

SEEC FORM 20

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



Electronic Filing

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Page 1 of 38

COVER PAGE

1. NAME OF COMMITTEE			
Connecticut Majority Team PAC			
2. TREASURER NAME			
First Trenton	MI	Last Kapij	Suffix
3. TREASURER ADDRESS			
Street Address 1800 Silas Deane Hwy Apt 120S	City Rocky Hill	State CT	Zip Code 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 Sept 1 Primary - Original			
9. PERIOD COVERED			
Beginning Date 08/03/2026			
Ending Date 08/23/2026			
thru			
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 SIGNATURE	Trenton Kapij PRINT NAME OF THE SIGNER	08/25/2026 10:45:03PM 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 Sept 1 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	\$69,275.83	
13. Contributions received from Individuals (Section A and B)	\$1,600.00	\$8,420.71
14. Receipts from Other Committees (Sections C1 and C2)	\$4,000.00	\$19,000.00
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)	\$250.00	\$2,750.00
17. Total Monetary Receipts (add totals for lines 13 through 16c)	\$5,850.00	\$30,170.71
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	\$75,125.83	\$93,977.09
19. Expenses Paid by Committee (Section P)	\$20,315.91	\$39,167.17
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both columns)	\$54,809.92	\$54,809.92
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 Sept 1 Primary - Original

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

(See instructions for definition of Small Contributor)

Subtotal Section A

\$0.00**B. Itemized Contributions from Individuals**

Last Name Eilenberg		First Name Patty		MI
Residential Street Address 33 Parkway		City Fairfield	State CT	Zip Code 06824
Principal Occupation Realtor		Name of Employer Berkshire Hathaway HomeServices		
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>09082026F</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 08/05/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Needleman		First Name Norman		MI
Residential Street Address 9 Foxboro Rd		City Essex	State CT	Zip Code 06426
Principal Occupation Executive		Name of Employer Tower labs ltd		
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 # ☐ 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 08/21/2026	Aggregate Contributions \$1,000.00	\$1,000.00

Last Name Guise		First Name Gabrielle		MI
Residential Street Address 101 Hulls Farm Rd		City Southport	State CT	Zip Code 06890
Principal Occupation Retired		Name of Employer Not Employed		
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 # ☐ 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 08/21/2026	Aggregate Contributions \$500.00	\$500.00

Total of Section B			\$1,600.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS	(Sections A & B)	(Total on Line 13 of Summary Page)	\$1,600.00

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 Sept 1 Primary - Original

C1. Contributions from Other Committees

Name of Committee				Name of Treasurer	
Kate PAC				Kassandra Kruh	
Address		Is this contribution associated with an event reported in Section L1?			Amount of Contribution
253 Ridgewood Rd		Yes ☒ No			
		If yes, list Event #			
City	State	Zip Code	Date Received	Aggregate Contributions	
West Hartford	CT	06107-3510	08/07/2026	\$2,000.00	
					\$2,000.00

Name of Committee M PAC					Name of Treasurer Zoe Gluck	
Address 9 Tower Dr Apt 537			Is this contribution associated with an event reported in Section L1? Yes ☒ No			Amount of Contribution \$2,000.00
			If yes, list Event #			
City New Haven	State CT	Zip Code 06519	Date Received 08/13/2026	Aggregate Contributions \$2,000.00		

Total of Section C1**\$4,000.00****I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Majority Team PAC	7th Day Preceding Sept 1 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 Sept 1 Primary - Original

D. Loans Received this Period

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

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

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Majority Team PAC	7th Day Preceding Sept 1 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 Sept 1 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
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Total of Section F

I. MONETARY RECEIPTS (Section A-K)	
NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Majority Team PAC	7th Day Preceding Sept 1 Primary - Original
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
Connecticut Majority Team PAC	7th Day Preceding Sept 1 Primary - Original
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
Connecticut Majority Team PAC			7th Day Preceding Sept 1 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 Sept 1 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 Sept 1 Primary - Original

L1. Event Information

Event # Date of Event 09/08/2026	Letter F	Description Cocktail Event	Was this a fundraising event? ☒ Yes ☐ No	
Location: Street Address 931 Old Post Rd		City Fairfield	State CT	Zip Code 06824
<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 09/15/2026	Letter T	Description Cocktail Event	Was this a fundraising event? ☒ Yes ☐ No	
Location: Street Address 527 Prospect Ave		City Hartford	State CT	Zip Code 06105
<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
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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 Sept 1 Primary - Original
L3. Purchases of Advertising in a Program Book or on a Sign				
Name of Purchaser Robinson Mahoney, PLLC			Purchase Made By: ☒ Business Entity ☐ Other ☐ Individual/Sole Proprietorship	
Street Address 1210 Post Rd		City Fairfield	State CT	Zip Code 06824
Date Received 08/05/2026	Event # 09152026T	Aggregate Purchases for All Events \$250.00	Amount of Program Ad Purchase \$250.00	Amount of Sign Purchase
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 Sept 1 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 Sept 1 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 Sept 1 Primary - Original

M. In-Kind Contributions

Name			
Street Address		City	State
			Zip Code
Type of Contributor:	Date Received	Aggregate contributions	Description of In-Kind Contribution
Committee			
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
Connecticut Majority Team PAC	7th Day Preceding Sept 1 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 Sept 1 Primary - Original

P. Expenses Paid By Committee

Name of Payee Jan Asamoah		Date of Payment 08/06/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 39 Ardsley Ln		City Ellington	State CT	Zip Code 06029
Purpose of Expenditure (by code) CNSLT	Description			Event #
Expenditure # (if applicable) 634604	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 \$700.00
Name of Payee Collette Bellard		Date of Payment 08/06/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 241 Stevens Dr Apt 101		City Ypsilanti	State MI	Zip Code 48197
Purpose of Expenditure (by code) CNSLT	Description			Event #
Expenditure # (if applicable) 634605	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 \$247.80
Name of Payee Dalton Bury		Date of Payment 08/06/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 2 Knorwalot Ln		City Norwalk	State CT	Zip Code 06851
Purpose of Expenditure (by code) CNSLT	Description			Event #
Expenditure # (if applicable) 634606	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 \$86.00

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 Sept 1 Primary - Original

P. Expenses Paid By Committee

Name of Payee Alex Dahlem		Date of Payment 08/06/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 53 Beacon St Fl 2		City Hartford	State CT	Zip Code 06105
Purpose of Expenditure (by code) CNSLT	Description			Event #
Expenditure # (if applicable) 634607	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 \$300.00
Name of Payee Benjamin Fligelman		Date of Payment 08/06/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 72 Pocahontas Roas		City Redding	State CT	Zip Code 06896
Purpose of Expenditure (by code) CNSLT	Description			Event #
Expenditure # (if applicable) 634608	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 \$950.00
Name of Payee Andrew Green		Date of Payment 08/06/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 10 McCormick Ln		City Middletown	State CT	Zip Code 06457
Purpose of Expenditure (by code) CNSLT	Description			Event #
Expenditure # (if applicable) 634610	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 \$250.00

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 Sept 1 Primary - Original

P. Expenses Paid By Committee

Name of Payee Jadyn Green		Date of Payment 08/06/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 11 Susan Rd		City New Britain	State CT	Zip Code 06053
Purpose of Expenditure (by code) CNSLT	Description			Event #
Expenditure # (if applicable) 634612	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 \$1,193.40

Name of Payee Coby Hawkins		Date of Payment 08/06/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 123 Oakland Ter		City Hartford	State CT	Zip Code 06112
Purpose of Expenditure (by code) CNSLT	Description			Event #
Expenditure # (if applicable) 634613	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 \$1,137.50

Name of Payee Alexandra Hehn		Date of Payment 08/06/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 303 Grand Central Pkwy		City Baryville	State NJ	Zip Code 08712
Purpose of Expenditure (by code) CNSLT	Description			Event #
Expenditure # (if applicable) 634614	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 \$1,610.00

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 Sept 1 Primary - Original

P. Expenses Paid By Committee

Name of Payee Eric Meade		Date of Payment 08/06/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 8 Forest Ridge Rd		City Prospect	State CT	Zip Code 06712
Purpose of Expenditure (by code) CNSLT	Description			Event #
Expenditure # (if applicable) 634615	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 \$50.00
Name of Payee Henry Russell		Date of Payment 08/06/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 379 White Birch Dr		City Guilford	State CT	Zip Code 06437
Purpose of Expenditure (by code) CNSLT	Description			Event #
Expenditure # (if applicable) 634616	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 \$450.00
Name of Payee Christian Whitehead		Date of Payment 08/06/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 11204 Jeffro Ct		City Ljamsville	State MD	Zip Code 21754
Purpose of Expenditure (by code) CNSLT	Description			Event #
Expenditure # (if applicable) 634617	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 \$800.00

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 Sept 1 Primary - Original

P. Expenses Paid By Committee

Name of Payee Erica Wong		Date of Payment 08/06/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 114 Pine Hill Rd		City Bedford	State MA	Zip Code 01730
Purpose of Expenditure (by code) CNSLT	Description			Event #
Expenditure # (if applicable) 634618	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 \$490.00
Name of Payee Franklin Zambrano		Date of Payment 08/06/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 56 Hawthorne St		City Manchester	State CT	Zip Code 06042
Purpose of Expenditure (by code) CNSLT	Description			Event #
Expenditure # (if applicable) 634631	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 \$1,135.00
Name of Payee Awesome Campaigns Inc		Date of Payment 08/06/2026	Method of Payment ☒ Check # 2352 ☐ Debit Card ☐ EFT	
Street Address 1220 Saint Charles St		City Elgin	State IL	Zip Code 60120
Purpose of Expenditure (by code) A-SIGN	Description Lawn signs for Aimee Berger-Girvalo's 2026 campaign.			Event #
Expenditure # (if applicable) 634599	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 \$952.50

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 Sept 1 Primary - Original

P. Expenses Paid By Committee

Name of Payee Zoe Gluck		Date of Payment 08/06/2026	Method of Payment ☒ Check # 2353 ☐ Debit Card ☐ EFT	
Street Address 9 Tower Ln Apt 537		City New Haven	State CT	Zip Code 06519
Purpose of Expenditure (by code) RMB	Description Reimbursement for Zoom Licenses			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 \$18.07

Name of Payee Leyra Adorno		Date of Payment 08/07/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1123 Walt Williams Rd Lot 151		City Lakeland	State FL	Zip Code 33809
Purpose of Expenditure (by code) CNSLT	Description			Event #
Expenditure # (if applicable) 634624	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 \$303.34

Name of Payee Kanwardeep Sandhu		Date of Payment 08/07/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 89 High Ridge Dr		City Tolland	State CT	Zip Code 06084
Purpose of Expenditure (by code) CNSLT	Description			Event #
Expenditure # (if applicable) 634625	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 \$180.00

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 Sept 1 Primary - Original

P. Expenses Paid By Committee

Name of Payee Liam Wright		Date of Payment 08/12/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 30 Kingswood Rd		City West Hartford	State CT	Zip Code 06119
Purpose of Expenditure (by code) CNSLT	Description			Event #
Expenditure # (if applicable) 634627	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 \$275.00
Name of Payee Andrew Green		Date of Payment 08/12/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 10 McCormick Ln		City Middletown	State CT	Zip Code 06457
Purpose of Expenditure (by code) CNSLT	Description			Event #
Expenditure # (if applicable) 634628	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 \$275.00
Name of Payee Franklin Zambrano		Date of Payment 08/12/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 56 Hawthorne St		City Manchester	State CT	Zip Code 06042
Purpose of Expenditure (by code) CNSLT	Description			Event #
Expenditure # (if applicable) 634632	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 \$545.00

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 Sept 1 Primary - Original

P. Expenses Paid By Committee

Name of Payee Collette Bellard		Date of Payment 08/20/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 241 Stevens Dr # 101		City Ypsilanti	State MI	Zip Code 48327
Purpose of Expenditure (by code) CNSLT	Description			Event #
Expenditure # (if applicable) 634633	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 \$168.75
Name of Payee Alex Dahlem		Date of Payment 08/20/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 53 Beacon St Fl 2		City Hartford	State CT	Zip Code 06105
Purpose of Expenditure (by code) CNSLT	Description			Event #
Expenditure # (if applicable) 634634	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 \$290.00
Name of Payee Benjamin Fligelman		Date of Payment 08/20/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 72 Pocahontas Roas		City Redding	State CT	Zip Code 06896
Purpose of Expenditure (by code) CNSLT	Description			Event #
Expenditure # (if applicable) 634635	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 \$1,275.00

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 Sept 1 Primary - Original

P. Expenses Paid By Committee

Name of Payee Andrew Green		Date of Payment 08/20/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 10 McCormick Ln		City Middletown	State CT	Zip Code 06457
Purpose of Expenditure (by code) CNSLT	Description			Event #
Expenditure # (if applicable) 634636	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 \$450.00
Name of Payee Coby Hawkins		Date of Payment 08/20/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 123 Oakland Ter		City Hartford	State CT	Zip Code 06112
Purpose of Expenditure (by code) CNSLT	Description			Event #
Expenditure # (if applicable) 634637	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 \$675.00
Name of Payee Alexandra Hehn		Date of Payment 08/20/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 303 Grand Central Pkwy		City Baryville	State NJ	Zip Code 08712
Purpose of Expenditure (by code) CNSLT	Description			Event #
Expenditure # (if applicable) 634638	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 \$1,460.00

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 Sept 1 Primary - Original

P. Expenses Paid By Committee

Name of Payee Alyssa Lee		Date of Payment 08/20/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 123 Water St Apt 317		City Norwalk	State CT	Zip Code 06854
Purpose of Expenditure (by code) CNSLT	Description			Event #
Expenditure # (if applicable) 634639	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 \$87.50
Name of Payee Eric Meade		Date of Payment 08/20/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 8 Forest Ridge Rd		City Prospect	State CT	Zip Code 06712
Purpose of Expenditure (by code) CNSLT	Description			Event #
Expenditure # (if applicable) 634640	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 \$187.50
Name of Payee Henry Russell		Date of Payment 08/20/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 379 White Birch Dr		City Guilford	State CT	Zip Code 06437
Purpose of Expenditure (by code) CNSLT	Description			Event #
Expenditure # (if applicable) 634641	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 \$412.50

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 Sept 1 Primary - Original

P. Expenses Paid By Committee

Name of Payee Christian Whitehead		Date of Payment 08/20/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 11204 Jeffro Ct		City Ljamsville	State MD	Zip Code 21754
Purpose of Expenditure (by code) CNSLT	Description			Event #
Expenditure # (if applicable) 634642	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 \$680.00
Name of Payee Erica Wong		Date of Payment 08/20/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 114 Pine Hill Rd		City Bedford	State MA	Zip Code 01730
Purpose of Expenditure (by code) CNSLT	Description			Event #
Expenditure # (if applicable) 634643	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 \$930.00
Name of Payee Franklin Zambrano		Date of Payment 08/20/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 56 Hawthorne St		City Manchester	State CT	Zip Code 06042
Purpose of Expenditure (by code) CNSLT	Description			Event #
Expenditure # (if applicable) 634644	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 \$1,700.00

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 Sept 1 Primary - Original
P. Expenses Paid By Committee	

Name of Payee Pinwheel		Date of Payment 08/23/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 335 Madison Ave Fl 16		City New York	State NY	Zip Code 10017
Purpose of Expenditure (by code) BNK	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 \$51.05

Total of Section P**\$20,315.91****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 Sept 1 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 Sept 1 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) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)			Amount
		Independent 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 Sept 1 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) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)			Amount Incurred (Estimate or Actual)
		Independent 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 Sept 1 Primary - Original

T. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Gluck	First Zoe	MI	Date of Payment to Vendor, Person or Entity 08/06/2026	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Zoom Communications, Inc		Payment to Reimburse Committee Worker/Consultant as reported in Section P ☒ Check # 2353 ☐ Debit Card ☐ EFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 55 Almaden Blvd Ste 600		City San Jose	State CA	Zip Code 95113
Purpose of Expenditure (by code) RMB	Description Money paid to Zoe Gluck to reimburse for price of a Zoom license			Event #
Expenditure #	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contribution)			Amount \$18.07
			☐ Independent ☐ Organization: ☐ A ☐ B ☐ C ☐ D	

Total of Section T**\$18.07****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 Sept 1 Primary - Original

P. Expenses Paid By Committee - Addendum

Expenditure #

634599



Supported



Opposed

Amount of Expenditure

\$952.50

Name of Candidate or Committee

Aimee Berger-Girvalo

Office Sought (if applicable)

State Representative

Cost Allocated to Candidate or Committee

\$952.50

Are Limits Aggregated?



Yes



No

Aggregating Committees

House Democrats Campaign Committee

House Majority Committee

Expenditure #

634604



Supported



Opposed

Amount of Expenditure

\$700.00

Name of Candidate or Committee

Richard Leborious

Office Sought (if applicable)

State Representative

Cost Allocated to Candidate or Committee

\$700.00

Are Limits Aggregated?



Yes



No

Aggregating Committees

House Democrats Campaign Committee

House Majority Committee

Expenditure #

634605



Supported



Opposed

Amount of Expenditure

\$247.80

Name of Candidate or Committee

Francis Lombard

Office Sought (if applicable)

State Representative

Cost Allocated to Candidate or Committee

\$86.80

Are Limits Aggregated?



Yes



No

Aggregating Committees

House Democrats Campaign Committee

House Majority Committee

Name of Candidate or Committee

Hector E Arzeno

Office Sought (if applicable)

State Representative

Cost Allocated to Candidate or Committee

\$31.00

Are Limits Aggregated?



Yes



No

Aggregating Committees

House Democrats Campaign Committee

House Majority Committee

Name of Candidate or Committee

Rebecca L Martinez

Office Sought (if applicable)

State Representative

Cost Allocated to Candidate or Committee

\$130.00

Are Limits Aggregated?



Yes



No

Aggregating Committees

House Democrats Campaign Committee

House Majority Committee

Expenditure # 634606	☒ Supported ☐ Opposed	Amount of Expenditure \$86.00
Name of Candidate or Committee Hector E Arzeno	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$86.00
Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee House Majority Committee	

Expenditure # 634607	☒ Supported ☐ Opposed	Amount of Expenditure \$300.00
Name of Candidate or Committee Rebecca L Martinez	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$300.00
Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee House Majority Committee	

Expenditure # 634608	☒ Supported ☐ Opposed	Amount of Expenditure \$950.00
Name of Candidate or Committee Michelle Embree Ku	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$950.00
Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee House Majority Committee	

Expenditure # 634610	☒ Supported ☐ Opposed	Amount of Expenditure \$250.00
Name of Candidate or Committee Meghan Rosenfeld	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$250.00
Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee House Majority Committee	

Expenditure # 634612	☒ Supported ☐ Opposed	Amount of Expenditure \$1,193.40
Name of Candidate or Committee Hector E Arzeno	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$20.00
Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee House Majority Committee	

Name of Candidate or Committee William T Heughins	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$80.00
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Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee House Majority Committee	
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Name of Candidate or Committee Amiel H Goldberg	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$160.00
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Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee House Majority Committee	
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Name of Candidate or Committee Rebecca L Martinez	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$320.00
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Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee House Majority Committee	
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Name of Candidate or Committee David Fritz	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$240.00
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Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee House Majority Committee	
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Name of Candidate or Committee Karen A Martin	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$143.40
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Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee House Majority Committee	
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Name of Candidate or Committee Michelle Embree Ku	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$230.00
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Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee House Majority Committee	
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Expenditure # 634613	☒ Supported ☐ Opposed	Amount of Expenditure \$1,137.50
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Name of Candidate or Committee Concepcion	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$1,137.50
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Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee House Majority Committee	
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Expenditure # 634614	☒ Supported ☐ Opposed		Amount of Expenditure \$1,610.00
Name of Candidate or Committee Amiel H Goldberg		Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$460.00
Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee House Majority Committee		
Name of Candidate or Committee Rebecca L Martinez		Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$450.00
Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee House Majority Committee		
Name of Candidate or Committee David Fritz		Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$315.00
Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee House Majority Committee		
Name of Candidate or Committee Edward Corey		Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$145.00
Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee House Majority Committee		
Name of Candidate or Committee Karen A Martin		Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$230.00
Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee House Majority Committee		
Name of Candidate or Committee Michelle Embree Ku		Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$10.00
Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee House Majority Committee		

Expenditure # 634615	☒ Supported ☐ Opposed		Amount of Expenditure \$50.00
Name of Candidate or Committee Samuel L. Carmody		Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$50.00
Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee House Majority Committee		

Expenditure # 634616	☒ Supported ☐ Opposed	Amount of Expenditure \$450.00
Name of Candidate or Committee Jane Wisialowski	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$450.00
Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee House Majority Committee	

Expenditure # 634617	☒ Supported ☐ Opposed	Amount of Expenditure \$800.00
Name of Candidate or Committee William T Heughins	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$200.00
Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee House Majority Committee	
Name of Candidate or Committee Edward Corey	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$380.00
Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee House Majority Committee	
Name of Candidate or Committee David Fritz	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$130.00
Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee House Majority Committee	
Name of Candidate or Committee Meghan Rosenfeld	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$90.00
Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee House Majority Committee	

Expenditure # 634618	☒ Supported ☐ Opposed	Amount of Expenditure \$490.00
Name of Candidate or Committee Hector E Arzeno	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$20.00
Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee House Majority Committee	

Name of Candidate or Committee Rebecca L Martinez	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$150.00
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Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee House Majority Committee	
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Name of Candidate or Committee David Fritz	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$80.00
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Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee House Majority Committee	
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Name of Candidate or Committee Karen A Martin	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$140.00
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Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee House Majority Committee	
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Name of Candidate or Committee Francis Lombard	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$100.00
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Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee House Majority Committee	
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Expenditure # 634624	☒ Supported ☐ Opposed	Amount of Expenditure \$303.34
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Name of Candidate or Committee Meghan Rosenfeld	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$303.34
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Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee House Majority Committee	
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Expenditure # 634625	☒ Supported ☐ Opposed	Amount of Expenditure \$180.00
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Name of Candidate or Committee Hector E Arzeno	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$120.00
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Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee House Majority Committee	
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Name of Candidate or Committee Amiel H Goldberg	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$60.00
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Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee House Majority Committee
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Expenditure # 634627	☒ Supported ☐ Opposed	Amount of Expenditure \$275.00
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Name of Candidate or Committee Rebecca L Martinez	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$275.00
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Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee House Majority Committee
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Expenditure # 634628	☒ Supported ☐ Opposed	Amount of Expenditure \$275.00
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Name of Candidate or Committee Meghan Rosenfeld	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$275.00
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Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee House Majority Committee
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Expenditure # 634631	☒ Supported ☐ Opposed	Amount of Expenditure \$1,135.00
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Name of Candidate or Committee Hector E Arzeno	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$400.00
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Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee House Majority Committee
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Name of Candidate or Committee Rebecca L Martinez	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$420.00
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Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee House Majority Committee
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Name of Candidate or Committee David Fritz	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$315.00
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Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee House Majority Committee
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Expenditure # 634632	☒ Supported ☐ Opposed		Amount of Expenditure \$545.00
Name of Candidate or Committee David Fritz		Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$45.00
Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee House Majority Committee		
Name of Candidate or Committee Karen A Martin		Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$180.00
Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee House Majority Committee		
Name of Candidate or Committee Michelle Embree Ku		Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$320.00
Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee House Majority Committee		

Expenditure # 634633	☒ Supported ☐ Opposed		Amount of Expenditure \$168.75
Name of Candidate or Committee Francis Lombard		Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$168.75
Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee House Majority Committee		

Expenditure # 634634	☒ Supported ☐ Opposed		Amount of Expenditure \$290.00
Name of Candidate or Committee Michelle Embree Ku		Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$20.00
Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee House Majority Committee		
Name of Candidate or Committee Rebecca L Martinez		Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$200.00
Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee House Majority Committee		

Name of Candidate or Committee Mary Fortier	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$20.00
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Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee House Majority Committee	
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Name of Candidate or Committee John P Santanella	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$50.00
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Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee House Majority Committee	
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Expenditure # 634635	☒ Supported ☐ Opposed	Amount of Expenditure \$1,275.00
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Name of Candidate or Committee Michelle Embree Ku	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$1,275.00
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Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee House Majority Committee	
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Expenditure # 634636	☒ Supported ☐ Opposed	Amount of Expenditure \$450.00
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Name of Candidate or Committee Meghan Rosenfeld	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$450.00
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Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee House Majority Committee	
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Expenditure # 634637	☒ Supported ☐ Opposed	Amount of Expenditure \$675.00
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Name of Candidate or Committee Julio A Concepcion	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$675.00
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Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee House Majority Committee	
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Expenditure # 634638	☒ Supported ☐ Opposed	Amount of Expenditure \$1,460.00
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Name of Candidate or Committee Meghan Rosenfeld	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$1,070.00
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Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee House Majority Committee	
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Name of Candidate or Committee Jonathan C Goldstein	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$210.00
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Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee House Majority Committee	
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Name of Candidate or Committee Kimberly L Becker	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$180.00
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Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee House Majority Committee	
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Expenditure # 634639	☒ Supported ☐ Opposed	Amount of Expenditure \$87.50
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Name of Candidate or Committee Hector E Arzeno	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$87.50
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Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee House Majority Committee	
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Expenditure # 634640	☒ Supported ☐ Opposed	Amount of Expenditure \$187.50
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Name of Candidate or Committee Rebecca L Martinez	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$25.00
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Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee House Majority Committee	
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Name of Candidate or Committee Samuel L. Carmody	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$162.50
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Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee House Majority Committee	
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Expenditure # 634641	☒ Supported ☐ Opposed	Amount of Expenditure \$412.50
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Name of Candidate or Committee Jane Wisialowski	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$412.50
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Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee House Majority Committee
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Expenditure # 634642	☒ Supported ☐ Opposed	Amount of Expenditure \$680.00
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Name of Candidate or Committee Meghan Rosenfeld	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$680.00
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Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee House Majority Committee
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Expenditure # 634643	☒ Supported ☐ Opposed	Amount of Expenditure \$930.00
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Name of Candidate or Committee Francis Lombard	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$870.00
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Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee House Majority Committee
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Name of Candidate or Committee Kimberly L Becker	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$60.00
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Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee House Majority Committee
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Expenditure # 634644	☒ Supported ☐ Opposed	Amount of Expenditure \$1,700.00
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Name of Candidate or Committee Michelle Embree Ku	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$480.00
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Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee House Majority Committee
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Name of Candidate or Committee Meghan Rosenfeld	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$860.00
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Are Limits Aggregated? ☒ Yes ☐ No	Aggregating Committees House Democrats Campaign Committee House Majority Committee
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Name of Candidate or Committee Jonathan C Goldstein	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 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