

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

Page 1 of 39

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 - Amendment			
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	08/25/2026 11:45:13AM	
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 - Amendment	
	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 Purchases (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 - Amendment
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)	\$0.00
Subtotal Section A	

B. Itemized Contributions from Individuals

Last Name bhatia		First Name swarnjit		MI
Residential Street Address 162 Scotland Rd		City Norwich	State CT	Zip Code
Principal Occupation owner		Name of Employer 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	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>07202026A</u> ☒ Yes ☐ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☒ No			
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/12/2026	Aggregate Contributions \$100.00	\$100.00

Last Name filardi		First Name eric		MI
Residential Street Address 12 Clubhouse Point Rd		City Groton	State CT	Zip Code 06340
Principal Occupation beer distributor		Name of Employer 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	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>07202026B</u> ☒ Yes ☐ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☒ No			
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/12/2026	Aggregate Contributions \$2,100.00	\$2,000.00

Last Name fox		First Name paul		MI
Residential Street Address 2 Essex St		City Mystic	State CT	Zip Code
Principal Occupation retired		Name of Employer 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? If yes, list Event # <u>07202026A</u> ☒ Yes ☐ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☒ No			
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/13/2026	Aggregate Contributions \$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 - Amendment

B. Itemized Contributions from Individuals

Last Name massett		First Name Jacquelyn		MI
Residential Street Address 78 Brandegee Ave		City Groton	State CT	Zip Code
Principal Occupation retired		Name of Employer 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? If yes, list Event # 07202026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/14/2026	Aggregate Contributions \$100.00	
				\$100.00

Last Name mancini		First Name kenneth		MI
Residential Street Address 104 Old Beach Rd		City Newport	State RI	Zip Code 02817
Principal Occupation general manager		Name of Employer 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
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07202026B ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/14/2026	Aggregate Contributions \$2,100.00	
				\$2,000.00

Last Name gingras		First Name margaux		MI
Residential Street Address 154 Cheshire Rd		City Wallingford	State CT	Zip Code 06492
Principal Occupation COO		Name of Employer 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
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07202026B ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/16/2026	Aggregate Contributions \$2,100.00	
				\$2,000.00

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 - Amendment

B. Itemized Contributions from Individuals

Last Name rusk		First Name jason		MI
Residential Street Address 222 Tyler Ave		City Groton	State CT	Zip Code
Principal Occupation program supervisor		Name of Employer 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? If yes, list Event # <u>07202026A</u> ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/16/2026	Aggregate Contributions \$100.00	
				\$100.00

Last Name lutz		First Name catherine		MI
Residential Street Address 25 Orchard St Apt 11		City Stonington	State CT	Zip Code
Principal Occupation retired		Name of Employer 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? If yes, list Event # <u>07202026A</u> ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/16/2026	Aggregate Contributions \$150.00	
				\$150.00

Last Name levin		First Name jay		MI
Residential Street Address 23 Worthington Rd		City New London	State CT	Zip Code 06330
Principal Occupation lobbyist		Name of Employer 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? If yes, list Event # <u>07202026A</u> ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/16/2026	Aggregate Contributions \$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 - Amendment

B. Itemized Contributions from Individuals

Last Name mcbride		First Name david		MI
Residential Street Address 23 Burrows St		City Groton	State CT	Zip Code
Principal Occupation director of finance		Name of Employer city of new london		
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? If yes, list Event # 07202026A	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			
☒ Yes ☐ No	☐ Yes ☒ No			
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/17/2026	Aggregate Contributions \$100.00	\$100.00

Last Name malone		First Name jude		MI
Residential Street Address 200 River Rd		City Mystic	State CT	Zip Code
Principal Occupation lobbyist		Name of Employer ct beer wholesalers assoc		
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? If yes, list Event # 07202026B	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			
☒ Yes ☐ No	☐ Yes ☒ No			
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/19/2026	Aggregate Contributions \$200.00	\$100.00

Last Name giulini		First Name rebecca		MI
Residential Street Address 62 Oakwood Rd		City Mystic	State CT	Zip Code
Principal Occupation teacher		Name of Employer groton public schools		
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? If yes, list Event # 07202026A	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			
☒ Yes ☐ No	☐ Yes ☒ No			
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/20/2026	Aggregate Contributions \$10.00	\$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 - Amendment

B. Itemized Contributions from Individuals

Last Name salina		First Name adam		MI
Residential Street Address 95 Spicewood Ln		City Berlin	State CT	Zip Code
Principal Occupation government relations		Name of Employer Kozak & salina		
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? If yes, list Event # <u>07202026B</u> ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/20/2026	Aggregate Contributions \$200.00	
				\$100.00

Last Name kozak		First Name david		MI
Residential Street Address 31 Hunters Rdg		City Rocky Hill	State CT	Zip Code
Principal Occupation lobbyist		Name of Employer Kozak & salina		
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? If yes, list Event # <u>07202026A</u> ☐ Yes ☒ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/20/2026	Aggregate Contributions \$100.00	
				\$100.00

Last Name mason		First Name mary		MI
Residential Street Address 110 School St		City Mystic	State CT	Zip Code
Principal Occupation lobbyist		Name of Employer Przybysz and Associates Government Affairs		
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? If yes, list Event # <u>07202026A</u> ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/20/2026	Aggregate Contributions \$50.00	
				\$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 - Amendment

B. Itemized Contributions from Individuals

Last Name ritter		First Name elizabeth		MI
Residential Street Address 24 Old Mill Rd		City Quaker Hill	State CT	Zip Code 06375
Principal Occupation retired		Name of Employer 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? If yes, list Event # <u>07202026A</u> ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/20/2026	Aggregate Contributions \$100.00	
				\$100.00

Last Name mejza		First Name carleen		MI
Residential Street Address 25 Pearl St		City Mystic	State CT	Zip Code
Principal Occupation retired		Name of Employer 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? If yes, list Event # <u>07202026A</u> ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/20/2026	Aggregate Contributions \$100.00	
				\$100.00

Last Name foster		First Name annemarie		MI
Residential Street Address 15 Route 27		City Mystic	State CT	Zip Code
Principal Occupation geriatric care manager		Name of Employer 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? If yes, list Event # <u>07202026A</u> ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/20/2026	Aggregate Contributions \$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 - Amendment

B. Itemized Contributions from Individuals

Last Name nolan		First Name anthony		MI
Residential Street Address 105 Blackhall St		City New London	State CT	Zip Code
Principal Occupation retired		Name of Employer 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? If yes, list Event # <u>07202026A</u> ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/20/2026	Aggregate Contributions \$100.00	

Last Name rusk		First Name jill		MI
Residential Street Address 222 Tyler Ave		City Groton	State CT	Zip Code
Principal Occupation mayor		Name of Employer 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
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>07202026A</u> ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/20/2026	Aggregate Contributions \$100.00	

Last Name Pyrke-Fairchild		First Name Lyndsey		MI
Residential Street Address 37 Greenmanville Ave		City Mystic	State CT	Zip Code
Principal Occupation Police Analyst		Name of Employer 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
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>07202026A</u> ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/20/2026	Aggregate Contributions \$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 - Amendment

B. Itemized Contributions from Individuals

Last Name Gaiewski		First Name daniel		MI
Residential Street Address 234 Rogers Rd		City Groton	State CT	Zip Code
Principal Occupation state representative		Name of Employer 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
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07202026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/20/2026	Aggregate Contributions \$100.00	
				\$100.00

Last Name helbig		First Name elizabeth		MI
Residential Street Address 750 Groton Long Point Rd		City Noank	State CT	Zip Code
Principal Occupation cfo		Name of Employer 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
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07202026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/20/2026	Aggregate Contributions \$250.00	
				\$250.00

Last Name billing		First Name natalie		MI
Residential Street Address 15 Ashby St		City Mystic	State CT	Zip Code
Principal Occupation retired		Name of Employer 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? If yes, list Event # 07202026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/20/2026	Aggregate Contributions \$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 - Amendment

B. Itemized Contributions from Individuals

Last Name welles		First Name gary		MI
Residential Street Address 5 Route 27 Box 1		City Old Mystic	State CT	Zip Code
Principal Occupation retired		Name of Employer 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? If yes, list Event # 07202026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/20/2026	Aggregate Contributions \$100.00	
				\$100.00

Last Name duarte		First Name paul		MI
Residential Street Address 54 Cottage St		City Groton	State CT	Zip Code 06430
Principal Occupation retired		Name of Employer 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? If yes, list Event # 07202026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/20/2026	Aggregate Contributions \$200.00	
				\$100.00

Last Name duarte		First Name elizabeth		MI
Residential Street Address 54 Cottage St		City Groton	State CT	Zip Code 06430
Principal Occupation retired		Name of Employer 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? If yes, list Event # 07202026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/20/2026	Aggregate Contributions \$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 - Amendment

B. Itemized Contributions from Individuals

Last Name parker		First Name juliette		MI
Residential Street Address 520F Shennecosett Rd		City Groton	State CT	Zip Code
Principal Occupation exec asst to chief of police		Name of Employer 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? If yes, list Event # 07202026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/20/2026	Aggregate Contributions \$20.00	
\$20.00				

Last Name menapace		First Name nicholas		MI
Residential Street Address 38 Hole St		City Niantic	State CT	Zip Code
Principal Occupation teacher		Name of Employer 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? If yes, list Event # 07202026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/20/2026	Aggregate Contributions \$100.00	
\$100.00				

Last Name bergin		First Name karen		MI
Residential Street Address 81 Stuart Ave		City New London	State CT	Zip Code
Principal Occupation retired		Name of Employer 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? If yes, list Event # 07202026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/20/2026	Aggregate Contributions \$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 - Amendment

B. Itemized Contributions from Individuals

Last Name hollander		First Name ross		MI
Residential Street Address 19 Claire La		City Bloomfield	State CT	Zip Code 06002
Principal Occupation CEO		Name of Employer 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
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>07202026B</u> ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/20/2026	Aggregate Contributions \$2,000.00	
				\$2,000.00

Last Name ginsburg		First Name andrew		MI
Residential Street Address 272 Westmont		City West Hartford	State CT	Zip Code 06117
Principal Occupation general manager		Name of Employer 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
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>07202026B</u> ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/20/2026	Aggregate Contributions \$2,000.00	
				\$2,000.00

Last Name gallo		First Name peter		MI
Residential Street Address 438 Northwood Dr		City Orange	State CT	Zip Code
Principal Occupation vice president		Name of Employer 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
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>07202026B</u> ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/20/2026	Aggregate Contributions \$2,100.00	
				\$2,000.00

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 - Amendment

B. Itemized Contributions from Individuals

Last Name labrecque		First Name janet		MI	
Residential Street Address 15 Ashby St		City Mystic		State CT	Zip Code
Principal Occupation retired		Name of Employer 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? If yes, list Event # 07202026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/21/2026	Aggregate Contributions \$100.00		
				\$100.00	

Last Name fenico		First Name maron		MI	
Residential Street Address 641 Catharine St		City Philadelphia		State PA	Zip Code
Principal Occupation retired		Name of Employer 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? If yes, list Event # 07202026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/21/2026	Aggregate Contributions \$100.00		
				\$100.00	

Last Name heede		First Name conrad		MI	
Residential Street Address 58 Mirra Dr		City Groton		State CT	Zip Code
Principal Occupation Hotel management		Name of Employer 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? If yes, list Event # 07202026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/21/2026	Aggregate Contributions \$100.00		
				\$100.00	

Total of Section B				\$15,130.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS				\$15,130.00	

(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	
House Majority Committee					7th Day Preceding Primary - Amendment	
C1. Contributions from Other Committees						
Name of Committee AFT Connecticut Political Committee				Name of Treasurer Eric O Borlaug		
Address 35 Marshall Rd		Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #			Amount of Contribution \$2,000.00	
City Rocky Hill	State CT	Zip Code 06067	Date Received 07/06/2026	Aggregate Contributions \$2,000.00		
Name of Committee Matt Ritter PAC				Name of Treasurer Kimberly Grove		
Address 9 Hickory Dr		Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #			Amount of Contribution \$2,000.00	
City Prospect	State CT	Zip Code 06712	Date Received 07/14/2026	Aggregate Contributions \$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 - Amendment	
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 - Amendment

D. Loans Received this Period

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

Total of Section D**I. MONETARY RECEIPTS (Section A-K)**

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

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 - Amendment

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 - Amendment
G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (<i>Organization Committees ONLY</i>)	
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 - Amendment
H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)	
Date of Receipt	Method of Payment
	Cash Personal Check Credit/Debit Card
	Amount
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 - Amendment
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 - Amendment	
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 - Amendment

L1. Event Information

Event # Date of Event 07/20/2026	Letter A	Description Home Fundraiser	Was this a fundraising event? ☒ Yes ☐ No	
Location: Street Address 75 Algonquin		City Mystic	State CT	Zip Code
<i>Subpart 1: (All Committees)</i> Was this event hosted at a personal residence?		☒ Yes ☐ No	<i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i>	
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	<i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i>	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		☐ Yes ☒ No	<i>(If yes, enter Total Receipts here.)</i>	\$0.00
<i>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</i> Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		☐ Yes ☒ No	<i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i>	
<i>Subpart 3: (Town Committees ONLY)</i> Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		☐ Yes ☐ No	<i>(If yes, enter Total Receipts here.)</i>	\$0.00

Event # Date of Event 07/20/2026	Letter B	Description Other Event	Was this a fundraising event? ☒ Yes ☐ No	
Location: Street Address 131 Chapel Rd		City Manchester	State CT	Zip Code
<i>Subpart 1: (All Committees)</i> Was this event hosted at a personal residence?		☐ Yes ☒ No	<i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i>	
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	<i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i>	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		☐ Yes ☒ No	<i>(If yes, enter Total Receipts here.)</i>	\$0.00
<i>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</i> Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		☒ Yes ☐ No	<i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i>	
<i>Subpart 3: (Town Committees ONLY)</i> Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		☐ Yes ☐ No	<i>(If yes, enter Total Receipts here.)</i>	\$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 - Amendment

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

Name of Purchaser hartford distributors inc				Purchase Made By: ☒ Business Entity ☐ Other ☐ Individual/Sole Proprietorship	
Street Address 131 Chapel Rd			City Manchester	State CT	Zip Code 06042
Date Received 07/20/2026	Event # 07202026B	Aggregate Purchases for All Events \$250.00	Amount of Program Ad Purchase \$250.00	Amount of Sign Purchase	

Name of Purchaser star				Purchase Made By: ☒ Business Entity ☐ Other ☐ Individual/Sole Proprietorship	
Street Address 460 Frontage Rd			City West Haven	State CT	Zip Code
Date Received 07/20/2026	Event # 07202026B	Aggregate Purchases for All Events \$250.00	Amount of Program Ad Purchase \$250.00	Amount of Sign Purchase	

Name of Purchaser F & F Distributors INC				Purchase Made By: ☒ Business Entity ☐ Other ☐ Individual/Sole Proprietorship	
Street Address 21 Eastern Ave			City New London	State CT	Zip Code
Date Received 07/20/2026	Event # 07202026B	Aggregate Purchases for All Events \$250.00	Amount of Program Ad Purchase \$250.00	Amount of Sign Purchase	

Name of Purchaser G&G Beverage distributors, INC				Purchase Made By: ☒ Business Entity ☐ Other ☐ Individual/Sole Proprietorship	
Street Address 207 Church St			City Wallingford	State CT	Zip Code
Date Received 07/20/2026	Event # 07202026B	Aggregate Purchases for All Events \$250.00	Amount of Program Ad Purchase \$250.00	Amount of Sign Purchase	

II. EVENT ACTIVITY (Sections L1 - L5)

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

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

Name of Purchaser northeast beverage corp of CT		Purchase Made By: ☒ Business Entity ☐ Other ☐ Individual/Sole Proprietorship	
Street Address 119 Hopkins Hill Rd		City W Greenwich	State RI
Date Received 07/20/2026	Event # 07202026B	Aggregate Purchases for All Events \$250.00	Amount of Program Ad Purchase \$250.00
		Amount of Sign Purchase	
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 - Amendment

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	Date Received	Event #	
Sole Proprietorship		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 - Amendment

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 - Amendment

M. In-Kind Contributions

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

Total of Section M

III. Non Monetary Receipts (Sections M - O)

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

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 - Amendment

P. Expenses Paid By Committee

Name of Payee mario boozang		Date of Payment 07/06/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 55 Nash St		City New Haven	State CT	Zip Code
Purpose of Expenditure (by code) CNSLT	Description			Event #
Expenditure # (if applicable) 630440	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☒ Organization ☐ A ☐ B ☐ C ☒ D			Amount \$620.00

Name of Payee franklin zambrano		Date of Payment 07/06/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 55 Hawthorne St		City Manchester	State CT	Zip Code
Purpose of Expenditure (by code) CNSLT	Description			Event #
Expenditure # (if applicable) 630543	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☒ Organization ☐ A ☐ B ☐ C ☒ D			Amount \$620.00

Name of Payee callfire		Date of Payment 07/10/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1410 2nd St Ste 200		City Santa Monica	State CA	Zip Code
Purpose of Expenditure (by code) A-PH-BNK	Description credits to be allocated			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$260.00

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 - Amendment

P. Expenses Paid By Committee

Name of Payee callfire		Date of Payment 07/10/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1410 2nd St Ste 200		City Santa Monica	State CA	Zip Code
Purpose of Expenditure (by code) A-PH-BNK	Description credits to be allocated			Event #
Expenditure # (if applicable) 634587	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☒ Organization ☒ A ☐ B ☐ C ☐ D			Amount \$260.08

Name of Payee callfire		Date of Payment 07/13/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1410 2nd St Ste 200		City Santa Monica	State CA	Zip Code
Purpose of Expenditure (by code) A-PH-BNK	Description credits to be allocated			Event #
Expenditure # (if applicable) 634585	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☒ Organization ☒ A ☐ B ☐ C ☐ D			Amount \$520.15

Name of Payee callfire		Date of Payment 07/13/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1410 2nd St Ste 200		City Santa Monica	State CA	Zip Code
Purpose of Expenditure (by code) A-PH-BNK	Description credits to be allocated			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$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 - Amendment

P. Expenses Paid By Committee

Name of Payee callfire		Date of Payment 07/20/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1410 2nd St Ste 200		City Santa Monica	State CA	Zip Code
Purpose of Expenditure (by code) A-PH-BNK	Description credits to be allocated			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$520.15
Name of Payee adam salina		Date of Payment 07/20/2026	Method of Payment ☒ Check # 1187 ☐ Debit Card ☐ EFT	
Street Address 95 Spicewood Ln		City Berlin	State CT	Zip Code
Purpose of Expenditure (by code) REF	Description			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$100.00
Name of Payee callfire		Date of Payment 07/20/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1410 2nd St Ste 200		City Santa Monica	State CA	Zip Code
Purpose of Expenditure (by code) A-PH-BNK	Description credits to be allocated			Event #
Expenditure # (if applicable) 634588	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☒ Organization ☒ A ☐ B ☐ C ☐ D			Amount \$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 - Amendment

P. Expenses Paid By Committee

Name of Payee eric meade		Date of Payment 07/22/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 8 Forest Ridge Rd		City Prospect	State CT	Zip Code
Purpose of Expenditure (by code) CNSLT	Description			Event #
Expenditure # (if applicable) 630544	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☒ Organization ☐ A ☐ B ☐ C ☒ D			Amount \$507.50
Name of Payee maya kapij		Date of Payment 07/22/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1 Chestnut Cir		City Old Saybrook	State CT	Zip Code
Purpose of Expenditure (by code) CNSLT	Description			Event #
Expenditure # (if applicable) 630545	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☒ Organization ☐ A ☐ B ☐ C ☒ D			Amount \$60.00
Name of Payee callfire		Date of Payment 07/24/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1410 2nd St Ste 200		City Santa Monica	State CA	Zip Code
Purpose of Expenditure (by code) A-PH-BNK	Description credits to be allocated			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$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 - Amendment

P. Expenses Paid By Committee

Name of Payee callfire		Date of Payment 07/24/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1410 2nd St Ste 200		City Santa Monica	State CA	Zip Code
Purpose of Expenditure (by code) A-PH-BNK	Description credits to be allocated			Event #
Expenditure # (if applicable) 634590	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☒ Organization ☒ A ☐ B ☐ C ☐ D			Amount \$520.15
Name of Payee Sure Payroll		Date of Payment 07/27/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 2350 Ravine Way Ste 100		City Glenview	State IL	Zip Code 60025
Purpose of Expenditure (by code) OVHD	Description payroll service			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$20.20
Name of Payee Sure Payroll		Date of Payment 07/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 2350 Ravine Way Ste 100		City Glenview	State IL	Zip Code 60025
Purpose of Expenditure (by code) OVHD	Description payroll service			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$70.00

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 - Amendment

P. Expenses Paid By Committee

Name of Payee callfire		Date of Payment 07/31/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1410 2nd St Ste 200		City Santa Monica	State CA	Zip Code
Purpose of Expenditure (by code) A-PH-BNK	Description credits to be allocated			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$520.15
Name of Payee callfire		Date of Payment 07/31/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1410 2nd St Ste 200		City Santa Monica	State CA	Zip Code
Purpose of Expenditure (by code) A-PH-BNK	Description credits to be allocated			Event #
Expenditure # (if applicable) 634591	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☒ Organization ☒ A ☐ B ☐ C ☐ D			Amount \$520.15
Name of Payee Eric Filardi		Date of Payment 08/01/2026	Method of Payment ☒ Check # 1182 ☐ Debit Card ☐ EFT	
Street Address 12 Clubhouse Pt		City Groton	State CT	Zip Code
Purpose of Expenditure (by code) REF	Description disgorging of contribution over limit			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$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 - Amendment

P. Expenses Paid By Committee

Name of Payee margaux gingras		Date of Payment 08/01/2026	Method of Payment ☒ Check # 1184 ☐ Debit Card ☐ EFT	
Street Address 154 Cheshire Rd		City Wallingford	State CT	Zip Code
Purpose of Expenditure (by code) REF	Description			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$2,000.00

Name of Payee peter gallo		Date of Payment 08/01/2026	Method of Payment ☒ Check # 1182 ☐ Debit Card ☐ EFT	
Street Address 438 Northwood Dr		City Orange	State CT	Zip Code
Purpose of Expenditure (by code) REF	Description			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$2,000.00

Name of Payee kenneth mancini		Date of Payment 08/01/2026	Method of Payment ☒ Check # 1183 ☐ Debit Card ☐ EFT	
Street Address 104 Old Beach Rd		City Newport	State RI	Zip Code
Purpose of Expenditure (by code) REF	Description			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$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 - Amendment

P. Expenses Paid By Committee

Name of Payee jay levin		Date of Payment 08/01/2026	Method of Payment ☒ Check # 1185 ☐ Debit Card ☐ EFT	
Street Address 23 Worthington Rd		City New London	State CT	Zip Code
Purpose of Expenditure (by code) REF	Description			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$100.00
Name of Payee jude malone		Date of Payment 08/01/2026	Method of Payment ☒ Check # 1186 ☐ Debit Card ☐ EFT	
Street Address 200 River Rd		City Mystic	State CT	Zip Code
Purpose of Expenditure (by code) REF	Description			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$100.00
Name of Payee Stripe		Date of Payment 08/02/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 354 Oyster Point Blvd		City South San Francisco	State CA	Zip Code 94080
Purpose of Expenditure (by code) BNK	Description online fees			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$282.64
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 - Amendment	
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 - Amendment	
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) None of the below Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization A B C D			Amount
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 - Amendment	
S. Expenses Incurred By Committee but Not Paid During this Period					
Name of Creditor				Date Incurred	
Street Address			City		State Zip Code
Purpose of Expenditure (by code)	Description				Event #
Expenditure# (if applicable)	Type of Expenditure (<i>Itemization in Addendum S Required unless "None of the below" is checked</i>) None of the below Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization : A B C D				Amount Incurred (Estimate or Actual)
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 - Amendment	
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 (<i>Itemization in Addendum T Required unless "None of the below" is checked</i>) None of the below Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization: A B C D				Amount
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

House Majority Committee

TYPE OF REPORT

7th Day Preceding Primary - Amendment

P. Expenses Paid By Committee - Addendum

Expenditure #

630440



Supported



Opposed

Amount of Expenditure

\$620.00

Name of Candidate or Committee

Patricia A Dillon

Office Sought (if applicable)

State Representative

Cost Allocated to Candidate or Committee

\$620.00

Are Limits Aggregated?



Yes



No

Aggregating Committees

House Democrats Campaign Committee

Connecticut Majority Team PAC

Expenditure #

630543



Supported



Opposed

Amount of Expenditure

\$620.00

Name of Candidate or Committee

Nick J Menapace

Office Sought (if applicable)

State Representative

Cost Allocated to Candidate or Committee

\$360.00

Are Limits Aggregated?



Yes



No

Aggregating Committees

House Democrats Campaign Committee

Connecticut Majority Team PAC

Name of Candidate or Committee

Kaitlyn Shake

Office Sought (if applicable)

State Representative

Cost Allocated to Candidate or Committee

\$260.00

Are Limits Aggregated?



Yes



No

Aggregating Committees

House Democrats Campaign Committee

Connecticut Majority Team PAC

Expenditure #

630544



Supported



Opposed

Amount of Expenditure

\$507.50

Name of Candidate or Committee

Samuel L. Carmody

Office Sought (if applicable)

State Representative

Cost Allocated to Candidate or Committee

\$170.00

Are Limits Aggregated?



Yes



No

Aggregating Committees

House Democrats Campaign Committee

Connecticut Majority Team PAC

Name of Candidate or Committee

Chad Cardillo

Office Sought (if applicable)

State Representative

Cost Allocated to Candidate or Committee

\$337.50

Are Limits Aggregated?



Yes



No

Aggregating Committees

House Democrats Campaign Committee

Connecticut Majority Team PAC

Expenditure # 630545	☒ Supported ☐ Opposed	Amount of Expenditure \$60.00
Name of Candidate or Committee Robert C Fernandez DC	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$60.00
Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee Connecticut Majority Team PAC	

Expenditure # 634585	☒ Supported ☐ Opposed	Amount of Expenditure \$520.15
Name of Candidate or Committee Mary Fortier	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$130.04
Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee Connecticut Majority Team PAC	
Name of Candidate or Committee Kara Rochelle	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$130.04
Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee Connecticut Majority Team PAC	
Name of Candidate or Committee dan gaiewski	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$130.04
Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee Connecticut Majority Team PAC	
Name of Candidate or Committee William T Heughins	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$130.03
Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee Connecticut Majority Team PAC	

Expenditure # 634587	☒ Supported ☐ Opposed	Amount of Expenditure \$260.08
Name of Candidate or Committee Marcus J Palumbo	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$130.04
Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee Connecticut Majority Team PAC	

Name of Candidate or Committee Michelle Embree Ku	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$130.04
---	--	---

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

Expenditure # 634588	☒ Supported ☐ Opposed	Amount of Expenditure \$520.15
--------------------------------	--	--

Name of Candidate or Committee Karen A Martin	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$130.04
---	--	---

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

Name of Candidate or Committee Amanda Kilmartin	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$130.04
---	--	---

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

Name of Candidate or Committee Raghib Allie-Brennan	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$130.04
---	--	---

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

Name of Candidate or Committee Bryan Lizotte	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$130.03
--	--	---

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

Expenditure # 634590	☒ Supported ☐ Opposed	Amount of Expenditure \$520.15
--------------------------------	--	--

Name of Candidate or Committee Nicholas M Gauthier	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$130.04
--	--	---

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

Name of Candidate or Committee Suzanne M Lovig	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$130.04
--	--	---

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

Name of Candidate or Committee Michael L Shannon Jr	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$130.04
---	--	---

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

Name of Candidate or Committee Jonathan C Goldstein	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$130.03
---	--	---

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

Expenditure # 634591	☒ Supported ☐ Opposed	Amount of Expenditure \$520.15
--------------------------------	--	--

Name of Candidate or Committee Cinzia S Lettieri	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$130.04
--	--	---

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

Name of Candidate or Committee Robert C Fernandez DC	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$130.04
--	--	---

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

Name of Candidate or Committee Samuel L. Carmody	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$130.04
--	--	---

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

Name of Candidate or Committee Sarah K Keitt	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$130.03
--	--	---

Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees 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
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	