SEEC FORM 20

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2024

Electronic Filing

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COVER PAGE

1. NAME OF COMMITTEE

Connecticut Ophthalmic Medical Eye Care Committee

2. TREASURER NAME

First	MI	Last	Suffix
Janine	**E**	**Collinge**	

3. TREASURER ADDRESS

Street Address	City	State	Zip Code
98 Clifton Ave	**West Hartford**	**CT**	**06107**

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

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

First	MI	Last	Suffix

8. TYPE OF REPORT

April 10 Filing - Original

9. PERIOD COVERED

Beginning Date		Ending Date
01/01/2026	thru	**03/31/2026**

10. CERTIFICATION

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

Electronic Filing	**Janine Collinge**	**04/07/2026 9:10:00PM**
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED

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

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2024

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Connecticut Ophthalmic Medical Eye Care Committee	**April 10 Filing - 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		**$1,076.74**
12. Balance on hand at the beginning of Reporting Period	**$1,076.74**	
13. Contributions received from Individuals (Section A and B)	**$2,600.00**	**$2,600.00**
14. Receipts from Other Committees (Sections C1 and C2)	**$0.00**	**$0.00**
15. Other Monetary Receipts (Section D through K)	**$0.00**	**$0.00**
16a. Total Proceeds from Small Puchases (Section L1 Subpart 1 + Subpart 3)	**$0.00**	**$0.00**
16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed		
16c. Total Purchases of Advertising - Program Book or Sign (Section L3)	**$0.00**	**$0.00**
17. Total Monetary Receipts (add totals for lines 13 through 16c)	**$2,600.00**	**$2,600.00**
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	**$3,676.74**	**$3,676.74**
19. Expenses Paid by Committee (Section P)	**$0.00**	**$0.00**
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both colum	**$3,676.74**	**$3,676.74**
21. In-Kind Donations not Considered Contributions Received (Section L4)	**$0.00**	**$0.00**
22. In-Kind Donations not Considered Contributions - House Party (Section L5)	**$0.00**	**$0.00**
23. In-Kind Contributions Received (Section M)	**$0.00**	**$0.00**
24. Refundable Deposit to Telephone Company (Section N)	**$0.00**	**$0.00**
25. Loan Balance	**$0.00**	
25a. + Loans Received (Section D)	**$0.00**	**$0.00**
25b. + Interest and Penalties on Loan(s)	**$0.00**	**$0.00**
25c. - Payments on Loan	**$0.00**	**$0.00**
25d. Total Outstanding Loan Amount	**$0.00**	
26. Campaign Expenses Paid By Candidate (Section Q)	**$0.00**	**$0.00**
27. Expenses Incurred on Committee Credit Card (Section R)	**$0.00**	**$0.00**
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	**$0.00**	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	**$0.00**	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)
Connecticut Ophthalmic Medical Eye Care Committee

TYPE OF REPORT
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	First Name	MI
Emmel	David	

Residential Street Address	City	State	Zip Code
2028 Henderson	Avon	CT	06001

Principal Occupation	Name of Employer
Ophthalmologist	Self

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? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

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

Date Received	Aggregate Contributions	Amount of Contribution
01/19/2026	$500.00	$500.00

Last Name	First Name	MI
Ehlers	Bill	

Residential Street Address	City	State	Zip Code
10 Secret Lake Rd	Avon	CT	06001

Principal Occupation	Name of Employer
Ophthalmologist	UConn Health

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? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

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

Date Received	Aggregate Contributions	Amount of Contribution
01/19/2026	$500.00	$500.00

Last Name	First Name	MI
Osborn	Debbie	

Residential Street Address	City	State	Zip Code
26 Sally Burr Rd	Litchfield	CT	06759

Principal Occupation	Name of Employer
Manager	CSEP

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? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

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

Date Received	Aggregate Contributions	Amount of Contribution
01/19/2026	$600.00	$600.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Connecticut Ophthalmic Medical Eye Care Committee	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Manjoney	Delia	

Residential Street Address	City	State	Zip Code
945 Beaver Dam Rd	Stratford	CT	06614

Principal Occupation	Name of Employer
Physician	self

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

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

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

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

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

Date Received	Aggregate Contributions	Amount of Contribution
02/04/2026	$1,000.00	$1,000.00

Total of Section B	**$2,600.00**
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) *(Total on Line 13 of Summary Page)*	**$2,600.00**

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Connecticut Ophthalmic Medical Eye Care Committee	April 10 Filing - Original

C1. Contributions from Other Committees

Name of Committee	Name of Treasurer

Address

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

Amount of Contribution

City	State	Zip Code	Date Received	Aggregate Contributions

Total of Section C1	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Ophthalmic Medical Eye Care Committee	April 10 Filing - 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 Ophthalmic Medical Eye Care Committee	April 10 Filing - Original

D. Loans Received this Period

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

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Ophthalmic Medical Eye Care Committee	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	
			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 Ophthalmic Medical Eye Care Committee	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
	Total of Section F	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Ophthalmic Medical Eye Care Committee	April 10 Filing - Original

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

Date of Receipt	Amount
	Total of Section G

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Ophthalmic Medical Eye Care Committee	April 10 Filing - Original

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

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

Total of Section H	

I. Monetary Receipts (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Connecticut Ophthalmic Medical Eye Care Committee	April 10 Filing - 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 Ophthalmic Medical Eye Care Committee	April 10 Filing - 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 Ophthalmic Medical Eye Care Committee	April 10 Filing - Original

L1. Event Information

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

Location: Street Address	City	State	Zip Code

Subpart 1: (All Committees)

Was this event hosted at a personal residence? Yes / No — *(If yes*, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations.)

Did this fundraiser include goods or services donated by a business entity of up to $200 or items donated by an individual of up to $100? Yes / No — *(If yes*, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)

Was this fundraiser a tag sale, auction, or other sale of donated items with puchases from an individual of up to $100? Yes / No — *(If yes*, enter Total Receipts here.)

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

Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? Yes / No — *(If yes*, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)

Subpart 3: (Town Committees ONLY)

Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser? Yes / No — *(If yes*, enter Total Receipts here.)

Total of Section L1	

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Connecticut Ophthalmic Medical Eye Care Committee	April 10 Filing - Original

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

Name of Purchaser	Purchase Made By: **Business Entity** **Other** **Individual/Sole Proprietorship**

Street Address	City	State	Zip Code

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase

Total of Section L3	

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Connecticut Ophthalmic Medical Eye Care Committee	April 10 Filing - Original

L4. In-Kind Donations Not Considered Contributions

Name of the Donor				
Street Address	City		State	Zip Code

Donation Given by:	Description of Donation			Fair Market Value of Donation
Business Entity Individual Sole Proprietorship	Date Received	Event #	Aggregate value for this event	

Total of Section L4	

II.EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Connecticut Ophthalmic Medical Eye Care Committee	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? 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 Ophthalmic Medical Eye Care Committee	April 10 Filing - Original

M. In-Kind Contributions

Name

Street Address	City	State	Zip Code

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

Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes / No	If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than $5000? Yes / No	Fair Market Value of this Contribution

Is this contribution associated with an event reported in Section L1? Yes / No If yes, list Event#	Is contributor a principal of state contractor or prospective state contractor? Yes / No If yes, indicate which branch or branches of government the contract is with: Executive / Legislative

Total of Section M	

III. Non Monetary Receipts (Sections M - O)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Ophthalmic Medical Eye Care Committee	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

Total of Section N	

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Connecticut Ophthalmic Medical Eye Care Committee	April 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment Check # Debit Card EFT

Street Address	City	State	Zip Code

Purpose of Expenditure (by code)	Description	Event #

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

Total of Section P	

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? 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 Ophthalmic Medical Eye Care Committee	April 10 Filing - Original

R. Expenses Incurred on Committee Credit Card

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

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

Purpose of Expenditure (by code)	Description	Event #

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

Total of Section R	

IV. EXPENDITURES

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

Total of Section S	

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Connecticut Ophthalmic Medical Eye Care Committee	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 Addendem T Required unless "None of the below" is checked)	Amount
	None of the below Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization: A B C D	

Total of Section T	

Section L5. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

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

Event #	
Name of Candidate or Committee	

Section P. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

P. Expenses Paid By Committee - Addendum

Expenditure #	Supported Opposed	Amount of Expenditure

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

Are Limits Aggregated? Yes No	Aggregating Committees

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