |                                       |                        |
|---|--|--|---------------------------------------|------------------------|
| Last Name<br>Avery  |  | First Name<br>Vanessa  |                                       | MI                     |
| Residential Street Address<br>17 Meadow Farms Rd  |  | City<br>West Hartford  | State<br>CT                           | Zip Code<br>06107-3116 |
| Principal Occupation<br>Attorney  |  | Name of Employer<br>McCarter & English, LLP  |                                       |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                       | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/15/2025  | Aggregate Contributions<br>\$1,000.00 | \$1,000.00             |

|   |  |  |                                     |                        |
|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Christ   |  | First Name<br>Michael  |                                     | MI                     |
| Residential Street Address<br>89 Ridgewood Rd   |  | City<br>West Hartford  | State<br>CT                         | Zip Code<br>06107-2924 |
| Principal Occupation<br>Lobbyist  |  | Name of Employer<br>Levin, Paolino & Christ Government Relations<br>Consu  |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10152025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/15/2025  | Aggregate Contributions<br>\$100.00 | \$100.00               |

**I. MONETARY RECEIPTS (Section A-K)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Firewall Fund  | 7th Day Preceding General Election - Original |

**B. Itemized Contributions from Individuals**

|   |  |  |                                     |                        |
|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Malczynsky   |  | First Name<br>Jay                                      |                                     | MI                     |
| Residential Street Address<br>25 Parkers Point Rd   |  | City<br>Chester  | State<br>CT                         | Zip Code<br>06412-1206 |
| Principal Occupation<br>Attorney/Lobbyist   |  | Name of Employer<br>Gaffney Bennett & Associates, Inc. |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Amount of Contribution              |                        |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10152025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative  |  |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/15/2025                            | Aggregate Contributions<br>\$100.00 | \$100.00               |

|   |  |                                       |                                       |                        |
|---|--|---------------------------------------|---------------------------------------|------------------------|
| Last Name<br>Kimball  |  | First Name<br>Cheryl                  |                                       | MI                     |
| Residential Street Address<br>29 Ridge Rd   |  | City<br>Concord                       | State<br>MA                           | Zip Code<br>01742-2617 |
| Principal Occupation<br>Attorney  |  | Name of Employer<br>Keegan Werlin LLP |                                       |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       | Amount of Contribution                |                        |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative  |                                       |                                       |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/15/2025           | Aggregate Contributions<br>\$1,000.00 | \$1,000.00             |

|   |  |                                       |                                       |                        |
|---|--|---------------------------------------|---------------------------------------|------------------------|
| Last Name<br>Keegan   |  | First Name<br>Robert                  |                                       | MI                     |
| Residential Street Address<br>29 Ridge Rd   |  | City<br>Concord                       | State<br>MA                           | Zip Code<br>01742-2617 |
| Principal Occupation<br>Attorney  |  | Name of Employer<br>Keegan Werlin LLP |                                       |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       | Amount of Contribution                |                        |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative  |                                       |                                       |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/15/2025           | Aggregate Contributions<br>\$1,000.00 | \$1,000.00             |

**I. MONETARY RECEIPTS (Section A-K)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Firewall Fund  | 7th Day Preceding General Election - Original |

**B. Itemized Contributions from Individuals**

|   |  |  |                                       |                        |
|---|--|--|---------------------------------------|------------------------|
| Last Name<br>Horan  |  | First Name<br>Karen  |                                       | MI                     |
| Residential Street Address<br>85 High St  |  | City<br>Newburyport  | State<br>MA                           | Zip Code<br>01950-3047 |
| Principal Occupation<br>Director of Operations  |  | Name of Employer<br>Keegan Werlin LLP  |                                       |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                       | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/15/2025  | Aggregate Contributions<br>\$1,000.00 |                        |

|   |  |  |                                       |                        |
|---|--|--|---------------------------------------|------------------------|
| Last Name<br>Horan  |  | First Name<br>Andrew   |                                       | MI                     |
| Residential Street Address<br>85 High St  |  | City<br>Newburyport  | State<br>MA                           | Zip Code<br>01950-3047 |
| Principal Occupation<br>Architect   |  | Name of Employer<br>Elkus Manfredi   |                                       |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                       | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/15/2025  | Aggregate Contributions<br>\$1,000.00 |                        |

|   |  |  |                                     |                        |
|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Cimini   |  | First Name<br>PJ   |                                     | MI                     |
| Residential Street Address<br>71 Hunters Rdg  |  | City<br>Rocky Hill   | State<br>CT                         | Zip Code<br>06067-1742 |
| Principal Occupation<br>Attorney/Lobbyist   |  | Name of Employer<br>Capitol Strategies Group, LLC  |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10152025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/15/2025  | Aggregate Contributions<br>\$350.00 |                        |

**I. MONETARY RECEIPTS (Section A-K)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Firewall Fund  | 7th Day Preceding General Election - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                     |                        |
|---|--|---|-------------------------------------|------------------------|
| Last Name<br>Cimini   |  | First Name<br>PJ                                  |                                     | MI                     |
| Residential Street Address<br>71 Hunters Rdg  |  | City<br>Rocky Hill                                | State<br>CT                         | Zip Code<br>06067-1742 |
| Principal Occupation<br>Attorney/Lobbyist   |  | Name of Employer<br>Capitol Strategies Group, LLC |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |   |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10152025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/15/2025                       | Aggregate Contributions<br>\$350.00 | \$100.00               |

|   |  |  |                                       |                        |
|---|--|--|---------------------------------------|------------------------|
| Last Name<br>Glissman   |  | First Name<br>Daniel                                     |                                       | MI                     |
| Residential Street Address<br>211 Carriage Dr   |  | City<br>South Windsor                                    | State<br>CT                           | Zip Code<br>06074-2105 |
| Principal Occupation<br>Attorney  |  | Name of Employer<br>MacDermid, Reynolds & Glissman, P.C. |                                       |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |  |                                       | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                                       |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/15/2025                              | Aggregate Contributions<br>\$1,000.00 | \$1,000.00             |

|   |  |                             |                                     |                        |
|---|--|-----------------------------|-------------------------------------|------------------------|
| Last Name<br>Cimini   |  | First Name<br>Jacqueline    |                                     | MI                     |
| Residential Street Address<br>71 Hunters Rdg  |  | City<br>Rocky Hill          | State<br>CT                         | Zip Code<br>06067-1742 |
| Principal Occupation<br>Retired   |  | Name of Employer<br>Retired |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                             |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/15/2025 | Aggregate Contributions<br>\$100.00 | \$100.00               |

**I. MONETARY RECEIPTS (Section A-K)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Firewall Fund  | 7th Day Preceding General Election - Original |

**B. Itemized Contributions from Individuals**

|   |  |  |                                       |                        |
|---|--|--|---------------------------------------|------------------------|
| Last Name<br>LaLima   |  | First Name<br>Trent  |                                       | MI                     |
| Residential Street Address<br>15 Middlefield Dr   |  | City<br>West Hartford  | State<br>CT                           | Zip Code<br>06107-1245 |
| Principal Occupation<br>Attorney  |  | Name of Employer<br>Brown Paindiris & Scott LLP  |                                       |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No       |                                       | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/15/2025  | Aggregate Contributions<br>\$1,000.00 | \$1,000.00             |
| Last Name<br>Dallas   |  | First Name<br>Dodge  |                                       | MI                     |
| Residential Street Address<br>188 Westmont St   |  | City<br>West Hartford  | State<br>CT                           | Zip Code<br>06117-2926 |
| Principal Occupation<br>Consumtant  |  | Name of Employer<br>Roy and lero y   |                                       |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                       | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10152025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/15/2025  | Aggregate Contributions<br>\$100.00   | \$100.00               |
| Last Name<br>Larkin   |  | First Name<br>John C   |                                       | MI                     |
| Residential Street Address<br>18 Grist Mill Rd  |  | City<br>Glastonbury  | State<br>CT                           | Zip Code<br>06033-2542 |
| Principal Occupation<br>Lobbyist  |  | Name of Employer<br>Jc larkin company  |                                       |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                       | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10152025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/15/2025  | Aggregate Contributions<br>\$100.00   | \$100.00               |

**I. MONETARY RECEIPTS (Section A-K)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Firewall Fund  | 7th Day Preceding General Election - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                         |                        |
|---|--|---|-------------------------|------------------------|
| Last Name<br>Hallisey   |  | First Name<br>Matthew   |                         | MI                     |
| Residential Street Address<br>13 Stancliff Rd   |  | City<br>Glastonbury   | State<br>CT             | Zip Code<br>06033-3642 |
| Principal Occupation<br>Lobbyist  |  | Name of Employer<br>Matthew Hallisey Government Affairs, LLC  |                         |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? |                         | Amount of Contribution |
|   |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |                         |                        |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #   | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:  |                         |                        |
|   |  | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative   |                         |                        |
| Method of Contribution  |  | Date Received   | Aggregate Contributions |                        |
| <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 10/16/2025  | \$50.00                 |                        |
|   |  |   | \$50.00                 |                        |

|   |  |   |                         |                        |
|---|--|---|-------------------------|------------------------|
| Last Name<br>Ritter   |  | First Name<br>Thomas  |                         | MI                     |
| Residential Street Address<br>68 Goodwin Cir  |  | City<br>Hartford  | State<br>CT             | Zip Code<br>06105-5205 |
| Principal Occupation<br>Attorney  |  | Name of Employer<br>Brown Rudnick   |                         |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? |                         | Amount of Contribution |
|   |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |                         |                        |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #   | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:  |                         |                        |
|   | 10152025A  | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative   |                         |                        |
| Method of Contribution  |  | Date Received   | Aggregate Contributions |                        |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 10/20/2025  | \$1,000.00              |                        |
|   |  |   | \$1,000.00              |                        |

|   |  |   |                         |                        |
|---|--|---|-------------------------|------------------------|
| Last Name<br>Glassman   |  | First Name<br>Kimberly  |                         | MI                     |
| Residential Street Address<br>324 Old Mill Rd   |  | City<br>Middletown  | State<br>CT             | Zip Code<br>06457-2453 |
| Principal Occupation<br>Director  |  | Name of Employer<br>Foundation for Fair Contracting of Connecticut  |                         |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? |                         | Amount of Contribution |
|   |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |                         |                        |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #   | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:  |                         |                        |
|   |  | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative   |                         |                        |
| Method of Contribution  |  | Date Received   | Aggregate Contributions |                        |
| <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 10/20/2025  | \$50.00                 |                        |
|   |  |   | \$50.00                 |                        |

**I. MONETARY RECEIPTS (Section A-K)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Firewall Fund  | 7th Day Preceding General Election - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                       |                        |
|---|--|---|---------------------------------------|------------------------|
| Last Name<br>Saidel   |  | First Name<br>Matthew                         |                                       | MI                     |
| Residential Street Address<br>19536 Sedgefield Ter  |  | City<br>Boca Raton                            | State<br>FL                           | Zip Code<br>33498-4643 |
| Principal Occupation<br>Medical Director  |  | Name of Employer<br>Womens Health Connecticut |                                       |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |   | Amount of Contribution                |                        |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |                                       |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/20/2025                   | Aggregate Contributions<br>\$1,000.00 | \$1,000.00             |

|   |  |  |                                       |                        |
|---|--|--|---------------------------------------|------------------------|
| Last Name<br>Ruben md   |  | First Name<br>richard                    |                                       | MI                     |
| Residential Street Address<br>90 Locust Ave   |  | City<br>Danbury                          | State<br>CT                           | Zip Code<br>06810-6034 |
| Principal Occupation<br>physician   |  | Name of Employer<br>Physicians for Women |                                       |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |  | Amount of Contribution                |                        |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                                       |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/20/2025              | Aggregate Contributions<br>\$1,000.00 | \$1,000.00             |

|   |  |   |                                       |                        |
|---|--|---|---------------------------------------|------------------------|
| Last Name<br>Greenberg  |  | First Name<br>Paula                                 |                                       | MI                     |
| Residential Street Address<br>115 Wintonbury Ave  |  | City<br>Bloomfield                                  | State<br>CT                           | Zip Code<br>06002-1953 |
| Principal Occupation<br>President & CEO   |  | Name of Employer<br>Women's Health Connecticut, Inc |                                       |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |   | Amount of Contribution                |                        |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |                                       |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/21/2025                         | Aggregate Contributions<br>\$1,000.00 | \$1,000.00             |

**I. MONETARY RECEIPTS (Section A-K)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Firewall Fund  | 7th Day Preceding General Election - Original |

**B. Itemized Contributions from Individuals**

|   |  |  |                                       |                        |
|---|--|--|---------------------------------------|------------------------|
| Last Name<br>DeFrancesco  |  | First Name<br>Mark                             |                                       | MI                     |
| Residential Street Address<br>35 Terrell Farm Pl  |  | City<br>Cheshire                               | State<br>CT                           | Zip Code<br>06410-2910 |
| Principal Occupation<br>Physician   |  | Name of Employer<br>Women's Health Connecticut |                                       |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |  | Amount of Contribution                |                        |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                                       |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/22/2025                    | Aggregate Contributions<br>\$1,000.00 | \$1,000.00             |
| <b>Total of Section B</b>   |  |  | <b>\$30,915.00</b>                    |                        |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b>  |  |  | <b>\$31,165.00</b>                    |                        |

(Sections A &amp; B)

(Total on Line 13 of Summary Page)

**I. MONETARY RECEIPTS (Section A-K)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |       |            |   |                         |                        | TYPE OF REPORT                                |
|--|-------|------------|---|-------------------------|------------------------|---|
| Firewall Fund  |       |            |   |                         |                        | 7th Day Preceding General Election - Original |
| C1. Contributions from Other Committees  |       |            |   |                         |                        |   |
| Name of Committee  |       |            |   |                         | Name of Treasurer      |   |
| N.E. Regional Council of   |       |            |   |                         | David Silvay           |   |
| Address  |       |            | Is this contribution associated with an event reported in Section L1?                       |                         | Amount of Contribution |   |
| 39 Route 39 S  |       |            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event # |                         |                        |   |
| City   | State | Zip Code   | Date Received   | Aggregate Contributions |                        |   |
| Sherman  | CT    | 06784-2027 | 10/15/2025  | \$1,500.00              | \$1,500.00             |   |
| Name of Committee  |       |            |   |                         | Name of Treasurer      |   |
| IBEW Local 90 PAC  |       |            |   |                         | Michael Crisci         |   |
| Address  |       |            | Is this contribution associated with an event reported in Section L1?                       |                         | Amount of Contribution |   |
| 2 N Plains Industrial Rd   |       |            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event # |                         |                        |   |
| City   | State | Zip Code   | Date Received   | Aggregate Contributions |                        |   |
| Wallingford  | CT    | 06492-2381 | 10/15/2025  | \$500.00                | \$500.00               |   |
| Name of Committee  |       |            |   |                         | Name of Treasurer      |   |
| CT Realtor PAC   |       |            |   |                         | Joseph Stafford        |   |
| Address  |       |            | Is this contribution associated with an event reported in Section L1?                       |                         | Amount of Contribution |   |
| 11 Founders Plz Ste 1101   |       |            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event # |                         |                        |   |
| City   | State | Zip Code   | Date Received   | Aggregate Contributions |                        |   |
| East Hartford  | CT    | 06108      | 10/15/2025  | \$1,000.00              | \$1,000.00             |   |
| Name of Committee  |       |            |   |                         | Name of Treasurer      |   |
| IUOE Local 478 Political   |       |            |   |                         | Michael Gates          |   |
| Address  |       |            | Is this contribution associated with an event reported in Section L1?                       |                         | Amount of Contribution |   |
| 1965 Dixwell Ave   |       |            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event # |                         |                        |   |
| City   | State | Zip Code   | Date Received   | Aggregate Contributions |                        |   |
| Hamden   | CT    | 06514-2407 | 10/15/2025  | \$1,500.00              | \$1,500.00             |   |
| Name of Committee  |       |            |   |                         | Name of Treasurer      |   |
| Sheet Metal Workers Local  |       |            |   |                         | Thomas M Picheco       |   |
| Address  |       |            | Is this contribution associated with an event reported in Section L1?                       |                         | Amount of Contribution |   |
| PO Box 119   |       |            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event # |                         |                        |   |
| City   | State | Zip Code   | Date Received   | Aggregate Contributions |                        |   |
| Brewster   | NY    | 10509-0119 | 10/15/2025  | \$250.00                | \$250.00               |   |

**I. MONETARY RECEIPTS (Section A-K)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Firewall Fund  | 7th Day Preceding General Election - Original |

**C1. Contributions from Other Committees**

|                         |       |   |                        |
|-------------------------|-------|---|------------------------|
| Name of Committee       |       | Name of Treasurer   |                        |
| UFCW Local 371 PAC      |       | Brian Petronella  |                        |
| Address                 |       | Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                        |
| 290 Post Rd W           |       | If yes, list Event # 10152025A  |                        |
| City                    | State | Zip Code  | Date Received          |
| Westport                | CT    | 06880-4703  | 10/20/2025             |
| Aggregate Contributions |       |   | Amount of Contribution |
| \$500.00                |       |   | \$500.00               |

**Total of Section C1****\$5,250.00****I. MONETARY RECEIPTS (Section A-K)**

|                   |   |
|-------------------|---|
| NAME OF COMMITTEE | TYPE OF REPORT                                |
| Firewall Fund     | 7th Day Preceding General Election - Original |

**C2. Reimbursements or Surplus Distributions from other Committees**

|                                  |  |                   |          |
|----------------------------------|--|-------------------|----------|
| Name of Committee                |  | Name of Treasurer |          |
| Address                          |  | Date Received     |          |
| City                             |  | State             | Zip Code |
| Expenditure # (if applicable)    |  | Description       |          |
| Payment Type                     |  | Amount of Receipt |          |
| Reimbursement for shared expense |  |                   |          |
| Surplus Distribution             |  |                   |          |

**Total of Section C2**

**I. MONETARY RECEIPTS (Section A-K)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Firewall Fund  | 7th Day Preceding General Election - Original |

**D. Loans Received this Period**

|  |                 |           |            |  |                 |
|--|-----------------|-----------|------------|--|-----------------|
| Name of Lender                             | Source of Loan: |           |            |  | Date of Receipt |
|  | Bank            | Candidate | Individual | Other  |                 |
| 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   |  |                 |
| <b>Total of Section D</b>                  |                 |           |            |  |                 |

**I. MONETARY RECEIPTS (Section A-K)**

|                   |   |
|-------------------|---|
| NAME OF COMMITTEE | TYPE OF REPORT                                |
| Firewall Fund     | 7th Day Preceding General Election - Original |

**E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)**

|                           |       |          |                         |                 |
|---------------------------|-------|----------|-------------------------|-----------------|
| Name of Entity            |       |          |                         |                 |
| Street Address            |       |          | Date Received           | Amount Received |
| City                      | State | Zip Code | Aggregate Contributions |                 |
| <b>Total of Section E</b> |       |          |                         |                 |

**I. MONETARY RECEIPTS (Section A-K)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Firewall Fund  | 7th Day Preceding General Election - Original |

**F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)**

|                           |  |     |    |                      |        |
|---------------------------|--|-----|----|----------------------|--------|
| Date of Receipt           | Is this transaction associated with an event reported in Section L1? | Yes | No | If yes, list Event # | Amount |
| <b>Total of Section F</b> |  |     |    |                      |        |

| <b>I. MONETARY RECEIPTS (Section A-K)</b>  |   |
|--|---|
| NAME OF COMMITTEE  | TYPE OF REPORT                                |
| Firewall Fund  | 7th Day Preceding General Election - Original |
| <b>G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)</b> |   |
| Date of Receipt  | Amount  |
| <b>Total of Section G</b>  |   |

| <b>I. MONETARY RECEIPTS (Section A-K)</b>  |  |        |
|--|--|--------|
| NAME OF COMMITTEE  | TYPE OF REPORT   |        |
| Firewall Fund  | 7th Day Preceding General Election - Original  |        |
| <b>H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)</b> |  |        |
| Date of Receipt  | Method of Payment<br>Cash                      Personal Check                      Credit/Debit Card | Amount |
| <b>Total of Section H</b>  |  |        |

| <b>I. Monetary Receipts (Section A-K)</b>                                      |      |               |   |        |
|--|------|---------------|---|--------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |      |               | TYPE OF REPORT                                |        |
| Firewall Fund  |      |               | 7th Day Preceding General Election - Original |        |
| <b>J. Interest from Deposits in Authorized Accounts</b>                        |      |               |   |        |
| Name of Institution  |      | Date Received |   | Amount |
| Street Address   | City | State         | Zip Code                                      |        |
| <b>Total of Section J</b>  |      |               |   |        |

**I. MONETARY RECEIPTS (Section A-K)**

| NAME OF COMMITTEE   |  |      |                     | TYPE OF REPORT                                |                 |
|---|--|------|---------------------|---|-----------------|
| Firewall Fund   |  |      |                     | 7th Day Preceding General Election - Original |                 |
| K. Miscellaneous Monetary Receipts not Considered Contributions |  |      |                     |   |                 |
| Name  |  |      | Date of Transaction |   | Amount Received |
| Street Address  |  | City | State               | Zip Code                                      |                 |
| Description   |  |      |                     |   |                 |
| Total of Section K  |  |      |                     |   |                 |

**II. EVENT ACTIVITY (Sections L1 - L5)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  |        |             |  | TYPE OF REPORT                                |                               |    |
|---|--------|-------------|--|---|-------------------------------|----|
| Firewall Fund   |        |             |  | 7th Day Preceding General Election - Original |                               |    |
| L1. Event Information   |        |             |  |   |                               |    |
| Event #   | Letter | Description |  |   | Was this a fundraising event? |    |
| Date of Event   |        |             |  |   | Yes                           | No |
| Location: Street Address  |        |             | City   | State   | Zip Code                      |    |
| <i>Subpart 1: (All Committees)</i>  |        | Yes         | <i>(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.)</i> |   |                               |    |
| Was this event hosted at a personal residence?  |        | No          |  |   |                               |    |
| Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100? |        | Yes         | <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i>  |   |                               |    |
|   |        | No          |  |   |                               |    |
| Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?                   |        | Yes         | <i>(If yes, enter Total Receipts here.)</i>  |   |                               |    |
|   |        | No          |  |   |                               |    |
| <i>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</i>                       |        | Yes         | <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i>   |   |                               |    |
| Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?                                   |        | No          |  |   |                               |    |
| <i>Subpart 3: (Town Committees ONLY)</i>  |        | Yes         | <i>(If yes, enter Total Receipts here.)</i>  |   |                               |    |
| Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?                    |        | No          |  |   |                               |    |
| Total of Section L1   |        |             |  |   |                               |    |

## II. EVENT ACTIVITY (Sections L1 - L5)

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Firewall Fund  | 7th Day Preceding General Election - Original |

### L3. Purchases of Advertising in a Program Book or on a Sign

|  |                      |  |   |                         |
|--|----------------------|--|---|-------------------------|
| Name of Purchaser<br>Hughes & Cronin Public Af |                      | Purchase Made By:<br><input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other<br><input type="checkbox"/> Individual/Sole Proprietorship |   |                         |
| Street Address<br>455 Boston Post Rd Ste 203B  |                      | City<br>Old Saybrook   | State<br>CT                               | Zip Code<br>06475-1554  |
| Date Received<br>10/15/2025                    | Event #<br>10152025A | Aggregate Purchases for All Events<br>\$250.00   | Amount of Program Ad Purchase<br>\$250.00 | Amount of Sign Purchase |

|  |                      |  |   |                         |
|--|----------------------|--|---|-------------------------|
| Name of Purchaser<br>Gaffney, Bennett and Asso |                      | Purchase Made By:<br><input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other<br><input type="checkbox"/> Individual/Sole Proprietorship |   |                         |
| Street Address<br>1 Liberty Sq Ste 201         |                      | City<br>New Britain  | State<br>CT                               | Zip Code<br>06051-2637  |
| Date Received<br>10/15/2025                    | Event #<br>10152025A | Aggregate Purchases for All Events<br>\$250.00   | Amount of Program Ad Purchase<br>\$250.00 | Amount of Sign Purchase |

|   |                      |  |   |                         |
|---|----------------------|--|---|-------------------------|
| Name of Purchaser<br>Depino Nunez & Biggs LLC |                      | Purchase Made By:<br><input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other<br><input type="checkbox"/> Individual/Sole Proprietorship |   |                         |
| Street Address<br>PO Box 9137                 |                      | City<br>New Haven  | State<br>CT                               | Zip Code<br>06532-0137  |
| Date Received<br>10/15/2025                   | Event #<br>10152025A | Aggregate Purchases for All Events<br>\$250.00   | Amount of Program Ad Purchase<br>\$250.00 | Amount of Sign Purchase |

|   |                      |  |   |                         |
|---|----------------------|--|---|-------------------------|
| Name of Purchaser<br>Kozak and Salina LLC |                      | Purchase Made By:<br><input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other<br><input type="checkbox"/> Individual/Sole Proprietorship |   |                         |
| Street Address<br>31 Hunters Rdg          |                      | City<br>Rocky Hill   | State<br>CT                               | Zip Code<br>06067-1742  |
| Date Received<br>10/15/2025               | Event #<br>10152025A | Aggregate Purchases for All Events<br>\$250.00   | Amount of Program Ad Purchase<br>\$250.00 | Amount of Sign Purchase |

**II. EVENT ACTIVITY (Sections L1 - L5)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Firewall Fund  | 7th Day Preceding General Election - Original |

**L3. Purchases of Advertising in a Program Book or on a Sign**

|   |                      |  |   |                         |
|---|----------------------|--|---|-------------------------|
| Name of Purchaser<br>Reynolds Strategy Group, |                      | Purchase Made By:<br><input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other<br><input type="checkbox"/> Individual/Sole Proprietorship |   |                         |
| Street Address<br>PO Box 271766               |                      | City<br>West Hartford  | State<br>CT                               | Zip Code<br>06127-1766  |
| Date Received<br>10/15/2025                   | Event #<br>10152025A | Aggregate Purchases for All Events<br>\$250.00   | Amount of Program Ad Purchase<br>\$250.00 | Amount of Sign Purchase |

|  |                      |  |   |                         |
|--|----------------------|--|---|-------------------------|
| Name of Purchaser<br>Capitol Strategies Group, |                      | Purchase Made By:<br><input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other<br><input type="checkbox"/> Individual/Sole Proprietorship |   |                         |
| Street Address<br>36 Trumbull St               |                      | City<br>Hartford   | State<br>CT                               | Zip Code<br>06103-2413  |
| Date Received<br>10/15/2025                    | Event #<br>10152025A | Aggregate Purchases for All Events<br>\$250.00   | Amount of Program Ad Purchase<br>\$250.00 | Amount of Sign Purchase |

|  |                      |  |   |                         |
|--|----------------------|--|---|-------------------------|
| Name of Purchaser<br>Northeast Beverage Corp o |                      | Purchase Made By:<br><input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other<br><input type="checkbox"/> Individual/Sole Proprietorship |   |                         |
| Street Address<br>PO Box 1437                  |                      | City<br>Coventry   | State<br>RI                               | Zip Code<br>02816-0026  |
| Date Received<br>10/15/2025                    | Event #<br>10152025A | Aggregate Purchases for All Events<br>\$250.00   | Amount of Program Ad Purchase<br>\$250.00 | Amount of Sign Purchase |

|  |                      |  |   |                         |
|--|----------------------|--|---|-------------------------|
| Name of Purchaser<br>Connecticut Association of Optometrists |                      | Purchase Made By:<br><input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other<br><input type="checkbox"/> Individual/Sole Proprietorship |   |                         |
| Street Address<br>35 Cold Spring Rd Ste 211                  |                      | City<br>Rocky Hill   | State<br>CT                               | Zip Code<br>06067-3162  |
| Date Received<br>10/15/2025                                  | Event #<br>10152025A | Aggregate Purchases for All Events<br>\$250.00   | Amount of Program Ad Purchase<br>\$250.00 | Amount of Sign Purchase |

## II. EVENT ACTIVITY (Sections L1 - L5)

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Firewall Fund  | 7th Day Preceding General Election - Original |

### L3. Purchases of Advertising in a Program Book or on a Sign

|  |                      |  |   |                         |
|--|----------------------|--|---|-------------------------|
| Name of Purchaser<br>Sullivan & LeShane Inc. |                      | Purchase Made By:<br><input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other<br><input type="checkbox"/> Individual/Sole Proprietorship |   |                         |
| Street Address<br>287 Capitol Ave            |                      | City<br>Hartford   | State<br>CT                               | Zip Code<br>06106-1503  |
| Date Received<br>10/15/2025                  | Event #<br>10152025A | Aggregate Purchases for All Events<br>\$250.00   | Amount of Program Ad Purchase<br>\$250.00 | Amount of Sign Purchase |

|   |                      |  |   |                         |
|---|----------------------|--|---|-------------------------|
| Name of Purchaser<br>Rome Smith Kowalski Inc. |                      | Purchase Made By:<br><input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other<br><input type="checkbox"/> Individual/Sole Proprietorship |   |                         |
| Street Address<br>21 Oak St Ste 207           |                      | City<br>Hartford   | State<br>CT                               | Zip Code<br>06106-8016  |
| Date Received<br>10/15/2025                   | Event #<br>10152025A | Aggregate Purchases for All Events<br>\$250.00   | Amount of Program Ad Purchase<br>\$250.00 | Amount of Sign Purchase |

|   |                      |  |   |                         |
|---|----------------------|--|---|-------------------------|
| Name of Purchaser<br>Government Solutions Group |                      | Purchase Made By:<br><input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other<br><input type="checkbox"/> Individual/Sole Proprietorship |   |                         |
| Street Address<br>36 Trumbull St                |                      | City<br>Hartford   | State<br>CT                               | Zip Code<br>06103-2413  |
| Date Received<br>10/15/2025                     | Event #<br>10152025A | Aggregate Purchases for All Events<br>\$250.00   | Amount of Program Ad Purchase<br>\$250.00 | Amount of Sign Purchase |

|   |                      |  |   |                         |
|---|----------------------|--|---|-------------------------|
| Name of Purchaser<br>F & F Distributors |                      | Purchase Made By:<br><input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other<br><input type="checkbox"/> Individual/Sole Proprietorship |   |                         |
| Street Address<br>31 Eastern Ave        |                      | City<br>New London   | State<br>CT                               | Zip Code<br>06320-6411  |
| Date Received<br>10/15/2025             | Event #<br>10152025A | Aggregate Purchases for All Events<br>\$250.00   | Amount of Program Ad Purchase<br>\$250.00 | Amount of Sign Purchase |

## II. EVENT ACTIVITY (Sections L1 - L5)

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Firewall Fund  | 7th Day Preceding General Election - Original |

### L3. Purchases of Advertising in a Program Book or on a Sign

|  |                      |  |   |                         |
|--|----------------------|--|---|-------------------------|
| Name of Purchaser<br>STAR Distributors, Inc. |                      | Purchase Made By:<br><input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other<br><input type="checkbox"/> Individual/Sole Proprietorship |   |                         |
| Street Address<br>PO Box 1200                |                      | City<br>New Haven  | State<br>CT                               | Zip Code<br>06505-1200  |
| Date Received<br>10/15/2025                  | Event #<br>10152025A | Aggregate Purchases for All Events<br>\$250.00   | Amount of Program Ad Purchase<br>\$250.00 | Amount of Sign Purchase |

|   |                      |  |   |                         |
|---|----------------------|--|---|-------------------------|
| Name of Purchaser<br>Insurance Association of Connecticut |                      | Purchase Made By:<br><input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other<br><input type="checkbox"/> Individual/Sole Proprietorship |   |                         |
| Street Address<br>21 Oak St Ste 209                       |                      | City<br>Hartford   | State<br>CT                               | Zip Code<br>06106-8003  |
| Date Received<br>10/15/2025                               | Event #<br>10152025A | Aggregate Purchases for All Events<br>\$250.00   | Amount of Program Ad Purchase<br>\$250.00 | Amount of Sign Purchase |

|   |                      |  |   |                         |
|---|----------------------|--|---|-------------------------|
| Name of Purchaser<br>Roy Occhiogrosso LLC |                      | Purchase Made By:<br><input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other<br><input type="checkbox"/> Individual/Sole Proprietorship |   |                         |
| Street Address<br>25 Park Rd              |                      | City<br>Simsbury   | State<br>CT                               | Zip Code<br>06070-2711  |
| Date Received<br>10/15/2025               | Event #<br>10152025A | Aggregate Purchases for All Events<br>\$250.00   | Amount of Program Ad Purchase<br>\$250.00 | Amount of Sign Purchase |

|  |                      |  |   |                         |
|--|----------------------|--|---|-------------------------|
| Name of Purchaser<br>Radiological Society of Connecticut |                      | Purchase Made By:<br><input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other<br><input type="checkbox"/> Individual/Sole Proprietorship |   |                         |
| Street Address<br>PO Box 1002                            |                      | City<br>Hartford   | State<br>CT                               | Zip Code<br>06143-1002  |
| Date Received<br>10/15/2025                              | Event #<br>10152025A | Aggregate Purchases for All Events<br>\$250.00   | Amount of Program Ad Purchase<br>\$250.00 | Amount of Sign Purchase |

## II. EVENT ACTIVITY (Sections L1 - L5)

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Firewall Fund  | 7th Day Preceding General Election - Original |

### L3. Purchases of Advertising in a Program Book or on a Sign

|   |                      |  |   |                         |
|---|----------------------|--|---|-------------------------|
| Name of Purchaser<br>Capitol Consulting LLC |                      | Purchase Made By:<br><input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other<br><input type="checkbox"/> Individual/Sole Proprietorship |   |                         |
| Street Address<br>23 Viola Dr               |                      | City<br>East Hampton   | State<br>CT                               | Zip Code<br>06424-1683  |
| Date Received<br>10/20/2025                 | Event #<br>10152025A | Aggregate Purchases for All Events<br>\$250.00   | Amount of Program Ad Purchase<br>\$250.00 | Amount of Sign Purchase |

|  |                      |  |   |                         |
|--|----------------------|--|---|-------------------------|
| Name of Purchaser<br>Roy & LeRoy Government Re |                      | Purchase Made By:<br><input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other<br><input type="checkbox"/> Individual/Sole Proprietorship |   |                         |
| Street Address<br>188 Westmont St              |                      | City<br>West Hartford  | State<br>CT                               | Zip Code<br>06117-2926  |
| Date Received<br>10/20/2025                    | Event #<br>10152025A | Aggregate Purchases for All Events<br>\$250.00   | Amount of Program Ad Purchase<br>\$250.00 | Amount of Sign Purchase |

|  |                      |  |   |                         |
|--|----------------------|--|---|-------------------------|
| Name of Purchaser<br>Graff Public Solutions LL |                      | Purchase Made By:<br><input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other<br><input type="checkbox"/> Individual/Sole Proprietorship |   |                         |
| Street Address<br>2389 Main St                 |                      | City<br>Glastonbury  | State<br>CT                               | Zip Code<br>06033-4617  |
| Date Received<br>10/20/2025                    | Event #<br>10152025A | Aggregate Purchases for All Events<br>\$250.00   | Amount of Program Ad Purchase<br>\$250.00 | Amount of Sign Purchase |

|  |                      |  |   |                         |
|--|----------------------|--|---|-------------------------|
| Name of Purchaser<br>Penn Lincoln Strategies I |                      | Purchase Made By:<br><input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other<br><input type="checkbox"/> Individual/Sole Proprietorship |   |                         |
| Street Address<br>21 Oak St Ste 210            |                      | City<br>Hartford   | State<br>CT                               | Zip Code<br>06106-8003  |
| Date Received<br>10/26/2025                    | Event #<br>10152025A | Aggregate Purchases for All Events<br>\$250.00   | Amount of Program Ad Purchase<br>\$250.00 | Amount of Sign Purchase |

|                            |                   |
|----------------------------|-------------------|
| <b>Total of Section L3</b> | <b>\$5,000.00</b> |
|----------------------------|-------------------|

**II. EVENT ACTIVITY (Sections L1 - L5)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Firewall Fund  | 7th Day Preceding General Election - Original |

**L4. In-Kind Donations Not Considered Contributions**

|                     |                                |         |                               |
|---------------------|--------------------------------|---------|-------------------------------|
| Name of the Donor   |                                |         |                               |
| Street Address      |                                | City    | State   Zip Code              |
| Donation Given by:  | Description of Donation        |         | Fair Market Value of Donation |
| Business Entity     | Date Received                  | Event # |                               |
| Individual          | Aggregate value for this event |         |                               |
| Sole Proprietorship |                                |         |                               |

**Total of Section L4**

**II. EVENT ACTIVITY (Sections L1 - L5)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Firewall Fund  | 7th Day Preceding General Election - Original |

**L5. In-Kind Donations Not Considered Contributions Associated with a House Party**

|                         |  |   |          |
|-------------------------|--|---|----------|
| Name of the Host        | Is this event supporting more than one candidate or committee?<br>Yes    No    If yes, complete Itemization in Addendum L5 |   |          |
| Street Address          | City   | State   | Zip Code |
| Description of Donation |  | Fair Market Value of Donation                       |          |
| Event #                 | Aggregate value of this Event - all hosts  | Aggregate value of all Events - this host/candidate |          |

**Total of Section L5**

**III. NONMONETARY RECEIPTS (Sections M - O)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Firewall Fund  | 7th Day Preceding General Election - Original |

**M. In-Kind Contributions**

|   |               |  |                                     |  |
|---|---------------|--|-------------------------------------|--|
| Name  |               |  |                                     |  |
| Street Address  |               | City   | State                               | Zip Code                               |
| Type of Contributor:  | Date Received | Aggregate contributions  | Description of In-Kind Contribution |  |
| Committee<br>Individual / Sole Proprietorship      Other              |               |  |                                     |  |
| Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?  | Yes<br>No     | If contribution is in excess of \$400 to a candidate committee 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 \$5000? | Yes<br>No                           | Fair Market Value of this Contribution |
| Is this contribution associated with an event reported in Section L1? | Yes<br>No     | Is contributor a principal of state contractor or prospective state contractor?  | Yes<br>No                           |  |
| If yes, list Event#   |               | If yes, indicate which branch or branches of government the contract is with:  | Executive      Legislative          |  |

**Total of Section M**

**III. Non Monetary Receipts (Sections M - O)**

|                   |   |
|-------------------|---|
| NAME OF COMMITTEE | TYPE OF REPORT                                |
| Firewall Fund     | 7th Day Preceding General Election - Original |

**N. Refundable Deposit to Telephone Company**

|                            |            |       |                   |
|----------------------------|------------|-------|-------------------|
| Last Name of Individual    | First Name | MI    | Date Deposit Made |
| Residential Street Address | City       | State | Zip Code          |
| Name of Telephone company  |            |       |                   |
| Street Address             | City       | State | Zip Code          |

**Total of Section N**

**IV. EXPENDITURES (Sections P - T)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Firewall Fund  | 7th Day Preceding General Election - Original |

**P. Expenses Paid By Committee**

|  |  |                               |  |                        |
|--|--|-------------------------------|--|------------------------|
| Name of Payee<br>Paragon payment solutions               |  | Date of Payment<br>10/02/2025 | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT     |                        |
| Street Address<br>303 Perimeter Ctr N Ste 600            |  | City<br>Atlanta               | State<br>GA  | Zip Code<br>30346-3401 |
| Purpose of Expenditure (by code)<br>BNK                  | Description<br>Credit card processing fees   |                               |  | Event #                |
| Expenditure # (if applicable)                            | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | Amount<br>\$777.35     |
| Name of Payee<br>Harland Clarke Corporation              |  | Date of Payment<br>10/08/2025 | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT     |                        |
| Street Address<br>15955 La Cantera Pkwy                  |  | City<br>San Antonio           | State<br>TX  | Zip Code<br>78256-2589 |
| Purpose of Expenditure (by code)<br>Misc *               | Description<br>Checks  |                               |  | Event #                |
| Expenditure # (if applicable)                            | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | Amount<br>\$87.20      |
| Name of Payee<br>Thomas R. Carozza, Sr. Scholarship Fund |  | Date of Payment<br>10/12/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 445<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>PO Box 9153                            |  | City<br>Waterbury             | State<br>CT  | Zip Code<br>06724-0153 |
| Purpose of Expenditure (by code)<br>ATT *                | Description<br>Attendance for 3 to scholarship fundraiser  |                               |  | Event #                |
| Expenditure # (if applicable)                            | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | Amount<br>\$600.00     |

### IV. EXPENDITURES (Sections P - T)

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Firewall Fund  | 7th Day Preceding General Election - Original |
| <b>P. Expenses Paid By Committee</b>   |   |

|  |                               |  |                        |
|--|-------------------------------|--|------------------------|
| Name of Payee<br>West Hartford Democratic Town Committee | Date of Payment<br>10/12/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 436<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>PO Box 370562                          | City<br>West Hartford         | State<br>CT  | Zip Code<br>06137-0562 |

|   |             |         |
|---|-------------|---------|
| Purpose of Expenditure (by code)<br><br>CNTRB | Description | Event # |
|---|-------------|---------|

|                               |  |          |
|-------------------------------|--|----------|
| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  | Amount   |
|                               | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | \$750.00 |

|  |                               |  |                        |
|--|-------------------------------|--|------------------------|
| Name of Payee<br>Bristol Democratic Town Committee | Date of Payment<br>10/12/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 434<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>PO Box 1184                      | City<br>Bristol               | State<br>CT  | Zip Code<br>06011-1184 |

|   |             |         |
|---|-------------|---------|
| Purpose of Expenditure (by code)<br><br>CNTRB | Description | Event # |
|---|-------------|---------|

|                               |  |          |
|-------------------------------|--|----------|
| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  | Amount   |
|                               | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | \$250.00 |

|                                 |                               |  |                        |
|---------------------------------|-------------------------------|--|------------------------|
| Name of Payee<br>Brooklyn DTC   | Date of Payment<br>10/12/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 435<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>41 Malbone Ln | City<br>Brooklyn              | State<br>CT  | Zip Code<br>06234-1563 |

|   |             |         |
|---|-------------|---------|
| Purpose of Expenditure (by code)<br><br>CNTRB | Description | Event # |
|---|-------------|---------|

|                               |  |          |
|-------------------------------|--|----------|
| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  | Amount   |
|                               | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | \$250.00 |

**IV. EXPENDITURES (Sections P - T)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Firewall Fund  | 7th Day Preceding General Election - Original |

**P. Expenses Paid By Committee**

|   |  |                               |  |                        |
|---|--|-------------------------------|--|------------------------|
| Name of Payee<br>Canton Democratic Town Committee     |  | Date of Payment<br>10/12/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 438<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>580 Cherry Brook Rd                 |  | City<br>Canton                | State<br>CT  | Zip Code<br>06019-5012 |
| Purpose of Expenditure (by code)<br><br>CNTRB         | Description  |                               |  | Event #                |
| Expenditure # (if applicable)                         | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |  | Amount                 |
|   | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | \$250.00               |
| Name of Payee<br>Cantor for Council                   |  | Date of Payment<br>10/12/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 437<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>98 Richard St                       |  | City<br>West Hartford         | State<br>CT  | Zip Code<br>06119-2309 |
| Purpose of Expenditure (by code)<br><br>CNTRB         | Description  |                               |  | Event #                |
| Expenditure # (if applicable)                         | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |  | Amount                 |
|   | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | \$750.00               |
| Name of Payee<br>Colchester Democratic Town Committee |  | Date of Payment<br>10/12/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 439<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>10 Vicki Ln                         |  | City<br>Colchester            | State<br>CT  | Zip Code<br>06415-1041 |
| Purpose of Expenditure (by code)<br><br>CNTRB         | Description  |                               |  | Event #                |
| Expenditure # (if applicable)                         | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |  | Amount                 |
|   | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | \$250.00               |

**IV. EXPENDITURES (Sections P - T)**

|   |   |
|---|---|
| <b>NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)</b> | <b>TYPE OF REPORT</b>                         |
| Firewall Fund   | 7th Day Preceding General Election - Original |

**P. Expenses Paid By Committee**

|  |   |                               |  |                        |
|--|---|-------------------------------|--|------------------------|
| Name of Payee<br>Cromwell Democratic Town Committee      |   | Date of Payment<br>10/12/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 440<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>586 Main St                            |   | City<br>Cromwell              | State<br>CT  | Zip Code<br>06416-1435 |
| Purpose of Expenditure (by code)<br>CNTRB                | Description   |                               |  | Event #                |
| Expenditure # (if applicable)                            | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | Amount<br>\$250.00     |
| Name of Payee<br>Darien Democratic Town Committee        |   | Date of Payment<br>10/12/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 441<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>PO Box 865                             |   | City<br>Darien                | State<br>CT  | Zip Code<br>06820-0865 |
| Purpose of Expenditure (by code)<br>CNTRB                | Description   |                               |  | Event #                |
| Expenditure # (if applicable)                            | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | Amount<br>\$250.00     |
| Name of Payee<br>East Hartford Democratic Town Committee |   | Date of Payment<br>10/12/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 447<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>15 Candlewood Dr                       |   | City<br>East Hartford         | State<br>CT  | Zip Code<br>06118-1301 |
| Purpose of Expenditure (by code)<br>CNTRB                | Description   |                               |  | Event #                |
| Expenditure # (if applicable)                            | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | Amount<br>\$500.00     |

**IV. EXPENDITURES (Sections P - T)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Firewall Fund  | 7th Day Preceding General Election - Original |

**P. Expenses Paid By Committee**

|   |  |                               |  |                        |
|---|--|-------------------------------|--|------------------------|
| Name of Payee<br>East Haven Democratic Town Committee |  | Date of Payment<br>10/12/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 448<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>PO Box 120446                       |  | City<br>East Haven            | State<br>CT  | Zip Code<br>06512-0446 |
| Purpose of Expenditure (by code)<br><br>CNTRB         | Description  |                               |  | Event #                |
| Expenditure # (if applicable)                         | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |  | Amount                 |
|   | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | \$250.00               |
| Name of Payee<br>East Lyme Democratic Town Committee  |  | Date of Payment<br>10/12/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 449<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>PO Box 815                          |  | City<br>East Lyme             | State<br>CT  | Zip Code<br>06333-0815 |
| Purpose of Expenditure (by code)<br><br>CNTRB         | Description  |                               |  | Event #                |
| Expenditure # (if applicable)                         | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |  | Amount                 |
|   | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | \$250.00               |
| Name of Payee<br>Easton Democratic Town Committee     |  | Date of Payment<br>10/12/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 450<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>PO Box 250                          |  | City<br>Easton                | State<br>CT  | Zip Code<br>06612      |
| Purpose of Expenditure (by code)<br><br>CNTRB         | Description  |                               |  | Event #                |
| Expenditure # (if applicable)                         | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |  | Amount                 |
|   | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | \$250.00               |

**IV. EXPENDITURES (Sections P - T)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Firewall Fund  | 7th Day Preceding General Election - Original |

**P. Expenses Paid By Committee**

|  |   |                               |  |                        |
|--|---|-------------------------------|--|------------------------|
| Name of Payee<br>Lori P Fernand                    |   | Date of Payment<br>10/12/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 444<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>15 Camille Ln                    |   | City<br>West Simsbury         | State<br>CT  | Zip Code<br>06092-2403 |
| Purpose of Expenditure (by code)<br>RMB            | Description   |                               |  | Event #                |
| Expenditure # (if applicable)                      | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | Amount<br>\$126.43     |
| Name of Payee<br>Justin Kronholm                   |   | Date of Payment<br>10/12/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 442<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>10 Old Depot Rd                  |   | City<br>Chester               | State<br>CT  | Zip Code<br>06412-1242 |
| Purpose of Expenditure (by code)<br>RMB            | Description   |                               |  | Event #                |
| Expenditure # (if applicable)                      | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | Amount<br>\$45.52      |
| Name of Payee<br>Ledyard Democratic Town Committee |   | Date of Payment<br>10/14/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 460<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>PO Box 413                       |   | City<br>Ledyard               | State<br>CT  | Zip Code<br>06339-0413 |
| Purpose of Expenditure (by code)<br>CNTRB          | Description   |                               |  | Event #                |
| Expenditure # (if applicable)                      | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | Amount<br>\$250.00     |

**IV. EXPENDITURES (Sections P - T)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Firewall Fund  | 7th Day Preceding General Election - Original |

**P. Expenses Paid By Committee**

|   |  |                               |  |             |
|---|--|-------------------------------|--|-------------|
| Name of Payee<br>Griswold Democratic Town Committee |  | Date of Payment<br>10/14/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 456<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |             |
| Street Address<br>56 Lenox Ave                      |  | City<br>Jewett City           |  | State<br>CT |
| Zip Code<br>06351-1904                              |  |                               |  |             |
| Purpose of Expenditure (by code)<br><br>CNTRB       | Description  |                               |  | Event #     |
| Expenditure # (if applicable)                       | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |  | Amount      |
|   | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | \$250.00    |
| Name of Payee<br>Groton Democratic Town Committee   |  | Date of Payment<br>10/14/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 457<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |             |
| Street Address<br>355 Brook St                      |  | City<br>Groton                |  | State<br>CT |
| Zip Code<br>06340-4834                              |  |                               |  |             |
| Purpose of Expenditure (by code)<br><br>CNTRB       | Description  |                               |  | Event #     |
| Expenditure # (if applicable)                       | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |  | Amount      |
|   | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | \$500.00    |
| Name of Payee<br>Guilford Democratic Town Committee |  | Date of Payment<br>10/14/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 458<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |             |
| Street Address<br>PO Box 1420                       |  | City<br>Guilford              |  | State<br>CT |
| Zip Code<br>06437-0520                              |  |                               |  |             |
| Purpose of Expenditure (by code)<br><br>CNTRB       | Description  |                               |  | Event #     |
| Expenditure # (if applicable)                       | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |  | Amount      |
|   | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | \$250.00    |

**IV. EXPENDITURES (Sections P - T)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Firewall Fund  | 7th Day Preceding General Election - Original |
| <b>P. Expenses Paid By Committee</b>   |   |

|  |  |                               |  |                        |
|--|--|-------------------------------|--|------------------------|
| Name of Payee<br>Waterbury Democratic Town Committee |  | Date of Payment<br>10/14/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 451<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>139 Eastfield Rd                   |  | City<br>Waterbury             | State<br>CT  | Zip Code<br>06708-3253 |
| Purpose of Expenditure (by code)<br>CNTRB            | Description  |                               |  | Event #                |
| Expenditure # (if applicable)                        | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)   |                               |  | Amount                 |
|  | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | \$1,500.00             |
| Name of Payee<br>Justice Zoto                        |  | Date of Payment<br>10/14/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 461<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>18 Baldwin Rd                      |  | City<br>Newtown               | State<br>CT  | Zip Code<br>06470-2004 |
| Purpose of Expenditure (by code)<br>CNSLT            | Description<br>Fundraising consultant  |                               |  | Event #                |
| Expenditure # (if applicable)                        | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)   |                               |  | Amount                 |
|  | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | \$1,495.00             |
| Name of Payee<br>Amber E Page Gehr                   |  | Date of Payment<br>10/14/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 462<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>506 King St Apt 9                  |  | City<br>Bristol               | State<br>CT  | Zip Code<br>06010-5273 |
| Purpose of Expenditure (by code)<br>CNSLT            | Description<br>Compliance consulting   |                               |  | Event #                |
| Expenditure # (if applicable)                        | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)   |                               |  | Amount                 |
|  | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | \$550.00               |

**IV. EXPENDITURES (Sections P - T)**

|   |   |
|---|---|
| <b>NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)</b> | <b>TYPE OF REPORT</b>                         |
| Firewall Fund   | 7th Day Preceding General Election - Original |

**P. Expenses Paid By Committee**

|  |  |                               |  |                        |
|--|--|-------------------------------|--|------------------------|
| Name of Payee<br>Hartland Democratic Town Committee  |  | Date of Payment<br>10/14/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 459<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>40 South Rd                        |  | City<br>East Hartland         | State<br>CT  | Zip Code<br>06027-1500 |
| Purpose of Expenditure (by code)<br><br>CNTRB        | Description  |                               |  | Event #                |
| Expenditure # (if applicable)                        | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |  | Amount                 |
|  | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | \$250.00               |
| Name of Payee<br>Ellington Democratic Town Committee |  | Date of Payment<br>10/14/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 452<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>26 Ardsley Ln                      |  | City<br>Ellington             | State<br>CT  | Zip Code<br>06029-3860 |
| Purpose of Expenditure (by code)<br><br>CNTRB        | Description  |                               |  | Event #                |
| Expenditure # (if applicable)                        | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |  | Amount                 |
|  | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | \$250.00               |
| Name of Payee<br>Enfield Democratic Town Committee   |  | Date of Payment<br>10/14/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 453<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>21 N Maple St                      |  | City<br>Enfield               | State<br>CT  | Zip Code<br>06082-4601 |
| Purpose of Expenditure (by code)<br><br>CNTRB        | Description  |                               |  | Event #                |
| Expenditure # (if applicable)                        | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |  | Amount                 |
|  | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | \$500.00               |

**IV. EXPENDITURES (Sections P - T)**

|   |   |
|---|---|
| <b>NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)</b> | <b>TYPE OF REPORT</b>                         |
| Firewall Fund   | 7th Day Preceding General Election - Original |

**P. Expenses Paid By Committee**

|  |   |                               |  |                        |
|--|---|-------------------------------|--|------------------------|
| Name of Payee<br>Elan Financial Services |   | Date of Payment<br>10/15/2025 | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT |                        |
| Street Address<br>PO Box 790408          |   | City<br>Saint Louis           | State<br>MO  | Zip Code<br>63179-0408 |
| Purpose of Expenditure (by code)<br>CCP  | Description   |                               |  | Event #                |
| Expenditure # (if applicable)            | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | Amount<br>\$527.47     |
| Name of Payee<br>PJ Cimini               |   | Date of Payment<br>10/15/2025 | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT |                        |
| Street Address<br>71 Hunters Rdg         |   | City<br>Rocky Hill            | State<br>CT  | Zip Code<br>06067-1742 |
| Purpose of Expenditure (by code)<br>REF  | Description   |                               |  | Event #                |
| Expenditure # (if applicable)            | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | Amount<br>\$250.00     |
| Name of Payee<br>Anna Lucey              |   | Date of Payment<br>10/15/2025 | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT |                        |
| Street Address<br>14 Willard St          |   | City<br>Braintree             | State<br>MA  | Zip Code<br>02184-6016 |
| Purpose of Expenditure (by code)<br>REF  | Description   |                               |  | Event #                |
| Expenditure # (if applicable)            | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | Amount<br>\$250.00     |

**IV. EXPENDITURES (Sections P - T)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Firewall Fund  | 7th Day Preceding General Election - Original |

**P. Expenses Paid By Committee**

|   |  |                               |  |                        |
|---|--|-------------------------------|--|------------------------|
| Name of Payee<br>Lyme DTC                             |  | Date of Payment<br>10/18/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 464<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>141 1 Norwich Salem Rd              |  | City<br>Lyme                  | State<br>CT  | Zip Code<br>06371-3051 |
| Purpose of Expenditure (by code)<br><br>CNTRB         | Description  |                               |  | Event #                |
| Expenditure # (if applicable)                         | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |  | Amount                 |
|   | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | \$250.00               |
| Name of Payee<br>Manchester Democratic Town Committee |  | Date of Payment<br>10/18/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 465<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>46 Crestwood Dr                     |  | City<br>Manchester            | State<br>CT  | Zip Code<br>06040-3802 |
| Purpose of Expenditure (by code)<br><br>CNTRB         | Description  |                               |  | Event #                |
| Expenditure # (if applicable)                         | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |  | Amount                 |
|   | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | \$500.00               |
| Name of Payee<br>Mansfield Democratic Town Committee  |  | Date of Payment<br>10/18/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 466<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>20 Eastwood Rd                      |  | City<br>Storrs                | State<br>CT  | Zip Code<br>06268-2402 |
| Purpose of Expenditure (by code)<br><br>CNTRB         | Description  |                               |  | Event #                |
| Expenditure # (if applicable)                         | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |  | Amount                 |
|   | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | \$250.00               |

**IV. EXPENDITURES (Sections P - T)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Firewall Fund  | 7th Day Preceding General Election - Original |

**P. Expenses Paid By Committee**

|   |  |                               |  |                        |
|---|--|-------------------------------|--|------------------------|
| Name of Payee<br>Meriden Democratic Town Committee    |  | Date of Payment<br>10/18/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 467<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>155 Preston Dr                      |  | City<br>Meriden               | State<br>CT  | Zip Code<br>06450-3531 |
| Purpose of Expenditure (by code)<br><br>CNTRB         | Description  |                               |  | Event #                |
| Expenditure # (if applicable)                         | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |  | Amount                 |
|   | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | \$250.00               |
| Name of Payee<br>Naugatuck Democratic Town Committee  |  | Date of Payment<br>10/18/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 468<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>129 Cherry St                       |  | City<br>Naugatuck             | State<br>CT  | Zip Code<br>06770-4507 |
| Purpose of Expenditure (by code)<br><br>CNTRB         | Description  |                               |  | Event #                |
| Expenditure # (if applicable)                         | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |  | Amount                 |
|   | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | \$500.00               |
| Name of Payee<br>New Canaan Democratic Town Committee |  | Date of Payment<br>10/18/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 469<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>PO Box 1294                         |  | City<br>New Canaan            | State<br>CT  | Zip Code<br>06840-1294 |
| Purpose of Expenditure (by code)<br><br>CNTRB         | Description  |                               |  | Event #                |
| Expenditure # (if applicable)                         | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |  | Amount                 |
|   | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | \$250.00               |

**IV. EXPENDITURES (Sections P - T)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Firewall Fund  | 7th Day Preceding General Election - Original |

**P. Expenses Paid By Committee**

|  |  |                               |  |             |
|--|--|-------------------------------|--|-------------|
| Name of Payee<br>New Fairfield Democratic Town Committee |  | Date of Payment<br>10/18/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 470<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |             |
| Street Address<br>PO Box 8321                            |  | City<br>New Fairfield         |  | State<br>CT |
| Zip Code<br>06812-8321                                   |  |                               |  |             |
| Purpose of Expenditure (by code)<br><br>CNTRB            | Description  |                               |  | Event #     |
| Expenditure # (if applicable)                            | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |  | Amount      |
|  | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | \$250.00    |
| Name of Payee<br>New Haven Democratic Town Committee     |  | Date of Payment<br>10/18/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 471<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |             |
| Street Address<br>946 State St                           |  | City<br>New Haven             |  | State<br>CT |
| Zip Code<br>06511-4699                                   |  |                               |  |             |
| Purpose of Expenditure (by code)<br><br>CNTRB            | Description  |                               |  | Event #     |
| Expenditure # (if applicable)                            | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |  | Amount      |
|  | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | \$1,500.00  |
| Name of Payee<br>Newington Democratic Town Committee     |  | Date of Payment<br>10/18/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 472<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |             |
| Street Address<br>PO Box 310832                          |  | City<br>Newington             |  | State<br>CT |
| Zip Code<br>06131-0832                                   |  |                               |  |             |
| Purpose of Expenditure (by code)<br><br>CNTRB            | Description  |                               |  | Event #     |
| Expenditure # (if applicable)                            | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |  | Amount      |
|  | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | \$250.00    |

**IV. EXPENDITURES (Sections P - T)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Firewall Fund  | 7th Day Preceding General Election - Original |

**P. Expenses Paid By Committee**

|  |  |                               |  |                        |
|--|--|-------------------------------|--|------------------------|
| Name of Payee<br>Newtown Democratic Town Committee     |  | Date of Payment<br>10/18/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 473<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>PO Box 182                           |  | City<br>Newtown               | State<br>CT  | Zip Code<br>06470-0182 |
| Purpose of Expenditure (by code)<br><br>CNTRB          | Description  |                               |  | Event #                |
| Expenditure # (if applicable)                          | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |  | Amount                 |
|  | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | \$500.00               |
| Name of Payee<br>North Haven Democratic Town Committee |  | Date of Payment<br>10/18/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 474<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>18 Renee Ln                          |  | City<br>North Haven           | State<br>CT  | Zip Code<br>06473-3437 |
| Purpose of Expenditure (by code)<br><br>CNTRB          | Description  |                               |  | Event #                |
| Expenditure # (if applicable)                          | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |  | Amount                 |
|  | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | \$500.00               |
| Name of Payee<br>Old Lyme Democratic Town Committee    |  | Date of Payment<br>10/18/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 475<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>PO Box 402                           |  | City<br>Old Lyme              | State<br>CT  | Zip Code<br>06371-0402 |
| Purpose of Expenditure (by code)<br><br>CNTRB          | Description  |                               |  | Event #                |
| Expenditure # (if applicable)                          | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |  | Amount                 |
|  | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | \$250.00               |

**IV. EXPENDITURES (Sections P - T)**

|   |   |
|---|---|
| <b>NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)</b> | <b>TYPE OF REPORT</b>                         |
| Firewall Fund   | 7th Day Preceding General Election - Original |

**P. Expenses Paid By Committee**

|   |  |                               |  |                        |
|---|--|-------------------------------|--|------------------------|
| Name of Payee<br>Orange Democratic Town Committee     |  | Date of Payment<br>10/18/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 477<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>PO Box 706                          |  | City<br>Orange                | State<br>CT  | Zip Code<br>06477-0706 |
| Purpose of Expenditure (by code)<br>CNTRB             | Description  |                               |  | Event #                |
| Expenditure # (if applicable)                         | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |  | Amount                 |
|   | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | \$500.00               |
| Name of Payee<br>Vernon Democratic Town Committee     |  | Date of Payment<br>10/18/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 488<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>6 Cold Spring Dr                    |  | City<br>Vernon                | State<br>CT  | Zip Code<br>06066-5005 |
| Purpose of Expenditure (by code)<br>CNTRB             | Description  |                               |  | Event #                |
| Expenditure # (if applicable)                         | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |  | Amount                 |
|   | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | \$250.00               |
| Name of Payee<br>Plainville Democratic Town Committee |  | Date of Payment<br>10/18/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 478<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>87 Pinnacle Rd                      |  | City<br>Plainville            | State<br>CT  | Zip Code<br>06062-1428 |
| Purpose of Expenditure (by code)<br>CNTRB             | Description  |                               |  | Event #                |
| Expenditure # (if applicable)                         | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |  | Amount                 |
|   | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | \$250.00               |

**IV. EXPENDITURES (Sections P - T)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Firewall Fund  | 7th Day Preceding General Election - Original |

**P. Expenses Paid By Committee**

|   |  |                               |  |                        |
|---|--|-------------------------------|--|------------------------|
| Name of Payee<br>Pomfret DTC                          |  | Date of Payment<br>10/18/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 479<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>PO Box 103                          |  | City<br>Pomfret Center        | State<br>CT  | Zip Code<br>06259-0103 |
| Purpose of Expenditure (by code)<br>CNTRB             | Description  |                               |  | Event #                |
| Expenditure # (if applicable)                         | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |  | Amount                 |
|   | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | \$250.00               |
| Name of Payee<br>Ridgefield Democratic Town Committee |  | Date of Payment<br>10/18/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 480<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>PO Box 1212                         |  | City<br>Ridgefield            | State<br>CT  | Zip Code<br>06877-9212 |
| Purpose of Expenditure (by code)<br>CNTRB             | Description  |                               |  | Event #                |
| Expenditure # (if applicable)                         | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |  | Amount                 |
|   | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | \$250.00               |
| Name of Payee<br>Rocky Hill Democratic Town Committee |  | Date of Payment<br>10/18/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 481<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>PO Box 212                          |  | City<br>Rocky Hill            | State<br>CT  | Zip Code<br>06067-0212 |
| Purpose of Expenditure (by code)<br>CNTRB             | Description  |                               |  | Event #                |
| Expenditure # (if applicable)                         | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |  | Amount                 |
|   | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | \$250.00               |

**IV. EXPENDITURES (Sections P - T)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Firewall Fund  | 7th Day Preceding General Election - Original |
| <b>P. Expenses Paid By Committee</b>   |   |

|  |  |                               |  |                        |
|--|--|-------------------------------|--|------------------------|
| Name of Payee<br>Simsbury Democratic Town Committee  |  | Date of Payment<br>10/18/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 483<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>PO Box 664                         |  | City<br>Simsbury              | State<br>CT  | Zip Code<br>06070-0664 |
| Purpose of Expenditure (by code)<br>CNTRB            | Description  |                               |  | Event #                |
| Expenditure # (if applicable)                        | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |  | Amount                 |
|  | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | \$500.00               |
| Name of Payee<br>Southbury Democratic Town Committee |  | Date of Payment<br>10/18/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 484<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>PO Box 217                         |  | City<br>Southbury             | State<br>CT  | Zip Code<br>06488-0217 |
| Purpose of Expenditure (by code)<br>CNTRB            | Description  |                               |  | Event #                |
| Expenditure # (if applicable)                        | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |  | Amount                 |
|  | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | \$250.00               |
| Name of Payee<br>Stamford Democratic City Committee  |  | Date of Payment<br>10/18/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 485<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>97 Acre View Dr                    |  | City<br>Stamford              | State<br>CT  | Zip Code<br>06903-2510 |
| Purpose of Expenditure (by code)<br>CNTRB            | Description  |                               |  | Event #                |
| Expenditure # (if applicable)                        | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |  | Amount                 |
|  | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | \$500.00               |

**IV. EXPENDITURES (Sections P - T)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Firewall Fund  | 7th Day Preceding General Election - Original |

**P. Expenses Paid By Committee**

|   |  |                               |  |                        |
|---|--|-------------------------------|--|------------------------|
| Name of Payee<br>Stonington Democratic Town Committee |  | Date of Payment<br>10/18/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 486<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>30 Rossie St                        |  | City<br>Mystic                | State<br>CT  | Zip Code<br>06355-1912 |
| Purpose of Expenditure (by code)<br><br>CNTRB         | Description  |                               |  | Event #                |
| Expenditure # (if applicable)                         | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |  | Amount                 |
|   | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | \$500.00               |
| Name of Payee<br>Stratford Democratic Town Committee  |  | Date of Payment<br>10/18/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 487<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>271 Castle Dr                       |  | City<br>Stratford             | State<br>CT  | Zip Code<br>06614-2568 |
| Purpose of Expenditure (by code)<br><br>CNTRB         | Description  |                               |  | Event #                |
| Expenditure # (if applicable)                         | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |  | Amount                 |
|   | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | \$1,000.00             |
| Name of Payee<br>Westport Democratic Town Committee   |  | Date of Payment<br>10/18/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 490<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>PO Box 381                          |  | City<br>Westport              | State<br>CT  | Zip Code<br>06881-0381 |
| Purpose of Expenditure (by code)<br><br>CNTRB         | Description  |                               |  | Event #                |
| Expenditure # (if applicable)                         | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |  | Amount                 |
|   | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | \$1,000.00             |

**IV. EXPENDITURES (Sections P - T)**

|   |  |   |
|---|--|---|
| <b>NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)</b> |  | <b>TYPE OF REPORT</b>                         |
| Firewall Fund   |  | 7th Day Preceding General Election - Original |
| <b>P. Expenses Paid By Committee</b>  |  |   |

|   |  |                               |  |                        |
|---|--|-------------------------------|--|------------------------|
| Name of Payee<br>Wethersfield Democratic Town Committee |  | Date of Payment<br>10/18/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 491<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>83 Longvue Dr                         |  | City<br>Wethersfield          | State<br>CT  | Zip Code<br>06109-3019 |

|   |             |         |
|---|-------------|---------|
| Purpose of Expenditure (by code)<br>CNTRB | Description | Event # |
|---|-------------|---------|

|                               |  |          |
|-------------------------------|--|----------|
| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  | Amount   |
|                               | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | \$500.00 |

|   |  |                               |  |                        |
|---|--|-------------------------------|--|------------------------|
| Name of Payee<br>Wilton Democratic Town Committee |  | Date of Payment<br>10/18/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 492<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>PO Box 103                      |  | City<br>Wilton                | State<br>CT  | Zip Code<br>06897-0103 |

|   |             |         |
|---|-------------|---------|
| Purpose of Expenditure (by code)<br>CNTRB | Description | Event # |
|---|-------------|---------|

|                               |  |          |
|-------------------------------|--|----------|
| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  | Amount   |
|                               | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | \$500.00 |

|  |  |                               |  |                        |
|--|--|-------------------------------|--|------------------------|
| Name of Payee<br>Windham Democratic Town Committee |  | Date of Payment<br>10/18/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 493<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>20 Pleasant St                   |  | City<br>Willimantic           | State<br>CT  | Zip Code<br>06226-3534 |

|   |             |         |
|---|-------------|---------|
| Purpose of Expenditure (by code)<br>CNTRB | Description | Event # |
|---|-------------|---------|

|                               |  |          |
|-------------------------------|--|----------|
| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  | Amount   |
|                               | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | \$250.00 |

**IV. EXPENDITURES (Sections P - T)**

|   |   |
|---|---|
| <b>NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)</b> | <b>TYPE OF REPORT</b>                         |
| Firewall Fund   | 7th Day Preceding General Election - Original |

**P. Expenses Paid By Committee**

|   |  |                               |  |                        |
|---|--|-------------------------------|--|------------------------|
| Name of Payee<br>Windsor Democratic Town Committee    |  | Date of Payment<br>10/18/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 495<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>19 Mechanic St                      |  | City<br>Windsor               | State<br>CT  | Zip Code<br>06095-2523 |
| Purpose of Expenditure (by code)<br>CNTRB             | Description  |                               |  | Event #                |
| Expenditure # (if applicable)                         | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |  | Amount                 |
|   | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | \$250.00               |
| Name of Payee<br>Wolcott Democratic Town Committee    |  | Date of Payment<br>10/18/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 496<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>13 Diamond Rock Rd                  |  | City<br>Wolcott               | State<br>CT  | Zip Code<br>06716-1100 |
| Purpose of Expenditure (by code)<br>CNTRB             | Description  |                               |  | Event #                |
| Expenditure # (if applicable)                         | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |  | Amount                 |
|   | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | \$250.00               |
| Name of Payee<br>Woodbridge Democratic Town Committee |  | Date of Payment<br>10/18/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 497<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>1265 Racebrook Rd                   |  | City<br>Woodbridge            | State<br>CT  | Zip Code<br>06525-1824 |
| Purpose of Expenditure (by code)<br>CNTRB             | Description  |                               |  | Event #                |
| Expenditure # (if applicable)                         | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |  | Amount                 |
|   | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | \$1,000.00             |

**IV. EXPENDITURES (Sections P - T)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Firewall Fund  | 7th Day Preceding General Election - Original |

**P. Expenses Paid By Committee**

|  |   |                               |  |                        |
|--|---|-------------------------------|--|------------------------|
| Name of Payee<br>Barker Specialty                |   | Date of Payment<br>10/20/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 498<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>27 Realty Dr                   |   | City<br>Cheshire              | State<br>CT  | Zip Code<br>06410-1656 |
| Purpose of Expenditure (by code)<br>Misc *       | Description<br>T-shirts for volunteers  |                               |  | Event #                |
| Expenditure # (if applicable)                    | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | Amount<br>\$421.16     |
| Name of Payee<br>Derby Democratic Town Committee |   | Date of Payment<br>10/25/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 446<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>45 Grandview Blvd              |   | City<br>Derby                 | State<br>CT  | Zip Code<br>06418-2437 |
| Purpose of Expenditure (by code)<br>CNTRB        | Description   |                               |  | Event #                |
| Expenditure # (if applicable)                    | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | Amount<br>\$250.00     |

**Total of Section P**

**\$26,880.13**

| <b>IV. EXPENDITURES (Sections P - T)</b>                                       |             |                 |  |          |
|--|-------------|-----------------|--|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |             |                 | TYPE OF REPORT   |          |
|  |             |                 | 7th Day Preceding General Election - Original            |          |
| <b>Q. Campaign Expenses Paid By Candidate</b>                                  |             |                 |  |          |
| Name of Payee (Name of vendor, Person or Entity who candidate paid directly)   |             | Date of Payment | Is Reimbursement Claimed?<br>Yes                      No |          |
| Street Address   |             | City            |  | State    |
|  |             |                 |  | Zip Code |
| Purpose of Expenditure<br>(by code)  | Description | Event #         | <b>Amount</b>  |          |
| <b>Total of Section Q</b>  |             |                 |  |          |

### IV. EXPENDITURES

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Firewall Fund  | 7th Day Preceding General Election - Original |

#### R. Expenses Incurred on Committee Credit Card

|  |   |
|--|---|
| Name of Issuing Institution<br>Elan Financial Services | Type of Credit Card:<br><input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express<br><input checked="" type="checkbox"/> Other |
|--|---|

|  |                                   |             |                        |
|--|-----------------------------------|-------------|------------------------|
| Name of Vendor, Person or Entity<br>Google | Date of Transaction<br>10/01/2025 |             |                        |
| Street Address<br>1600 Amphitheatre Pkwy   | City<br>Mountain View             | State<br>CA | Zip Code<br>94043-1351 |

|  |             |         |
|--|-------------|---------|
| Purpose of Expenditure (by code)<br>OFFICE | Description | Event # |
|--|-------------|---------|

|                               |   |                    |
|-------------------------------|---|--------------------|
| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum R Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | Amount<br>\$214.40 |
|-------------------------------|---|--------------------|

|  |   |
|--|---|
| Name of Issuing Institution<br>Elan Financial Services | Type of Credit Card:<br><input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express<br><input checked="" type="checkbox"/> Other |
|--|---|

|   |                                   |             |                        |
|---|-----------------------------------|-------------|------------------------|
| Name of Vendor, Person or Entity<br>Good Morning Bagels | Date of Transaction<br>10/04/2025 |             |                        |
| Street Address<br>58 Farmington Ave                     | City<br>Farmington                | State<br>CT | Zip Code<br>06032-1722 |

|  |             |         |
|--|-------------|---------|
| Purpose of Expenditure (by code)<br>FOOD | Description | Event # |
|--|-------------|---------|

|                               |   |                   |
|-------------------------------|---|-------------------|
| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum R Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | Amount<br>\$10.47 |
|-------------------------------|---|-------------------|

**IV. EXPENDITURES**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Firewall Fund  | 7th Day Preceding General Election - Original |

**R. Expenses Incurred on Committee Credit Card**

|  |   |
|--|---|
| Name of Issuing Institution<br>Elan Financial Services | Type of Credit Card:<br><input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express<br><input checked="" type="checkbox"/> Other |
|--|---|

|  |                                   |
|--|-----------------------------------|
| Name of Vendor, Person or Entity<br>Amazon | Date of Transaction<br>10/09/2025 |
|--|-----------------------------------|

|  |                 |             |                        |
|--|-----------------|-------------|------------------------|
| Street Address<br>1200 12th Ave S Ste 1200 | City<br>Seattle | State<br>WA | Zip Code<br>98144-2734 |
|--|-----------------|-------------|------------------------|

|  |             |         |
|--|-------------|---------|
| Purpose of Expenditure (by code)<br>OFFICE | Description | Event # |
|--|-------------|---------|

|                               |   |                   |
|-------------------------------|---|-------------------|
| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum R Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | Amount<br>\$90.39 |
|-------------------------------|---|-------------------|

|  |   |
|--|---|
| Name of Issuing Institution<br>Elan Financial Services | Type of Credit Card:<br><input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express<br><input checked="" type="checkbox"/> Other |
|--|---|

|  |                                   |
|--|-----------------------------------|
| Name of Vendor, Person or Entity<br>Amazon | Date of Transaction<br>10/17/2025 |
|--|-----------------------------------|

|  |                 |             |                        |
|--|-----------------|-------------|------------------------|
| Street Address<br>1200 12th Ave S Ste 1200 | City<br>Seattle | State<br>WA | Zip Code<br>98144-2734 |
|--|-----------------|-------------|------------------------|

|  |             |         |
|--|-------------|---------|
| Purpose of Expenditure (by code)<br>OFFICE | Description | Event # |
|--|-------------|---------|

|                               |   |                   |
|-------------------------------|---|-------------------|
| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum R Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | Amount<br>\$43.77 |
|-------------------------------|---|-------------------|

|                           |                 |
|---------------------------|-----------------|
| <b>Total of Section R</b> | <b>\$359.03</b> |
|---------------------------|-----------------|

| IV. EXPENDITURES   |   |      |   |
|--|---|------|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |   |      | TYPE OF REPORT                                |
| Firewall Fund  |   |      | 7th Day Preceding General Election - Original |
| S. Expenses Incurred By Committee but Not Paid During this Period              |   |      |   |
| Name of Creditor   |   |      | Date Incurred                                 |
| Street Address   |   | City | State      Zip Code                           |
| Purpose of Expenditure (by code)   | Description   |      | Event #                                       |
| Expenditure# (if applicable)   | Type of Expenditure ( <i>Itemization in Addendum S Required unless "None of the below" is checked</i> )<br><br>None of the below<br><br>Coordinated with reimbursement sought (joint expenditure)      Independent<br><br>Coordinated without reimbursement sought (in-kind contribution)      Organization :      A      B      C      D |      | Amount Incurred (Estimate or Actual)          |
| <b>Total of Section S</b>  |   |      |   |

| IV. EXPENDITURES (Sections P - T)  |  |   |   |
|--|--|---|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |  |   | TYPE OF REPORT                                      |
| Firewall Fund  |  |   | 7th Day Preceding General Election - Original       |
| T. Itemization of Reimbursements and Secondary Payees                          |  |   |   |
| Last Name of Worker/Consultant   |  | First   | MI      Date of Payment to Vendor, Person or Entity |
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant           |  | Payment to Reimburse Committee Worker/Consultant as reported in Section P<br><br>Check #      Debit Card      EFT |   |
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant |  | City  | State      Zip Code                                 |
| Purpose of Expenditure (by code)   | Description  |   | Event #   |
| Expenditure #  | Type of Expenditure ( <i>Itemization in Addendum T Required unless "None of the below" is checked</i> )<br><br>None of the below<br><br>Coordinated with reimbursement sought (joint expenditure)      Independent<br><br>Coordinated without reimbursement sought (in-kind contribution)      Organization:      A      B      C      D |   | Amount  |
| <b>Total of Section T</b>  |  |   |   |

| Section L5. ADDENDUM   |                |
|--|----------------|
| NAME OF COMMITTEE  | TYPE OF REPORT |
|  |                |
| L5. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum |                |
| <b>Event #</b>   |                |
| Name of Candidate or Committee   |                |

| Section P. ADDENDUM                            |                               |  |
|--|-------------------------------|--|
| NAME OF COMMITTEE                              | TYPE OF REPORT                |  |
|  |                               |  |
| P. Expenses Paid By Committee - Addendum       |                               |  |
| Expenditure #                                  | Supported                     | Opposed                                  |
|  |                               | <b>Amount of Expenditure</b>             |
| Name of Candidate or Committee                 | Office Sought (if applicable) | Cost Allocated to Candidate or Committee |
| Are Limits Aggregated?<br><b>Yes</b> <b>No</b> | Aggregating Committees        |  |

### Section R. ADDENDUM

| Section R. ADDENDUM                                      |                               |  |                       |
|--|-------------------------------|--|-----------------------|
| NAME OF COMMITTEE  | TYPE OF REPORT                |  |                       |
|  |                               |  |                       |
| R. Expenses Incurred on Committee Credit Card - Addendum |                               |  |                       |
| Expenditure #  | Supported                     | Opposed                                  | Amount of Expenditure |
| Name of Candidate or Committee                           | Office Sought (if applicable) | Cost Allocated to Candidate or Committee |                       |

### Section S. ADDENDUM

| Section S. ADDENDUM  |                               |  |                       |
|--|-------------------------------|--|-----------------------|
| NAME OF COMMITTEE  | TYPE OF REPORT                |  |                       |
|  |                               |  |                       |
| S. Expenses Incurred by Committee but Not Paid During this Period - Addendum |                               |  |                       |
| Expenditure #  | Supported                     | Opposed                                  | Amount of Expenditure |
| Name of Candidate or Committee   | Office Sought (if applicable) | Cost Allocated to Candidate or Committee |                       |

### Section T. ADDENDUM

| Section T. ADDENDUM  |                               |  |                       |
|--|-------------------------------|--|-----------------------|
| NAME OF COMMITTEE  | TYPE OF REPORT                |  |                       |
|  |                               |  |                       |
| T. Itemization of Reimbursements and Secondary Payees - Addendum |                               |  |                       |
| Expenditure #  | Supported                     | Opposed                                  | Amount of Expenditure |
| Name of Candidate or Committee                                   | Office Sought (if applicable) | Cost Allocated to Candidate or Committee |                       |