SEEC FORM 20

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2024

Electronic Filing

Do Not Mark in This Space For Official Use Only

COVER PAGE

1. NAME OF COMMITTEE

House Majority Committee

2. TREASURER NAME

First	MI	Last	Suffix
Richard		**Baltimore**	

3. TREASURER ADDRESS

Street Address	City	State	Zip Code
15 Westborough Dr .	**West Hartford**	**CT**	**06107**

4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT *(Complete only if Candidate Committee)*	6. DISTRICT NUMBER *(if applicable)*

7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)

First	MI	Last	Suffix

8. TYPE OF REPORT

7th Day Preceding Primary - Original

9. PERIOD COVERED

Beginning Date		Ending Date
07/01/2026	thru	**08/02/2026**

10. CERTIFICATION

☑ I hereby certify and state, under penalties of false statement, that all of the information set forth on this **Itemized Campaign Finance Disclosure Statement** for the period covered is true, accurate and complete.

Electronic Filing	**Richard Baltimore**	**08/04/2026 9:55:44PM**
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED

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

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2024

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
House Majority Committee	**7th Day Preceding Primary - Original**	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other Committees		**$72,302.61**
12. Balance on hand at the beginning of Reporting Period	**$44,917.81**	
13. Contributions received from Individuals (Section A and B)	**$15,130.00**	**$24,700.00**
14. Receipts from Other Committees (Sections C1 and C2)	**$4,000.00**	**$19,500.00**
15. Other Monetary Receipts (Section D through K)	**$0.00**	**$0.00**
16a. Total Proceeds from Small Puchases (Section L1 Subpart 1 + Subpart 3)	**$0.00**	**$0.00**
16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed		
16c. Total Purchases of Advertising - Program Book or Sign (Section L3)	**$1,250.00**	**$3,500.00**
17. Total Monetary Receipts (add totals for lines 13 through 16c)	**$20,380.00**	**$47,700.00**
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	**$65,297.81**	**$120,002.61**
19. Expenses Paid by Committee (Section P)	**$12,821.02**	**$67,525.82**
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both columns)	**$52,476.79**	**$52,476.79**
21. In-Kind Donations not Considered Contributions Received (Section L4)	**$0.00**	**$0.00**
22. In-Kind Donations not Considered Contributions - House Party (Section L5)	**$0.00**	**$0.00**
23. In-Kind Contributions Received (Section M)	**$0.00**	**$0.00**
24. Refundable Deposit to Telephone Company (Section N)	**$0.00**	**$0.00**
25. Loan Balance	**$0.00**	
25a. + Loans Received (Section D)	**$0.00**	**$0.00**
25b. + Interest and Penalties on Loan(s)	**$0.00**	**$0.00**
25c. - Payments on Loan	**$0.00**	**$0.00**
25d. Total Outstanding Loan Amount	**$0.00**	
26. Campaign Expenses Paid By Candidate (Section Q)	**$0.00**	**$0.00**
27. Expenses Incurred on Committee Credit Card (Section R)	**$0.00**	**$0.00**
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	**$0.00**	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	**$0.00**	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	7th Day Preceding Primary - Original

A. Total Contributions from Small Contributors-Received this Period ONLY
(See instructions for definition of Small Contributor) **Subtotal Section A** **$0.00**

B. Itemized Contributions from Individuals

Last Name	First Name	MI
bhatia	swarnjit	

Residential Street Address	City	State	Zip Code
162 Scotland Rd	Norwich	CT	

Principal Occupation	Name of Employer
owner	American property group LLC

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ 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? ☐ Yes ☐ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 07202026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
07/12/2026	$100.00

Last Name	First Name	MI
filardi	eric	

Residential Street Address	City	State	Zip Code
12 Clubhouse Point Rd	Groton	CT	06340

Principal Occupation	Name of Employer
beer distributor	F+F Distributors

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ 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? ☐ Yes ☐ No

Amount of Contribution: $2,000.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 07202026B

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
07/12/2026	$2,100.00

Last Name	First Name	MI
fox	paul	

Residential Street Address	City	State	Zip Code
2 Essex St	Mystic	CT	

Principal Occupation	Name of Employer
retired	retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ 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? ☐ Yes ☐ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 07202026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
07/13/2026	$100.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
massett	Jacquelyn	

Residential Street Address	City	State	Zip Code
78 Brandegee Ave	Groton	CT	

Principal Occupation	Name of Employer
retired	retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ 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? ☐ Yes ☐ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 07202026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
07/14/2026	$100.00

Last Name	First Name	MI
mancini	kenneth	

Residential Street Address	City	State	Zip Code
104 Old Beach Rd	Newport	RI	02817

Principal Occupation	Name of Employer
general manager	mancini beverage

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ 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? ☐ Yes ☐ No

Amount of Contribution: $2,000.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 07202026B

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
07/14/2026	$2,100.00

Last Name	First Name	MI
gingras	margaux	

Residential Street Address	City	State	Zip Code
154 Cheshire Rd	Wallingford	CT	06492

Principal Occupation	Name of Employer
COO	G+G beverage dist inc

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ 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? ☐ Yes ☐ No

Amount of Contribution: $2,000.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 07202026B

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
07/16/2026	$2,100.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
rusk	jason	

Residential Street Address	City	State	Zip Code
222 Tyler Ave	Groton	CT	

Principal Occupation	Name of Employer
program supervisor	General Dynamics Electric Boat

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ 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? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 07202026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
07/16/2026	$100.00	$100.00

Last Name	First Name	MI
lutz	catherine	

Residential Street Address	City	State	Zip Code
25 Orchard St Apt 11	Stonington	CT	

Principal Occupation	Name of Employer
retired	retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ 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? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 07202026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
07/16/2026	$150.00	$150.00

Last Name	First Name	MI
levin	jay	

Residential Street Address	City	State	Zip Code
23 Worthington Rd	New London	CT	06330

Principal Occupation	Name of Employer
lobbyist	levin, paolino, christ government realtions

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ 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? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 07202026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
07/16/2026	$200.00	$100.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
mcbride	david	

Residential Street Address	City	State	Zip Code
23 Burrows St	Groton	CT	

Principal Occupation	Name of Employer
director of finance	city of new london

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ 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? ☐ Yes ☐ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 07202026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
07/17/2026	$100.00

Last Name	First Name	MI
malone	jude	

Residential Street Address	City	State	Zip Code
200 River Rd	Mystic	CT	

Principal Occupation	Name of Employer
lobbyist	ct beer wholesalers assoc

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ 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? ☐ Yes ☐ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 07202026B

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
07/19/2026	$200.00

Last Name	First Name	MI
giulini	rebecca	

Residential Street Address	City	State	Zip Code
62 Oakwood Rd	Mystic	CT	

Principal Occupation	Name of Employer
teacher	groton public schools

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ 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? ☐ Yes ☐ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 07202026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
07/20/2026	$10.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
salina	adam	

Residential Street Address	City	State	Zip Code
95 Spicewood Ln	Berlin	CT	

Principal Occupation	Name of Employer
government relations	Kozak & salina

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [x] Yes [ ] 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? [ ] Yes [ ] No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No
If yes, list Event # 07202026B

Is contributor a principal of state contractor or prospective state contractor? [ ] Yes [x] No
If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] Legislative

Method of Contribution: [ ] Cash [ ] Personal Check [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received	Aggregate Contributions
07/20/2026	$200.00

Last Name	First Name	MI
kozak	david	

Residential Street Address	City	State	Zip Code
31 Hunters Rdg	Rocky Hill	CT	

Principal Occupation	Name of Employer
lobbyist	Kozak & salina

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [x] Yes [ ] 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? [ ] Yes [ ] No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section L1? [ ] Yes [x] No
If yes, list Event #

Is contributor a principal of state contractor or prospective state contractor? [ ] Yes [x] No
If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] Legislative

Method of Contribution: [ ] Cash [ ] Personal Check [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received	Aggregate Contributions
07/20/2026	$100.00

Last Name	First Name	MI
mason	mary	

Residential Street Address	City	State	Zip Code
110 School St	Mystic	CT	

Principal Occupation	Name of Employer
lobbyist	Przybysz and Associates Government Affairs

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [x] Yes [ ] 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? [ ] Yes [ ] No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No
If yes, list Event # 07202026A

Is contributor a principal of state contractor or prospective state contractor? [ ] Yes [x] No
If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] Legislative

Method of Contribution: [ ] Cash [ ] Personal Check [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received	Aggregate Contributions
07/20/2026	$50.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
ritter	elizabeth	

Residential Street Address	City	State	Zip Code
24 Old Mill Rd	Quaker Hill	CT	06375

Principal Occupation	Name of Employer
retired	retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ 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? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 07202026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
07/20/2026	$100.00	$100.00

Last Name	First Name	MI
mejza	carleen	

Residential Street Address	City	State	Zip Code
25 Pearl St	Mystic	CT	

Principal Occupation	Name of Employer
retired	retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ 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? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 07202026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
07/20/2026	$100.00	$100.00

Last Name	First Name	MI
foster	annemarie	

Residential Street Address	City	State	Zip Code
15 Route 27	Mystic	CT	

Principal Occupation	Name of Employer
geriatric care manager	law office of richard dixon

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ 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? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 07202026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
07/20/2026	$200.00	$200.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
nolan	anthony	

Residential Street Address	City	State	Zip Code
105 Blackhall St	New London	CT	

Principal Occupation	Name of Employer
retired	retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ 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? ☐ Yes ☐ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 07202026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
07/20/2026	$100.00

Last Name	First Name	MI
rusk	jill	

Residential Street Address	City	State	Zip Code
222 Tyler Ave	Groton	CT	

Principal Occupation	Name of Employer
mayor	city of groton

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ 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? ☐ Yes ☐ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 07202026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
07/20/2026	$100.00

Last Name	First Name	MI
Pyrke-Fairchild	Lyndsey	

Residential Street Address	City	State	Zip Code
37 Greenmanville Ave	Mystic	CT	

Principal Occupation	Name of Employer
Police Analyst	Empire Fisheries

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ 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? ☐ Yes ☐ No

Amount of Contribution: $150.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 07202026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
07/20/2026	$150.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Gaiewski	daniel	

Residential Street Address	City	State	Zip Code
234 Rogers Rd	Groton	CT	

Principal Occupation	Name of Employer
state representative	state of CT

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ 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? ☐ Yes ☐ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 07202026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
07/20/2026	$100.00

Last Name	First Name	MI
helbig	elizabeth	

Residential Street Address	City	State	Zip Code
750 Groton Long Point Rd	Noank	CT	

Principal Occupation	Name of Employer
cfo	Noank Village Boatyard

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ 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? ☐ Yes ☐ No

Amount of Contribution: $250.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 07202026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
07/20/2026	$250.00

Last Name	First Name	MI
billing	natalie	

Residential Street Address	City	State	Zip Code
15 Ashby St	Mystic	CT	

Principal Occupation	Name of Employer
reitred	retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ 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? ☐ Yes ☐ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 07202026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
07/20/2026	$100.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
welles	gary	

Residential Street Address	City	State	Zip Code
5 Route 27 Box 1	Old Mystic	CT	

Principal Occupation	Name of Employer
retired	retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ 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? ☐ Yes ☐ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 07202026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
07/20/2026	$100.00

Last Name	First Name	MI
duarte	paul	

Residential Street Address	City	State	Zip Code
54 Cottage St	Groton	CT	06430

Principal Occupation	Name of Employer
retired	retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ 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? ☐ Yes ☐ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 07202026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
07/20/2026	$200.00

Last Name	First Name	MI
duarte	elizabeth	

Residential Street Address	City	State	Zip Code
54 Cottage St	Groton	CT	06430

Principal Occupation	Name of Employer
retired	retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ 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? ☐ Yes ☐ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 07202026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
07/20/2026	$200.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
parker	juliette	

Residential Street Address	City	State	Zip Code
520F Shennecosett Rd	Groton	CT	

Principal Occupation	Name of Employer
exec asst to chief of police	city of groton police dept

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ 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? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 07202026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
07/20/2026	$20.00	$20.00

Last Name	First Name	MI
menapace	nicholas	

Residential Street Address	City	State	Zip Code
38 Hole St	Niantic	CT	

Principal Occupation	Name of Employer
teacher	new london public schools

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ 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? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 07202026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
07/20/2026	$100.00	$100.00

Last Name	First Name	MI
bergin	karen	

Residential Street Address	City	State	Zip Code
81 Stuart Ave	New London	CT	

Principal Occupation	Name of Employer
retired	retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ 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? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 07202026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
07/20/2026	$100.00	$100.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
hollander	ross	

Residential Street Address	City	State	Zip Code
19 Claire La	Bloomfield	CT	06002

Principal Occupation	Name of Employer
CEO	hartford distributors inc

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ 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? ☐ Yes ☐ No

Amount of Contribution: $2,000.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 07202026B

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
07/20/2026	$2,000.00

Last Name	First Name	MI
ginsburg	andrew	

Residential Street Address	City	State	Zip Code
272 Westmont	West Hartford	CT	06117

Principal Occupation	Name of Employer
general manager	hartford distributors inc

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ 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? ☐ Yes ☐ No

Amount of Contribution: $2,000.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 07202026B

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
07/20/2026	$2,000.00

Last Name	First Name	MI
gallo	peter	

Residential Street Address	City	State	Zip Code
438 Northwood Dr	Orange	CT	

Principal Occupation	Name of Employer
vice president	star distributers inc

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ 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? ☐ Yes ☐ No

Amount of Contribution: $2,000.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 07202026B

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
07/20/2026	$2,100.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
labrecque	janet	

Residential Street Address	City	State	Zip Code
15 Ashby St	Mystic	CT	

Principal Occupation	Name of Employer
retired	retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ 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? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 07202026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
07/21/2026	$100.00	$100.00

Last Name	First Name	MI
fenico	maron	

Residential Street Address	City	State	Zip Code
641 Catharine St	Philadelphia	PA	

Principal Occupation	Name of Employer
retired	retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ 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? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 07202026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
07/21/2026	$100.00	$100.00

Last Name	First Name	MI
heede	conrad	

Residential Street Address	City	State	Zip Code
58 Mirra Dr	Groton	CT	

Principal Occupation	Name of Employer
Hotel management	Waterford hotel group

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ 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? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 07202026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
07/21/2026	$100.00	$100.00

Total of Section B	**$15,130.00**
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) *(Total on Line 13 of Summary Page)*	**$15,130.00**

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	7th Day Preceding Primary - Original

C1. Contributions from Other Committees

Name of Committee	Name of Treasurer
AFT Connecticut Political Committee	Eric O Borlaug

Address	Is this contribution associated with an event reported in Section L1?	Amount of Contribution
35 Marshall Rd	☐ Yes ☒ No If yes, list Event #	$2,000.00

City	State	Zip Code	Date Received	Aggregate Contributions
Rocky Hill	CT	06067	07/06/2026	$2,000.00

Name of Committee	Name of Treasurer
Matt Ritter PAC	Kimberly Grove

Address	Is this contribution associated with an event reported in Section L1?	Amount of Contribution
9 Hickory Dr	☐ Yes ☒ No If yes, list Event #	$2,000.00

City	State	Zip Code	Date Received	Aggregate Contributions
Prospect	CT	06712	07/14/2026	$2,000.00

Total of Section C1	**$4,000.00**

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
House Majority Committee	7th Day Preceding Primary - Original

C2. Reimbursements or Surplus Distributions from other Committees

Name of Committee	Name of Treasurer

Address	Date Received	Amount of Receipt

City	State	Zip Code	Payment Type
			Reimbursement for shared expense Surplus Distribution

Expenditure # (if applicable)	Description

Total of Section C2	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	7th Day Preceding Primary - Original

D. Loans Received this Period

Name of Lender	Source of Loan: Bank Candidate Individual Other			Date of Receipt
Street Address	City	State	Zip Code	Is there a cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)				**Amount Received**
Street Address	City	State	Zip Code	
			Total of Section D	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
House Majority Committee	7th Day Preceding Primary - 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	
			Total of Section E	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	7th Day Preceding Primary - 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
	Total of Section F	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
House Majority Committee	7th Day Preceding Primary - Original

G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury *(Organization Committees ONLY)*

Date of Receipt	Amount

Total of Section G

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
House Majority Committee	7th Day Preceding Primary - Original

H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)

Date of Receipt	Method of Payment			Amount
	Cash	Personal Check	Credit/Debit Card	

Total of Section H

I. Monetary Receipts (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	7th Day Preceding Primary - Original

J. Interest from Deposits in Authorized Accounts

Name of Institution		Date Received		Amount
Street Address	City	State	Zip Code	

Total of Section J

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
House Majority Committee	7th Day Preceding Primary - 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
House Majority Committee	7th Day Preceding Primary - Original

L1. Event Information

Event #1

Event # / Letter	Date of Event	Description	Was this a fundraising event?
A	07/20/2026	Home Fundraiser	[X] Yes [ ] No

Location: Street Address	City	State	Zip Code
75 Algonquin	Mystic	CT	

Subpart 1: (All Committees)

Was this event hosted at a personal residence? [X] Yes [ ] No

(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations.)

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 [X] No

(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)

Was this fundraiser a tag sale, auction, or other sale of donated items with puchases from an individual of up to $100? [ ] Yes [X] No

(If yes, enter Total Receipts here.) $0.00

Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)

Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? [ ] Yes [X] No

(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)

Subpart 3: (Town Committees ONLY)

Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser? [ ] Yes [ ] No

(If yes, enter Total Receipts here.) $0.00

Event #2

Event # / Letter	Date of Event	Description	Was this a fundraising event?
B	07/20/2026	Other Event	[X] Yes [ ] No

Location: Street Address	City	State	Zip Code
131 Chapel Rd	Manchester	CT	

Subpart 1: (All Committees)

Was this event hosted at a personal residence? [ ] Yes [X] No

(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations.)

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 [X] No

(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)

Was this fundraiser a tag sale, auction, or other sale of donated items with puchases from an individual of up to $100? [ ] Yes [X] No

(If yes, enter Total Receipts here.) $0.00

Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)

Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? [X] Yes [ ] No

(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)

Subpart 3: (Town Committees ONLY)

Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser? [ ] Yes [ ] No

(If yes, enter Total Receipts here.) $0.00

Total of Section L1	**$0.00**

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	7th Day Preceding Primary - Original

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

Name of Purchaser	Purchase Made By:
hartford distributors inc	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
131 Chapel Rd	Manchester	CT	06042

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
07/20/2026	07202026B	$250.00	$250.00	

Name of Purchaser	Purchase Made By:
star	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
460 Frontage Rd	West Haven	CT	

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
07/20/2026	07202026B	$250.00	$250.00	

Name of Purchaser	Purchase Made By:
F & F Distributors INC	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
21 Eastern Ave	New London	CT	

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
07/20/2026	07202026B	$250.00	$250.00	

Name of Purchaser	Purchase Made By:
G&G Beverage distributors, INC	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
207 Church St	Wallingford	CT	

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
07/20/2026	07202026B	$250.00	$250.00	

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	7th Day Preceding Primary - Original

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

Name of Purchaser	Purchase Made By:
northeast beverage corp of CT	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
119 Hopkins Hill Rd	W Greenwich	RI	

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
07/20/2026	07202026B	$250.00	$250.00	

Total of Section L3	$1,250.00

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	7th Day Preceding Primary - 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 Individual Sole Proprietorship	Date Received	Event #	Aggregate value for this event	

Total of Section L4	

II.EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	7th Day Preceding Primary - 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? 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
House Majority Committee	7th Day Preceding Primary - Original

M. In-Kind Contributions

Name			
Street Address	City	State	Zip Code

Type of Contributor: Committee / Individual / Sole Proprietorship / Other	Date Received	Aggregate contributions	Description of In-Kind Contribution

Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes / 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 / No	Fair Market Value of this Contribution

Is this contribution associated with an event reported in Section L1? Yes / No If yes, list Event#	Is contributor a principal of state contractor or prospective state contractor? Yes / No 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
House Majority Committee	7th Day Preceding Primary - Original

N. Refundable Deposit to Telephone Company

Last Name of Individual	First Name	MI	Date Deposit Made	
Residential Street Address	City	State	Zip Code	Amount of Deposit
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
House Majority Committee	7th Day Preceding Primary - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
mario boozang	07/06/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
55 Nash St	New Haven	CT	

Purpose of Expenditure (by code)	Description	Event #
CNSLT		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
630440	[ ] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [X] Organization [ ] A [ ] B [ ] C [X] D	$620.00

Name of Payee	Date of Payment	Method of Payment
franklin zambrano	07/06/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
55 Hawthorne St	Manchester	CT	

Purpose of Expenditure (by code)	Description	Event #
CNSLT		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
630543	[ ] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [X] Organization [ ] A [ ] B [ ] C [X] D	$620.00

Name of Payee	Date of Payment	Method of Payment
callfire	07/10/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1410 2nd St Ste 200	Santa Monica	CA	

Purpose of Expenditure (by code)	Description	Event #
A-PH-BNK	credits to be allocated	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$260.08

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	7th Day Preceding Primary - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
callfire	07/13/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1410 2nd St Ste 200	Santa Monica	CA	

Purpose of Expenditure (by code)	Description	Event #
A-PH-BNK	credits to be allocated	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$520.15

Name of Payee	Date of Payment	Method of Payment
callfire	07/20/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1410 2nd St Ste 200	Santa Monica	CA	

Purpose of Expenditure (by code)	Description	Event #
A-PH-BNK	credits to be allocated	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$520.15

Name of Payee	Date of Payment	Method of Payment
adam salina	07/20/2026	[X] Check # 1187 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
95 Spicewood Ln	Berlin	CT	

Purpose of Expenditure (by code)	Description	Event #
REF		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$100.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	7th Day Preceding Primary - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
eric meade	07/22/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
8 Forest Ridge Rd	Prospect	CT	

Purpose of Expenditure (by code)	Description	Event #
CNSLT		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
630544	[ ] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [X] Organization [ ] A [ ] B [ ] C [X] D	$507.50

Name of Payee	Date of Payment	Method of Payment
maya kapij	07/22/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1 Chestnut Cir	Old Saybrook	CT	

Purpose of Expenditure (by code)	Description	Event #
CNSLT		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
630545	[ ] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [X] Organization [ ] A [ ] B [ ] C [X] D	$60.00

Name of Payee	Date of Payment	Method of Payment
callfire	07/24/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1410 2nd St Ste 200	Santa Monica	CA	

Purpose of Expenditure (by code)	Description	Event #
A-PH-BNK	credits to be allocated	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$520.15

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	7th Day Preceding Primary - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Sure Payroll	07/27/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
2350 Ravine Way Ste 100	Glenview	IL	60025

Purpose of Expenditure (by code)	Description	Event #
OVHD	payroll service	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below	$20.20
	[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent	
	[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	

Name of Payee	Date of Payment	Method of Payment
Sure Payroll	07/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
2350 Ravine Way Ste 100	Glenview	IL	60025

Purpose of Expenditure (by code)	Description	Event #
OVHD	payroll service	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below	$70.00
	[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent	
	[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	

Name of Payee	Date of Payment	Method of Payment
callfire	07/31/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1410 2nd St Ste 200	Santa Monica	CA	

Purpose of Expenditure (by code)	Description	Event #
A-PH-BNK	credits to be allocated	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below	$520.15
	[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent	
	[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	7th Day Preceding Primary - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Eric Filardi	08/01/2026	[X] Check # 1182 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
12 Clubhouse Pt	Groton	CT	

Purpose of Expenditure (by code)	Description	Event #
REF	disgorging of contribution over limit	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$2,000.00

Name of Payee	Date of Payment	Method of Payment
margaux gingras	08/01/2026	[X] Check # 1184 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
154 Cheshire Rd	Wallingford	CT	

Purpose of Expenditure (by code)	Description	Event #
REF		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$2,000.00

Name of Payee	Date of Payment	Method of Payment
peter gallo	08/01/2026	[X] Check # 1182 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
438 Northwood Dr	Orange	CT	

Purpose of Expenditure (by code)	Description	Event #
REF		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$2,000.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	7th Day Preceding Primary - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
kenneth mancini	08/01/2026	[X] Check # 1183 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
104 Old Beach Rd	Newport	RI	

Purpose of Expenditure (by code)	Description	Event #
REF		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$2,000.00

Name of Payee	Date of Payment	Method of Payment
jay levin	08/01/2026	[X] Check # 1185 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
23 Worthington Rd	New London	CT	

Purpose of Expenditure (by code)	Description	Event #
REF		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$100.00

Name of Payee	Date of Payment	Method of Payment
jude malone	08/01/2026	[X] Check # 1186 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
200 River Rd	Mystic	CT	

Purpose of Expenditure (by code)	Description	Event #
REF		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$100.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	7th Day Preceding Primary - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Stripe	08/02/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
354 Oyster Point Blvd	South San Francisco	CA	94080

Purpose of Expenditure (by code)	Description	Event #
BNK	online fees	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below	$282.64
	[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent	
	[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	

Total of Section P	$12,821.02

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	7th Day Preceding Primary - Original

Q. Campaign Expenses Paid By Candidate

Name of Payee (Name of vendor, Person or Entity who candidate paid directly)	Date of Payment	Is Reimbursement Claimed?
		Yes No

Street Address	City	State	Zip Code

Purpose of Expenditure (by code)	Description	Event #	Amount

Total of Section Q	

IV. EXPENDITURES

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	7th Day Preceding Primary - Original

R. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card: Visa Master Card Discover American Express Other

Name of Vendor, Person or Entity			Date of Transaction	
Street Address	City		State	Zip Code

Purpose of Expenditure (by code)	Description	Event #

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked)	Amount
	None of the below	
	Coordinated with reimbursement sought (joint expenditure) Independent	
	Coordinated without reimbursement sought (in-kind contribution) Organization A B C D	

Total of Section R	

IV. EXPENDITURES

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	7th Day Preceding Primary - 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 *(Itemization in Addendum S Required unless "None of the below" is checked)*	Amount Incurred (Estimate or Actual)
	None of the below	
	Coordinated with reimbursement sought (joint expenditure) Independent	
	Coordinated without reimbursement sought (in-kind contribution) Organization : A B C D	

Total of Section S	

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	7th Day Preceding Primary - 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 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 (Itemization in Addendem T Required unless "None of the below" is checked)	Amount
	None of the below Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization: A B C D	

Total of Section T	

Section L5. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

L5. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum

Event #	
Name of Candidate or Committee	

Section P. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT
House Majority Committee	7th Day Preceding Primary - Original

P. Expenses Paid By Committee - Addendum

Expenditure #		Amount of Expenditure
630440	☒ Supported ☐ Opposed	$620.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Patricia A Dillon	State Representative	$620.00

Are Limits Aggregated?	Aggregating Committees	
☒ Yes ☐ No	House Democrats Campaign Committee	Connecticut Majority Team PAC

Expenditure #		Amount of Expenditure
630543	☒ Supported ☐ Opposed	$620.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Nick J Menapace	State Representative	$360.00

Are Limits Aggregated?	Aggregating Committees	
☒ Yes ☐ No	House Democrats Campaign Committee	Connecticut Majority Team PAC

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Kaitlyn Shake	State Representative	$260.00

Are Limits Aggregated?	Aggregating Committees	
☒ Yes ☐ No	House Democrats Campaign Committee	Connecticut Majority Team PAC

Expenditure #		Amount of Expenditure
630544	☒ Supported ☐ Opposed	$507.50

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Samuel L. Carmody	State Representative	$170.00

Are Limits Aggregated?	Aggregating Committees	
☒ Yes ☐ No	House Democrats Campaign Committee	Connecticut Majority Team PAC

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Chad Cardillo	State Representative	$337.50

Are Limits Aggregated?	Aggregating Committees	
☒ Yes ☐ No	House Democrats Campaign Committee	Connecticut Majority Team PAC

Expenditure #	Supported / Opposed	Amount of Expenditure
630545	[x] Supported [ ] Opposed	$60.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Robert C Fernandez DC	State Representative	$60.00

Are Limits Aggregated?	Aggregating Committees
[x] Yes [ ] No	House Democrats Campaign Committee Connecticut Majority Team PAC

Section R. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

R. Expenses Incurred on Committee Credit Card - Addendum

Expenditure #	Supported / Opposed	Amount of Expenditure
	Supported Opposed	

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee

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
	Supported Opposed	

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee

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