SEEC FORM 20

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2024

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COVER PAGE

1. NAME OF COMMITTEE

Connecticut Majority Team PAC

2. TREASURER NAME

First	MI	Last	Suffix
Trenton		**Kapij**	

3. TREASURER ADDRESS

Street Address	City	State	Zip Code
1800 Silas Deane Hwy Apt 120S	**Rocky Hill**	**CT**	**06067**

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	**Trenton Kapij**	**08/04/2026 10:13:48PM**
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	
Connecticut Majority Team PAC	**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		**$63,806.38**
12. Balance on hand at the beginning of Reporting Period	**$80,963.42**	
13. Contributions received from Individuals (Section A and B)	**$0.00**	**$6,820.71**
14. Receipts from Other Committees (Sections C1 and C2)	**$4,000.00**	**$15,000.00**
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)	**$250.00**	**$2,500.00**
17. Total Monetary Receipts (add totals for lines 13 through 16c)	**$4,250.00**	**$24,320.71**
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	**$85,213.42**	**$88,127.09**
19. Expenses Paid by Committee (Section P)	**$15,937.59**	**$18,851.26**
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both columns)	**$69,275.83**	**$69,275.83**
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)	**$3,530.24**	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Connecticut Majority Team PAC	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**

B. Itemized Contributions from Individuals

Last Name	First Name	MI

Residential Street Address	City	State	Zip Code

Principal Occupation	Name of Employer

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of $400 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
Yes / No	Yes / No	
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	

Method of Contribution	Date Received	Aggregate Contributions
Cash / Personal Check / Credit/Debit Card / Payroll Deduction / Money Order		

Total of Section B	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & 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
Connecticut Majority Team PAC	7th Day Preceding Primary - Original

C1. Contributions from Other Committees

Name of Committee	Name of Treasurer
Women in Leadership PAC	Matt Gianquinto

Address	Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #	Amount of Contribution
31 Drumlin Rd		

City	State	Zip Code	Date Received	Aggregate Contributions	Amount of Contribution
Simsbury	CT	06092	07/07/2026	$2,000.00	$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? ☐ Yes ☒ No If yes, list Event #	Amount of Contribution
9 Hickory Dr		

City	State	Zip Code	Date Received	Aggregate Contributions	Amount of Contribution
Prospect	CT	06712-6402	07/14/2026	$2,000.00	$2,000.00

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

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Majority Team PAC	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
Connecticut Majority Team PAC	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
Connecticut Majority Team PAC	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
Connecticut Majority Team PAC	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
Connecticut Majority Team PAC	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
Connecticut Majority Team PAC	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
Connecticut Majority Team PAC	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
Connecticut Majority Team PAC	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
Connecticut Majority Team PAC	7th Day Preceding Primary - Original

L1. Event Information

Event # / Date of Event / Letter	Description	Was this a fundraising event? Yes / No

Location: Street Address	City	State	Zip Code

Subpart 1: (All Committees)

Was this event hosted at a personal residence? 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 / 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 / No

(If yes, enter Total Receipts here.)

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 / 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.)

Total of Section L1	

II. EVENT ACTIVITY (Sections L1 - L5)

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

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

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

Street Address	City	State	Zip Code
36 Trumbull St	Hartford	CT	06103

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
07/14/2026	01062026B	$250.00	$250.00	

Total of Section L3	**$250.00**

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Connecticut Majority Team PAC	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: Business Entity Individual Sole Proprietorship	Description of Donation			Fair Market Value of Donation
	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
Connecticut Majority Team PAC	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
Connecticut Majority Team PAC	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
Connecticut Majority Team PAC	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
Connecticut Majority Team PAC	7th Day Preceding Primary - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Mario Boozang	07/08/2026	[X] Check # 2306 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
55 Nash St	New Haven	CT	06511

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
630355	[ ] 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	$300.00

Name of Payee	Date of Payment	Method of Payment
Eric Meade	07/08/2026	[X] Check # 2301 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
8 Forest Ridge Rd	Prospect	CT	06712

Purpose of Expenditure (by code)	Description	Event #
CNSLT	Payment to contract staff	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
630351	[ ] 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	$437.50

Name of Payee	Date of Payment	Method of Payment
Alexandra Hehn	07/08/2026	[X] Check # 2302 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
303 Grand Central Pkwy	Baryville	NJ	08712

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
630352	[ ] 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	$930.00

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Maxwell Bernstein	07/08/2026	[X] Check # 2303 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
385 Sycamore Ln	Cheshire	CT	06410

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
630353	[ ] 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	$750.00

Name of Payee	Date of Payment	Method of Payment
Brian O'Connor	07/09/2026	[X] Check # 2241 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
41 Brighton Dr	East Granby	CT	06026

Purpose of Expenditure (by code)	Description	Event #
WEB	Reimbursement for costs associated with web services	

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	$487.94

Name of Payee	Date of Payment	Method of Payment
Franklin Zambrano	07/14/2026	[X] Check # 2309 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
56 S Hawthorne St	Manchester	CT	06042

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
630357	[ ] 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	$820.00

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Leyra Adorno	07/14/2026	[X] Check # 2311 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
64 Ruby Dr Apt B	Manchester	CT	06040

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
630358	[ ] 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	$400.00

Name of Payee	Date of Payment	Method of Payment
Jan Asamoah	07/14/2026	[X] Check # 2312 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
39 Ardsley Ln	Ellington	CT	06029

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
630359	[ ] 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	$275.00

Name of Payee	Date of Payment	Method of Payment
Henry Russell	07/14/2026	[X] Check # 2313 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
379 White Birch Dr	Guilford	CT	06437

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
630360	[ ] 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	$337.50

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Erick Zuniga	07/14/2026	[X] Check # 2314 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
8 Running Brook Ln	Norwalk	CT	06850

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
630361	[ ] 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	$75.00

Name of Payee	Date of Payment	Method of Payment
Molly Poulos	07/14/2026	[X] Check # 2315 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
158 Prospect St	Plantsville	CT	06479

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
630362	[ ] 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	$200.00

Name of Payee	Date of Payment	Method of Payment
Logan Stullenwerk	07/14/2026	[X] Check # 2316 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
27 Hermit Ln	Westport	CT	06880

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
630363	[ ] 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	$40.00

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Kathleen Walsh	07/14/2026	[X] Check # 2317 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
73 Frances Dr	Manchester	CT	06040

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
630364	[ ] 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	$250.00

Name of Payee	Date of Payment	Method of Payment
Justin Lameroux	07/14/2026	[X] Check # 2318 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
34 Castlewood Dr	Berlin	CT	06037

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
630365	[ ] 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	$100.00

Name of Payee	Date of Payment	Method of Payment
Taylor Berube	07/14/2026	[X] Check # 2319 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
44 Hannah St	Bristol	CT	06010

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
630366	[ ] 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	$262.50

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Alexandra Hehn	07/14/2026	[X] Check # 2320 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
303 Grand Central Pkwy	Baryville	NJ	08712

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
630367	[ ] 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	$770.00

Name of Payee	Date of Payment	Method of Payment
Eric Meade	07/14/2026	[X] Check # 2308 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
8 Forest Ridge Rd	Prospect	CT	06712

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
630368	[ ] 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	$600.00

Name of Payee	Date of Payment	Method of Payment
Reph Chorew	07/14/2026	[X] Check # 2341 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
4 Haviland Rd	Bloomfield	CT	06002

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
630369	[ ] 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	$370.00

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Kanwardeep Sandhu	07/14/2026	[X] Check # 2342 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
89 High Ridge Dr	Tolland	CT	06084

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
630370	[ ] 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	$250.00

Name of Payee	Date of Payment	Method of Payment
Erica Wong	07/14/2026	[X] Check # 2343 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
114 Pine Hill Rd	Bedford	MA	01730

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
630371	[ ] 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	$10.00

Name of Payee	Date of Payment	Method of Payment
Maya Kapij	07/14/2026	[X] Check # 2344 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
3 Holly Ln	Marlborough	CT	06447

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
630372	[ ] 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	$70.00

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Andrew Green	07/14/2026	[X] Check # 2345 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
10 McCormick Ln	Middletown	CT	06457

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
630373	[ ] 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	$175.00

Name of Payee	Date of Payment	Method of Payment
Sarah Butler	07/14/2026	[X] Check # 2346 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
11 Lakeview Ave	Rocky Hill	CT	06067

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
630374	[ ] 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	$117.50

Name of Payee	Date of Payment	Method of Payment
Mario Boozang	07/14/2026	[X] Check # 2347 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
55 Nash St	New Haven	CT	06511

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
630375	[ ] 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	$100.00

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Christian Whitehead	07/14/2026	[X] Check # 2348 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
11204 Jeffro Ct	Ljamsville	MD	21754

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
630376	[ ] 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	$190.00

Name of Payee	Date of Payment	Method of Payment
Liam Wright	07/14/2026	[X] Check # 2350 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
30 Kingswood Rd	West Hartford	CT	06119

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
630377	[ ] 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	$737.50

Name of Payee	Date of Payment	Method of Payment
Collette Bellard	07/14/2026	[X] Check # 2351 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
241 Stevens Dr # 101	Ypsilanti	MI	48327

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
630378	[ ] 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	$62.60

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Franklin Zambrano	07/14/2026	[X] Check # 2310 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
56 S Hawthorne St	Manchester	CT	06042

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
630354	[ ] 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	$800.00

Name of Payee	Date of Payment	Method of Payment
Zoe Gluck	07/21/2026	[X] Check # 2242 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
337 Alden Ave Apt 7	New Haven	CT	06515

Purpose of Expenditure (by code)	Description	Event #
RMB	Reimbursement for Canva Subscription	

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	$15.00

Name of Payee	Date of Payment	Method of Payment
Franklin Zambrano	07/21/2026	[X] Check # 2245 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
56 S Hawthorne St	Manchester	CT	06042

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
630380	[ ] 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	$760.00

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Leiden Vivar	07/21/2026	[X] Check # 2246 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
18 Farmstead Dr	South Windsor	CT	06074

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
630381	[ ] 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	$225.00

Name of Payee	Date of Payment	Method of Payment
Taylor Berube	07/21/2026	[X] Check # 2247 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
44 Hannah St	Bristol	CT	06010

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
630382	[ ] 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	$418.00

Name of Payee	Date of Payment	Method of Payment
Anabel Dease	07/21/2026	[X] Check # 2248 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
14 Linnard Rd	West Hartford	CT	06107

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
630383	[ ] 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	$53.75

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Tim Bergin	07/21/2026	[X] Check # 2249 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
29 Doane St	Manchester	CT	06042

Purpose of Expenditure (by code)	Description	Event #
RMB	Reimbursment for Wood N Tap purchased on 7/21	

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	$375.00

Name of Payee	Date of Payment	Method of Payment
Jan Asamoah	07/23/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
39 Ardsley Ln	Ellington	CT	06029

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
630501	[ ] 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	$275.00

Name of Payee	Date of Payment	Method of Payment
Korin Seltzer	07/23/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
18 Church St S	Westport	CT	06880

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
630502	[ ] 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	$130.00

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Christian Whitehead	07/23/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
11204 Jeffro Ct	Ljamsville	MD	21754

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
630503	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☒ Organization ☐ A ☐ B ☐ C ☒ D	$285.00

Name of Payee	Date of Payment	Method of Payment
Mario Boozang	07/23/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
55 Nash St	New Haven	CT	06511

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
630504	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☒ Organization ☐ A ☐ B ☐ C ☒ D	$300.00

Name of Payee	Date of Payment	Method of Payment
Alexandra Hehn	07/23/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
303 Grand Central Pkwy	Baryville	NJ	08712

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
630506	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☒ Organization ☐ A ☐ B ☐ C ☒ D	$730.00

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Jaydn Green	07/23/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
11 Susan Rd	New Britain	CT	06053

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
630507	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☒ Organization ☐ A ☐ B ☐ C ☒ D	$140.00

Name of Payee	Date of Payment	Method of Payment
Collette Bellard	07/23/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
241 Stevens Dr # 101	Ypsilanti	MI	48327

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
630509	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☒ Organization ☐ A ☐ B ☐ C ☒ D	$47.80

Name of Payee	Date of Payment	Method of Payment
Erica Wong	07/23/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
114 Pine Hill Rd	Bedford	MA	01730

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
630510	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☒ Organization ☐ A ☐ B ☐ C ☒ D	$220.00

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Kanwardeep Sandhu	07/23/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
89 High Ridge Dr	Tolland	CT	06084

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
630512	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☒ Organization ☐ A ☐ B ☐ C ☒ D	$290.00

Name of Payee	Date of Payment	Method of Payment
Andrew Green	07/23/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
10 McCormick Ln	Middletown	CT	06457

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
630513	☐ 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
Henry Russell	07/23/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
379 White Birch Dr	Guilford	CT	06437

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
630514	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☒ Organization ☐ A ☐ B ☐ C ☒ D	$112.50

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Maxwell Bernstein	07/23/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
385 Sycamore Ln	Cheshire	CT	06410

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
630515	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☒ Organization ☐ A ☐ B ☐ C ☒ D	$920.00

Name of Payee	Date of Payment	Method of Payment
Reph Chorew	07/23/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
4 Haviland Rd	Bloomfield	CT	06002

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
630517	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☒ Organization ☐ A ☐ B ☐ C ☒ D	$270.00

Name of Payee	Date of Payment	Method of Payment
Jackson Shea	07/23/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
7 Hatheway Rd	Ellington	CT	06029

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
630518	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☒ Organization ☐ A ☐ B ☐ C ☒ D	$120.00

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Molly Poulos	07/23/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
158 Prospect St	Plantsville	CT	06479

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
630519	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☒ Organization ☐ A ☐ B ☐ C ☒ D	$232.50

Total of Section P	**$15,937.59**

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Connecticut Majority Team PAC	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
Connecticut Majority Team PAC	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
Connecticut Majority Team PAC	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
Connecticut Majority Team PAC	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
Bergin	Tim		07/21/2026

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P
Wood N Tap	[X] Check # 2249 [ ] Debit Card [ ] EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
99 Sisson Ave	Hartford	CT	06106

Purpose of Expenditure (by code)	Description	Event #
FOOD	Reimbursement for food associated with 7/21 staff meeting	

Expenditure #	Type of Expenditure (Itemization in Addendem T 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	$375.00

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
Gluck	Zoe		07/21/2026

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P
Canva US	[X] Check # 2242 [ ] Debit Card [ ] EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
3212 E Cesar Chavez St Bldg 1	Austin	TX	78702

Purpose of Expenditure (by code)	Description	Event #
WEB	Reimbursement for Canva (photo editing software) subscription	

Expenditure #	Type of Expenditure (Itemization in Addendem T 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	$15.00

Total of Section T	**$390.00**

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
Connecticut Majority Team PAC	7th Day Preceding Primary - Original

P. Expenses Paid By Committee - Addendum

Expenditure #		Amount of Expenditure
630351	☒ Supported ☐ Opposed	$437.50

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Chad Cardillo	State Representative	$437.50

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

Expenditure #		Amount of Expenditure
630352	☒ Supported ☐ Opposed	$930.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Sarah K Keitt	State Representative	$510.00

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

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Michael L Shannon Jr	State Representative	$420.00

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

Expenditure #		Amount of Expenditure
630353	☒ Supported ☐ Opposed	$750.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Chad Cardillo	State Representative	$250.00

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

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Edward Corey	State Representative	$500.00

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

Expenditure #		Supported	Opposed	Amount of Expenditure
	630354	[x]	[ ]	$800.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Sarah K Keitt	State Representative	$240.00

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

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Robert C Fernandez DC	State Representative	$560.00

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

Expenditure #		Supported	Opposed	Amount of Expenditure
	630355	[x]	[ ]	$300.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Patricia A Dillon	State Representative	$300.00

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

Expenditure #		Supported	Opposed	Amount of Expenditure
	630357	[x]	[ ]	$820.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Sarah K Keitt	State Representative	$320.00

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

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Kaitlyn Shake	State Representative	$500.00

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

Expenditure #		Supported	Opposed	Amount of Expenditure
	630358	[x]	[ ]	$400.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Larry L I Pemberton Jr	State Representative	$285.00

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee House Majority Committee

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Kaitlyn Shake	State Representative	$65.00

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee House Majority Committee

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Michael L Shannon Jr	State Representative	$40.00

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee House Majority Committee

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Robert C Fernandez DC	State Representative	$10.00

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee House Majority Committee

Expenditure #		**Amount of Expenditure**
630359	[X] **Supported** [ ] **Opposed**	**$275.00**

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Richard Leborious	State Representative	$275.00

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee House Majority Committee

Expenditure #		**Amount of Expenditure**
630360	[X] **Supported** [ ] **Opposed**	**$337.50**

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Cinzia S Lettieri	State Representative	$337.50

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee House Majority Committee

Expenditure #		**Amount of Expenditure**
630361	[X] **Supported** [ ] **Opposed**	**$75.00**

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Michelle Embree Ku	State Representative	$75.00

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee House Majority Committee

Expenditure #		Amount of Expenditure
630362	[X] Supported [ ] Opposed	$200.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Cinzia S Lettieri	State Representative	$200.00

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee House Majority Committee

Expenditure #		Amount of Expenditure
630363	[X] Supported [ ] Opposed	$40.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Sarah K Keitt	State Representative	$40.00

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee House Majority Committee

Expenditure #		Amount of Expenditure
630364	[X] Supported [ ] Opposed	$250.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Richard Leborious	State Representative	$250.00

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee House Majority Committee

Expenditure #		Amount of Expenditure
630365	[X] Supported [ ] Opposed	$100.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Patricia A Dillon	State Representative	$100.00

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee House Majority Committee

Expenditure #		Amount of Expenditure
630366	[X] Supported [ ] Opposed	$262.50

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Edward Corey	State Representative	$262.50

Are Limits Aggregated?	Aggregating Committees	
[X] Yes [ ] No	House Democrats Campaign Committee	House Majority Committee

Expenditure #		Amount of Expenditure
630367	[X] Supported [ ] Opposed	$770.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Kaitlyn Shake	State Representative	$160.00

Are Limits Aggregated?	Aggregating Committees	
[X] Yes [ ] No	House Democrats Campaign Committee	House Majority Committee

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Larry L I Pemberton Jr	State Representative	$320.00

Are Limits Aggregated?	Aggregating Committees	
[X] Yes [ ] No	House Democrats Campaign Committee	House Majority Committee

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Nicholas M Gauthier	State Representative	$120.00

Are Limits Aggregated?	Aggregating Committees	
[X] Yes [ ] No	House Democrats Campaign Committee	House Majority Committee

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Sarah K Keitt	State Representative	$170.00

Are Limits Aggregated?	Aggregating Committees	
[X] Yes [ ] No	House Democrats Campaign Committee	House Majority Committee

Expenditure #		Amount of Expenditure
630368	[X] Supported [ ] Opposed	$600.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Chad Cardillo	State Representative	$412.50

Are Limits Aggregated?	Aggregating Committees	
[X] Yes [ ] No	House Democrats Campaign Committee	House Majority Committee

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Edward Corey	State Representative	$187.50

Are Limits Aggregated?	Aggregating Committees	
[X] Yes [ ] No	House Democrats Campaign Committee	House Majority Committee

Expenditure #		Amount of Expenditure
630369	[X] Supported [ ] Opposed	$370.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Kaitlyn Shake	State Representative	$110.00

Are Limits Aggregated?	Aggregating Committees	
[X] Yes [ ] No	House Democrats Campaign Committee	House Majority Committee

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Larry L I Pemberton Jr	State Representative	$100.00

Are Limits Aggregated?	Aggregating Committees	
[X] Yes [ ] No	House Democrats Campaign Committee	House Majority Committee

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Nicholas M Gauthier	State Representative	$80.00

Are Limits Aggregated?	Aggregating Committees	
[X] Yes [ ] No	House Democrats Campaign Committee	House Majority Committee

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Sarah K Keitt	State Representative	$80.00

Are Limits Aggregated?	Aggregating Committees	
[X] Yes [ ] No	House Democrats Campaign Committee	House Majority Committee

Expenditure #		Amount of Expenditure
630370	[X] Supported [ ] Opposed	$250.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Ellen Paul	State Representative	$250.00

Are Limits Aggregated?	Aggregating Committees	
[X] Yes [ ] No	House Democrats Campaign Committee	House Majority Committee

Expenditure #		Amount of Expenditure
630371	[X] Supported [ ] Opposed	$10.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Larry L I Pemberton Jr	State Representative	$10.00

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee House Majority Committee

Expenditure #		Amount of Expenditure
630372	[X] Supported [ ] Opposed	$70.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Nicholas M Gauthier	State Representative	$10.00

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee House Majority Committee

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Francis Lombard	State Representative	$60.00

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee House Majority Committee

Expenditure #		Amount of Expenditure
630373	[X] Supported [ ] Opposed	$175.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Meghan Rosenfeld	State Representative	$175.00

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee House Majority Committee

Expenditure #		Amount of Expenditure
630374	[X] Supported [ ] Opposed	$117.50

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Meghan Rosenfeld	State Representative	$117.50

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee House Majority Committee

Expenditure #		Amount of Expenditure
630375	[X] Supported [ ] Opposed	$100.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Patricia A Dillon	State Representative	$100.00

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee House Majority Committee

Expenditure #		Amount of Expenditure
630376	[X] Supported [ ] Opposed	$190.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Kaitlyn Shake	State Representative	$60.00

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee House Majority Committee

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Larry L I Pemberton Jr	State Representative	$60.00

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee House Majority Committee

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Sarah K Keitt	State Representative	$70.00

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee House Majority Committee

Expenditure #		Amount of Expenditure
630377	[X] Supported [ ] Opposed	$737.50

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
[X] Yes [ ] No	House Democrats Campaign Committee House Majority Committee

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Rebecca L Martinez	State Representative	$400.00

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee House Majority Committee

Expenditure #		Amount of Expenditure
630378	[X] Supported [ ] Opposed	$62.60

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Kaitlyn Shake	State Representative	$12.60

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee House Majority Committee

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Larry L I Pemberton Jr	State Representative	$18.00

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee House Majority Committee

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Nicholas M Gauthier	State Representative	$32.00

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee House Majority Committee

Expenditure #	[X] Supported [ ] Opposed	Amount of Expenditure
630380		$760.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Michael L Shannon Jr	State Representative	$520.00

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee House Majority Committee

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Cinzia S Lettieri	State Representative	$240.00

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee House Majority Committee

Expenditure #	[X] Supported [ ] Opposed	Amount of Expenditure
630381		$225.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Robert C Fernandez DC	State Representative	$25.00

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee House Majority Committee

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Samuel L. Carmody	State Representative	$80.00

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee House Majority Committee

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Francis Lombard	State Representative	$120.00

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee House Majority Committee

Expenditure #		Amount of Expenditure
630382	[X] Supported [ ] Opposed	$418.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Samuel L. Carmody	State Representative	$290.00

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee House Majority Committee

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Cinzia S Lettieri	State Representative	$128.00

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee House Majority Committee

Expenditure #		Amount of Expenditure
630383	[X] Supported [ ] Opposed	$53.75

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Rebecca L Martinez	State Representative	$53.75

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee House Majority Committee

Expenditure #		Amount of Expenditure
630501	[X] Supported [ ] Opposed	$275.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Samuel L. Carmody	State Representative	$100.00

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee House Majority Committee

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Richard Leborious	State Representative	$175.00

Are Limits Aggregated?	Aggregating Committees	
[X] Yes [ ] No	House Democrats Campaign Committee	House Majority Committee

Expenditure #		Amount of Expenditure
630502	[X] Supported [ ] Opposed	$130.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Samuel L. Carmody	State Representative	$80.00

Are Limits Aggregated?	Aggregating Committees	
[X] Yes [ ] No	House Democrats Campaign Committee	House Majority Committee

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Sarah K Keitt	State Representative	$50.00

Are Limits Aggregated?	Aggregating Committees	
[X] Yes [ ] No	House Democrats Campaign Committee	House Majority Committee

Expenditure #		Amount of Expenditure
630503	[X] Supported [ ] Opposed	$285.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Michelle Embree Ku	State Representative	$20.00

Are Limits Aggregated?	Aggregating Committees	
[X] Yes [ ] No	House Democrats Campaign Committee	House Majority Committee

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Michael L Shannon Jr	State Representative	$5.00

Are Limits Aggregated?	Aggregating Committees	
[X] Yes [ ] No	House Democrats Campaign Committee	House Majority Committee

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Samuel L. Carmody	State Representative	$80.00

Are Limits Aggregated?	Aggregating Committees	
[X] Yes [ ] No	House Democrats Campaign Committee	House Majority Committee

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Robert C Fernandez DC	State Representative	$80.00

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee House Majority Committee

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Francis Lombard	State Representative	$100.00

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee House Majority Committee

Expenditure #		Amount of Expenditure
630504	[X] Supported [ ] Opposed	$300.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Patricia A Dillon	State Representative	$300.00

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee House Majority Committee

Expenditure #		Amount of Expenditure
630506	[X] Supported [ ] Opposed	$730.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Michael L Shannon Jr	State Representative	$320.00

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee House Majority Committee

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Samuel L. Carmody	State Representative	$290.00

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee House Majority Committee

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Francis Lombard	State Representative	$120.00

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee House Majority Committee

Expenditure #		Amount of Expenditure
630507	[X] Supported [ ] Opposed	$140.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
William T Heughins	State Representative	$140.00

Are Limits Aggregated?	Aggregating Committees	
[X] Yes [ ] No	House Democrats Campaign Committee	House Majority Committee

Expenditure #		Amount of Expenditure
630509	[X] Supported [ ] Opposed	$47.80

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Cinzia S Lettieri	State Representative	$47.80

Are Limits Aggregated?	Aggregating Committees	
[X] Yes [ ] No	House Democrats Campaign Committee	House Majority Committee

Expenditure #		Amount of Expenditure
630510	[X] Supported [ ] Opposed	$220.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Michael L Shannon Jr	State Representative	$30.00

Are Limits Aggregated?	Aggregating Committees	
[X] Yes [ ] No	House Democrats Campaign Committee	House Majority Committee

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Samuel L. Carmody	State Representative	$60.00

Are Limits Aggregated?	Aggregating Committees	
[X] Yes [ ] No	House Democrats Campaign Committee	House Majority Committee

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Francis Lombard	State Representative	$100.00

Are Limits Aggregated?	Aggregating Committees	
[X] Yes [ ] No	House Democrats Campaign Committee	House Majority Committee

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Cinzia S Lettieri	State Representative	$30.00

Are Limits Aggregated?	Aggregating Committees	
[X] Yes [ ] No	House Democrats Campaign Committee	House Majority Committee

Expenditure #		Amount of Expenditure
630512	[X] Supported [ ] Opposed	$290.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Samuel L. Carmody	State Representative	$90.00

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee House Majority Committee

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Ellen Paul	State Representative	$200.00

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee House Majority Committee

Expenditure #		Amount of Expenditure
630513	[X] Supported [ ] Opposed	$100.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Meghan Rosenfeld	State Representative	$100.00

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee House Majority Committee

Expenditure #		Amount of Expenditure
630514	[X] Supported [ ] Opposed	$112.50

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Cinzia S Lettieri	State Representative	$112.50

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee House Majority Committee

Expenditure #		Amount of Expenditure
630515	[X] Supported [ ] Opposed	$920.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Samuel L. Carmody	State Representative	$320.00

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee House Majority Committee

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Chad Cardillo	State Representative	$200.00

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee House Majority Committee

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
David Fritz	State Representative	$400.00

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee House Majority Committee

Expenditure #		Amount of Expenditure
630517	[X] Supported [ ] Opposed	$270.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Samuel L. Carmody	State Representative	$80.00

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee House Majority Committee

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Francis Lombard	State Representative	$190.00

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee House Majority Committee

Expenditure #		Amount of Expenditure
630518	[X] Supported [ ] Opposed	$120.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Richard Leborious	State Representative	$100.00

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee House Majority Committee

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Samuel L. Carmody	State Representative	$20.00

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee House Majority Committee

Expenditure #		Amount of Expenditure
630519	[X] Supported [ ] Opposed	$232.50

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Cinzia S Lettieri	State Representative	$145.00

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee House Majority Committee

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Jane Wisialowski	State Representative	$87.50

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee House Majority Committee

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

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

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