

**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 16

**COVER PAGE**

|   |  |                             |   |
|---|--|-----------------------------|---|
| 1. NAME OF COMMITTEE  |  |                             |   |
| <b>Singh PAC</b>  |  |                             |   |
| 2. TREASURER NAME   |  |                             |   |
| First<br><b>Heather</b>   | MI<br><b>H</b>   | Last<br><b>Romanski</b>     | Suffix                                    |
| 3. TREASURER ADDRESS  |  |                             |   |
| Street Address<br><b>297 Scotland Rd</b>  | City<br><b>Norwich</b>   | State<br><b>CT</b>          | Zip Code<br><b>06360-1657</b>             |
| 4. ELECTION/REFERENDUM DATE   | 5. OFFICE SOUGHT <i>(Complete only if Candidate Committee)</i>   |                             | 6. DISTRICT NUMBER <i>(if applicable)</i> |
|   |  |                             |   |
| 7. CANDIDATE NAME <i>(Complete only if Candidate or Exploratory Committee)</i>  |  |                             |   |
| First   | MI   | Last                        | Suffix                                    |
|   |  |                             |   |
| 8. TYPE OF REPORT   |  |                             |   |
| <b>April 10 Filing - Original</b>   |  |                             |   |
| 9. PERIOD COVERED   |  |                             |   |
|   | Beginning Date   | Ending Date                 |   |
|   | <b>01/01/2026</b>  | thru <b>03/31/2026</b>      |   |
| 10. CERTIFICATION   |  |                             |   |
| <input checked="" type="checkbox"/>   | I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete. |                             |   |
| <b>Electronic Filing</b>  | <b>Heather Romanski</b>  | <b>04/08/2026 8:12:49PM</b> |   |
| SIGNATURE   | PRINT NAME OF THE SIGNER   | DATE CERTIFIED              |   |
| <p><b>A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.</b></p> |  |                             |   |

**SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2024

**SUMMARY PAGE TOTALS**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  | TYPE OF REPORT                    |                       |
|---|-----------------------------------|-----------------------|
| <b>Singh PAC</b>  | <b>April 10 Filing - Original</b> |                       |
|   | COLUMN A<br>This Period           | COLUMN B<br>Aggregate |
| 11. Balance on hand January 1 of current year for Ongoing and Party Committees OR<br>Balance on hand from day Committee was formed for all other Committees |                                   | <b>\$1,168.12</b>     |
| 12. Balance on hand at the beginning of Reporting Period  | <b>\$1,168.12</b>                 |                       |
| 13. Contributions received from Individuals (Section A and B)   | <b>\$2,500.00</b>                 | <b>\$2,500.00</b>     |
| 14. Receipts from Other Committees (Sections C1 and C2)   | <b>\$0.00</b>                     | <b>\$0.00</b>         |
| 15. Other Monetary Receipts (Section D through K)   | <b>\$0.00</b>                     | <b>\$0.00</b>         |
| 16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)   | <b>\$0.00</b>                     | <b>\$0.00</b>         |
| 16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed  |                                   |                       |
| 16c. Total Purchases of Advertising - Program Book or Sign (Section L3)   | <b>\$0.00</b>                     | <b>\$0.00</b>         |
| 17. Total Monetary Receipts (add totals for lines 13 through 16c)   | <b>\$2,500.00</b>                 | <b>\$2,500.00</b>     |
| 18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)  | <b>\$3,668.12</b>                 | <b>\$3,668.12</b>     |
| 19. Expenses Paid by Committee (Section P)  | <b>\$1,506.50</b>                 | <b>\$1,506.50</b>     |
| 20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both colum   | <b>\$2,161.62</b>                 | <b>\$2,161.62</b>     |
| 21. In-Kind Donations not Considered Contributions Received (Section L4)  | <b>\$0.00</b>                     | <b>\$0.00</b>         |
| 22. In-Kind Donations not Considered Contributions - House Party (Section L5)   | <b>\$0.00</b>                     | <b>\$0.00</b>         |
| 23. In-Kind Contributions Received (Section M)  | <b>\$0.00</b>                     | <b>\$0.00</b>         |
| 24. Refundable Deposit to Telephone Company (Section N)   | <b>\$0.00</b>                     | <b>\$0.00</b>         |
| 25. Loan Balance  | <b>\$0.00</b>                     |                       |
| 25a. + Loans Received (Section D)   | <b>\$0.00</b>                     | <b>\$0.00</b>         |
| 25b. + Interest and Penalties on Loan(s)  | <b>\$0.00</b>                     | <b>\$0.00</b>         |
| 25c. - Payments on Loan   | <b>\$0.00</b>                     | <b>\$0.00</b>         |
| 25d. Total Outstanding Loan Amount  | <b>\$0.00</b>                     |                       |
| 26. Campaign Expenses Paid By Candidate (Section Q)   | <b>\$0.00</b>                     | <b>\$0.00</b>         |
| 27. Expenses Incurred on Committee Credit Card (Section R)  | <b>\$0.00</b>                     | <b>\$0.00</b>         |
| 28. Expenses Incurred by Committee During this Period but Not Paid (Section S)  | <b>\$0.00</b>                     |                       |
| 28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)  | <b>\$0.00</b>                     |                       |

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

|  |                            |
|--|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT             |
| Singh PAC  | April 10 Filing - 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<br>SCHOENFELD   |  | First Name<br>MICHAEL  |                                       | MI                     |
| Residential Street Address<br>58 Brentwood Dr   |  | City<br>Glastonbury  | State<br>CT                           | Zip Code<br>06033      |
| Principal Occupation<br>WHOLESALE   |  | Name of Employer<br>MANCHESTER TOBACCO & CANDY COMPANY   |                                       |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                       | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>01/06/2026  | Aggregate Contributions<br>\$1,000.00 | \$1,000.00             |

|   |  |  |                                       |                        |
|---|--|--|---------------------------------------|------------------------|
| Last Name<br>Schoenfeld   |  | First Name<br>Vali   |                                       | MI                     |
| Residential Street Address<br>58 Brentwood Dr   |  | City<br>Glastonbury  | State<br>CT                           | Zip Code<br>06033      |
| Principal Occupation<br>Homemaker   |  | Name of Employer<br>Homemaker  |                                       |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                       | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>01/06/2026  | Aggregate Contributions<br>\$1,000.00 | \$1,000.00             |

|   |  |  |                                     |                        |
|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Khalsa   |  | First Name<br>kuljit singh   |                                     | MI                     |
| Residential Street Address<br>94 Navratil Rd  |  | City<br>Willington   | State<br>CT                         | Zip Code<br>06279      |
| Principal Occupation<br>transportation  |  | Name of Employer<br>Akaal llc  |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>01/24/2026  | Aggregate Contributions<br>\$500.00 | \$500.00               |

|  |                  |                                    |                   |
|--|------------------|------------------------------------|-------------------|
| <b>Total of Section B</b>                          |                  |                                    | <b>\$2,500.00</b> |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> | (Sections A & B) | (Total on Line 13 of Summary Page) | <b>\$2,500.00</b> |

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

|  |       |   |                   |                            |  |
|--|-------|---|-------------------|----------------------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |       |   |                   | TYPE OF REPORT             |  |
| Singh PAC  |       |   |                   | April 10 Filing - Original |  |
| <b>C1. Contributions from Other Committees</b>                                 |       |   |                   |                            |  |
| Name of Committee  |       |   | Name of Treasurer |                            |  |
| Address  |       | Is this contribution associated with an event reported in Section L1? |                   | Yes      No                |  |
|  |       | If yes, list Event #  |                   |                            |  |
| City   | State | Zip Code  | Date Received     | Aggregate Contributions    |  |
|  |       |   |                   |                            |  |

**Total of Section C1**

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

|  |             |          |                                  |                            |                   |
|--|-------------|----------|----------------------------------|----------------------------|-------------------|
| NAME OF COMMITTEE  |             |          |                                  | TYPE OF REPORT             |                   |
| Singh PAC  |             |          |                                  | April 10 Filing - Original |                   |
| <b>C2. Reimbursements or Surplus Distributions from other Committees</b> |             |          |                                  |                            |                   |
| 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             |
| Singh PAC  | April 10 Filing - Original |

**D. Loans Received this Period**

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

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

|                   |                            |
|-------------------|----------------------------|
| NAME OF COMMITTEE | TYPE OF REPORT             |
| Singh PAC         | April 10 Filing - Original |

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

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

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

|  |                            |
|--|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT             |
| Singh PAC  | April 10 Filing - Original |

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

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

| <b>I. MONETARY RECEIPTS (Section A-K)</b>  |                            |
|--|----------------------------|
| NAME OF COMMITTEE  | TYPE OF REPORT             |
| Singh PAC  | April 10 Filing - Original |
| <b>G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)</b> |                            |
| Date of Receipt  | Amount                     |
| <b>Total of Section G</b>  |                            |

| <b>I. MONETARY RECEIPTS (Section A-K)</b>  |  |        |
|--|--|--------|
| NAME OF COMMITTEE  | TYPE OF REPORT   |        |
| Singh PAC  | April 10 Filing - Original   |        |
| <b>H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)</b> |  |        |
| Date of Receipt  | Method of Payment<br>Cash                      Personal Check                      Credit/Debit Card | Amount |
| <b>Total of Section H</b>  |  |        |

| <b>I. Monetary Receipts (Section A-K)</b>                                      |      |               |                            |        |
|--|------|---------------|----------------------------|--------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |      |               | TYPE OF REPORT             |        |
| Singh PAC  |      |               | April 10 Filing - Original |        |
| <b>J. Interest from Deposits in Authorized Accounts</b>                        |      |               |                            |        |
| Name of Institution  |      | Date Received |                            | Amount |
| Street Address   | City | State         | Zip Code                   |        |
| <b>Total of Section J</b>  |      |               |                            |        |

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

|                   |                            |
|-------------------|----------------------------|
| NAME OF COMMITTEE | TYPE OF REPORT             |
| Singh PAC         | April 10 Filing - Original |

**K. Miscellaneous Monetary Receipts not Considered Contributions**

|                           |                     |       |                 |
|---------------------------|---------------------|-------|-----------------|
| Name                      | Date of Transaction |       | Amount Received |
| Street Address            | City                | State |                 |
| Description               |                     |       |                 |
| <b>Total of Section K</b> |                     |       |                 |

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

|  |                            |
|--|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT             |
| Singh PAC  | April 10 Filing - Original |

**L1. Event Information**

|   |        |             |  |          |
|---|--------|-------------|--|----------|
| Event #<br>Date of Event  | Letter | Description | Was this a fundraising event?<br>Yes      No   |          |
| Location: Street Address  |        | City        | State  | Zip Code |
| <i>Subpart 1: (All Committees)</i>  |        |             |  |          |
| Was this event hosted at a personal residence?  |        | Yes         | <i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i> |          |
|   |        | No          |  |          |
| Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100? |        | Yes         | <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i>  |          |
|   |        | No          |  |          |
| Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?                   |        | Yes         | <i>(If yes, enter Total Receipts here.)</i>  |          |
|   |        | No          |  |          |
| <i>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</i>                       |        |             |  |          |
| Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?                                   |        | Yes         | <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i>   |          |
|   |        | No          |  |          |
| <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         | <i>(If yes, enter Total Receipts here.)</i>  |          |
|   |        | No          |  |          |
| <b>Total of Section L1</b>  |        |             |  |          |

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

|  |                            |
|--|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT             |
| Singh PAC  | April 10 Filing - Original |

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

|                   |         |                                       |  |
|-------------------|---------|---------------------------------------|--|
| Name of Purchaser |         | Purchase Made By:                     |  |
|                   |         | <b>Business Entity</b>                | <b>Other</b>   |
|                   |         | <b>Individual/Sole Proprietorship</b> |  |
| Street Address    |         | City                                  | State      Zip Code  |
| Date Received     | Event # | Aggregate Purchases for All Events    | Amount of Program Ad Purchase      Amount of Sign Purchase |
|                   |         |                                       | <b>Total of Section L3</b>                                 |

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

|  |                            |
|--|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT             |
| Singh PAC  | April 10 Filing - Original |

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

|  |                         |   |                               |
|--|-------------------------|---|-------------------------------|
| Name of the Donor  |                         |   |                               |
| Street Address   |                         | City  | State      Zip Code           |
| Donation Given by:<br><br>Business Entity<br><br>Individual<br><br>Sole Proprietorship | Description of Donation |   | Fair Market Value of Donation |
|  | Date Received           | Event #      Aggregate value for this event |                               |
|  |                         |   | <b>Total of Section L4</b>    |

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

|  |                            |
|--|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT             |
| Singh PAC  | April 10 Filing - Original |

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

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

**Total of Section L5**

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

|  |                            |
|--|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT             |
| Singh PAC  | April 10 Filing - Original |

**M. In-Kind Contributions**

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

**Total of Section M**

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

|                   |                            |
|-------------------|----------------------------|
| NAME OF COMMITTEE | TYPE OF REPORT             |
| Singh PAC         | April 10 Filing - 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          |                   |

|                           |
|---------------------------|
| <b>Total of Section N</b> |
|---------------------------|

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

|  |                            |
|--|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT             |
| Singh PAC  | April 10 Filing - Original |
| <b>P. Expenses Paid By Committee</b>   |                            |

|                                   |                               |  |                   |
|-----------------------------------|-------------------------------|--|-------------------|
| Name of Payee<br>anedot inc.      | Date of Payment<br>01/05/2026 | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT |                   |
| Street Address<br>1340 Poydras St | City<br>New Orleans           | State<br>LA  | Zip Code<br>70112 |

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

|                               |  |        |
|-------------------------------|--|--------|
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)   | Amount |
|                               | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | \$5.60 |

|                                   |                               |  |                   |
|-----------------------------------|-------------------------------|--|-------------------|
| Name of Payee<br>anedot inc.      | Date of Payment<br>01/08/2026 | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT |                   |
| Street Address<br>1340 Poydras St | City<br>New Orleans           | State<br>LA  | Zip Code<br>70112 |

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

|                               |  |         |
|-------------------------------|--|---------|
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)   | Amount  |
|                               | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | \$80.60 |

|                                   |                               |   |                   |
|-----------------------------------|-------------------------------|---|-------------------|
| Name of Payee<br>Bysiewicz for CT | Date of Payment<br>01/24/2026 | Method of Payment<br><input checked="" type="checkbox"/> Check # 0281<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                   |
| Street Address<br>PO Box 91       | City<br>Middletown            | State<br>CT   | Zip Code<br>06457 |

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

|                               |  |            |
|-------------------------------|--|------------|
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)   | Amount     |
|                               | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | \$1,000.00 |

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

|   |                            |
|---|----------------------------|
| <b>NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)</b> | <b>TYPE OF REPORT</b>      |
| Singh PAC   | April 10 Filing - Original |

**P. Expenses Paid By Committee**

|   |  |                               |   |                   |
|---|--|-------------------------------|---|-------------------|
| Name of Payee<br>Blue Edge Strategies     |  | Date of Payment<br>01/24/2026 | Method of Payment<br><input checked="" type="checkbox"/> Check # 0282<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                   |
| Street Address<br>54 Robert Rd            |  | City<br>Manchester            | State<br>CT   | Zip Code<br>06040 |
| Purpose of Expenditure (by code)<br>CNSLT | Description  |                               |   | Event #           |
| Expenditure # (if applicable)             | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |   | Amount            |
|   | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |   | \$400.00          |
| Name of Payee<br>anedot inc.              |  | Date of Payment<br>01/28/2026 | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT      |                   |
| Street Address<br>1340 Poydras St         |  | City<br>New Orleans           | State<br>LA   | Zip Code<br>70112 |
| Purpose of Expenditure (by code)<br>BNK   | Description<br>fee on contribution recieved  |                               |   | Event #           |
| Expenditure # (if applicable)             | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |   | Amount            |
|   | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |   | \$20.30           |

**Total of Section P**

**\$1,506.50**

| IV. EXPENDITURES (Sections P - T)  |             |                 |  |
|--|-------------|-----------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |             |                 | TYPE OF REPORT                                       |
|  |             |                 | April 10 Filing - 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?<br>Yes                  No |
| Street Address   | City        | State           | Zip Code   |
| Purpose of Expenditure (by code)   | Description | Event #         | Amount   |
| <b>Total of Section Q</b>  |             |                 |  |

| IV. EXPENDITURES   |  |  |                            |
|--|--|--|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |  |  | TYPE OF REPORT             |
| Singh PAC  |  |  | April 10 Filing - Original |
| R. Expenses Incurred on Committee Credit Card                                  |  |  |                            |
| Name of Issuing Institution  |  | Type of Credit Card:<br>Visa                  Master Card                  Discover                  American Express<br>Other |                            |
| Name of Vendor, Person or Entity   |  |  | Date of Transaction        |
| Street Address   | City   | State  | Zip Code                   |
| Purpose of Expenditure (by code)   | Description  | Event #  |                            |
| Expenditure # (if applicable)  | Type of Expenditure ( Itemization in Addendum R Required unless "None of the below" is checked)  |  | Amount                     |
|  | None of the below<br><br>Coordinated with reimbursement sought (joint expenditure)                  Independent<br><br>Coordinated without reimbursement sought (in-kind contribution)                  Organization                  A                  B                  C                  D |  |                            |
| <b>Total of Section R</b>  |  |  |                            |

| IV. EXPENDITURES   |   |  |                                      |
|--|---|--|--------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |   |  | TYPE OF REPORT                       |
| Singh PAC  |   |  | April 10 Filing - Original           |
| S. Expenses Incurred By Committee but Not Paid During this Period              |   |  |                                      |
| Name of Creditor   |   |  | Date Incurred                        |
| Street Address   |   | City                                       | State      Zip Code                  |
| Purpose of Expenditure (by code)   | Description   |  | Event #                              |
| Expenditure# (if applicable)   | Type of Expenditure ( <i>Itemization in Addendum S Required unless "None of the below" is checked</i> ) |  | Amount Incurred (Estimate or Actual) |
|  | None of the below   |  |                                      |
|  | Coordinated with reimbursement sought (joint expenditure)   | Independent                                |                                      |
|  | Coordinated without reimbursement sought (in-kind contribution)   | Organization :      A      B      C      D |                                      |
| <b>Total of Section S</b>  |   |  |                                      |

| IV. EXPENDITURES (Sections P - T)  |   |   |   |
|--|---|---|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |   |   | TYPE OF REPORT                                      |
| Singh PAC  |   |   | April 10 Filing - Original                          |
| T. Itemization of Reimbursements and Secondary Payees                          |   |   |   |
| Last Name of Worker/Consultant   |   | First   | MI      Date of Payment to Vendor, Person or Entity |
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant           |   | Payment to Reimburse Committee Worker/Consultant as reported in Section P |   |
|  |   | Check #   | Debit Card      EFT                                 |
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant |   | City  | State      Zip Code                                 |
| Purpose of Expenditure (by code)   | Description   |   | Event #   |
| Expenditure #  | Type of Expenditure ( Itemization in Addendum T Required unless "None of the below" is checked) |   | Amount  |
|  | None of the below   |   |   |
|  | Coordinated with reimbursement sought (joint expenditure)                                       | Independent   |   |
|  | Coordinated without reimbursement sought (in-kind contribution)                                 | Organization:      A      B      C      D                                 |   |
| <b>Total of Section T</b>  |   |   |   |

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

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

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

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

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