

**SEEC FORM 20**

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



Electronic Filing

Do Not Mark in This Space For Official Use Only

**COVER PAGE**

1. NAME OF COMMITTEE			
<b>Communication Workers Of America Local 1298</b>			
2. TREASURER NAME			
First <b>Louise</b>	MI <b>M</b>	Last <b>Gibson</b>	Suffix
3. TREASURER ADDRESS			
Street Address <b>40 Scott Rd</b>	City <b>Prospect</b>	State <b>CT</b>	Zip Code <b>06712</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>Louise Gibson</b>	<b>04/06/2026 1:45:51PM</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>Communication Workers Of America Local 1298</b>	<b>April 10 Filing - Original</b>	
	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		<b>\$21,438.30</b>
12. Balance on hand at the beginning of Reporting Period	<b>\$21,438.30</b>	
13. Contributions received from Individuals (Section A and B)	<b>\$1,810.00</b>	<b>\$1,810.00</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>\$1,810.00</b>	<b>\$1,810.00</b>
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	<b>\$23,248.30</b>	<b>\$23,248.30</b>
19. Expenses Paid by Committee (Section P)	<b>\$1,500.00</b>	<b>\$1,500.00</b>
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both colum	<b>\$21,748.30</b>	<b>\$21,748.30</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
Communication Workers Of America Local 1298	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 Weidlich		First Name David		MI
Residential Street Address 102 Oakdale St		City Wethersfield	State CT	Zip Code 06109
Principal Occupation president		Name of Employer CUTW		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/31/2026	Aggregate Contributions \$96.00	\$96.00

Last Name Agoora		First Name Mazin		MI H
Residential Street Address 11 Juniper Dr		City New Milford	State CT	Zip Code 06776
Principal Occupation SST		Name of Employer Frontier		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
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Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/31/2026	Aggregate Contributions \$35.00	\$35.00

Last Name Andria		First Name Maureen		MI
Residential Street Address 227 Jersey St		City Waterbury	State CT	Zip Code 06706
Principal Occupation Service Representative		Name of Employer Frontier		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/31/2026	Aggregate Contributions \$28.00	\$28.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Communication Workers Of America Local 1298	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Aufiero		First Name Victor		MI E
Residential Street Address 25 Sunset Ave		City Old Saybrook	State CT	Zip Code 06475
Principal Occupation Sales Consultant		Name of Employer Frontier Communications		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/31/2026	Aggregate Contributions \$14.00	\$14.00
Last Name Baker		First Name Quenna		MI M
Residential Street Address 297 Foxon Hill Rd		City East Haven	State CT	Zip Code 06513
Principal Occupation Maint Admin		Name of Employer Frontier		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
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Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/31/2026	Aggregate Contributions \$7.00	\$7.00
Last Name Barbar		First Name David		MI
Residential Street Address 70 Bonnieview Dr		City Trumbull	State CT	Zip Code 06611
Principal Occupation SST		Name of Employer Frontier		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
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Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/31/2026	Aggregate Contributions \$7.00	\$7.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Communication Workers Of America Local 1298	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Bartomeli</b>		First Name <b>Christopher</b>		MI <b>M</b>
Residential Street Address <b>3 Hillside Ter</b>		City <b>Seymour</b>	State <b>CT</b>	Zip Code <b>06483</b>
Principal Occupation <b>Outside Plant Tech</b>		Name of Employer <b>frontier</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <b>03/31/2026</b>	Aggregate Contributions <b>\$140.00</b>	<b>\$140.00</b>
Last Name <b>Behringer</b>		First Name <b>James</b>		MI <b></b>
Residential Street Address <b>31 White Ave</b>		City <b>East Longmeadow</b>	State <b>MA</b>	Zip Code <b>01028</b>
Principal Occupation <b>SST</b>		Name of Employer <b>Frontier</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
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Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <b>03/31/2026</b>	Aggregate Contributions <b>\$35.00</b>	<b>\$35.00</b>
Last Name <b>Bimmler</b>		First Name <b>Jason</b>		MI <b>E</b>
Residential Street Address <b>24 Benz St</b>		City <b>Ansonia</b>	State <b>CT</b>	Zip Code <b>06401</b>
Principal Occupation <b>SST</b>		Name of Employer <b>Frontier</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
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Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <b>03/31/2026</b>	Aggregate Contributions <b>\$7.00</b>	<b>\$7.00</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Communication Workers Of America Local 1298	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Brooks		First Name Wayne		MI T
Residential Street Address 25 Myrtle Ave		City West Haven	State CT	Zip Code 06516
Principal Occupation Maintenance Admin		Name of Employer Frontier		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
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Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/31/2026	Aggregate Contributions \$35.00	\$35.00

Last Name Carmichael		First Name Kevin		MI J
Residential Street Address 51 Berrios Hill Rd		City Windsor	State CT	Zip Code 06095
Principal Occupation SST		Name of Employer Frontier		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
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Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/31/2026	Aggregate Contributions \$7.00	\$7.00

Last Name Cooper		First Name Adam		MI S
Residential Street Address 67 Howard Ave		City New Haven	State CT	Zip Code 06519
Principal Occupation		Name of Employer Frontier		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
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Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/31/2026	Aggregate Contributions \$14.00	\$14.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Communication Workers Of America Local 1298	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Dolberry		First Name Douglas		MI R
Residential Street Address 102 Goffe Ter		City New Haven	State CT	Zip Code 06511
Principal Occupation CST		Name of Employer Frontier		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/31/2026	Aggregate Contributions \$35.00	
				\$35.00
Last Name Duffy		First Name Michael		MI R
Residential Street Address 39 Estwood Cir		City Meriden	State CT	Zip Code 06450
Principal Occupation SST		Name of Employer Frontier		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
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Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/31/2026	Aggregate Contributions \$28.00	
				\$28.00
Last Name Durbin		First Name Matthew		MI D
Residential Street Address 49 Park Pl		City Middletown	State CT	Zip Code 06457
Principal Occupation SST		Name of Employer Frontier		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
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Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/31/2026	Aggregate Contributions \$14.00	
				\$14.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

TYPE OF REPORT

Communication Workers Of America Local 1298

April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Edwards		First Name Kimberly		MI R	
Residential Street Address 122 Sheffield Ave		City New Haven		State CT	Zip Code 06511
Principal Occupation Maintenance Administrator			Name of Employer Frontier		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 03/31/2026	Aggregate Contributions \$18.00	\$18.00
Last Name Fazio		First Name David		MI E	
Residential Street Address 94 William St Apt 2		City New Haven		State CT	Zip Code 06511
Principal Occupation Maintenance Admin			Name of Employer Frontier		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 03/31/2026	Aggregate Contributions \$140.00	\$140.00
Last Name Franklin		First Name Sarah		MI A	
Residential Street Address 185 Weybossett St		City New Haven		State CT	Zip Code 06513
Principal Occupation Maint Admin			Name of Employer Frontier		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 03/31/2026	Aggregate Contributions \$35.00	\$35.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Communication Workers Of America Local 1298	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Gibson		First Name Louise		MI M
Residential Street Address 40 Scott Rd		City Prospect	State CT	Zip Code 06712
Principal Occupation Service Rep		Name of Employer Frontier		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? <input type="checkbox"/> Yes <input type="checkbox"/> No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/31/2026	Aggregate Contributions \$28.00	\$28.00

Last Name Gilloran		First Name Sharon		MI D
Residential Street Address 24 Putzel Ave		City Guilford	State CT	Zip Code 06437
Principal Occupation supply attendant		Name of Employer Frontier		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? <input type="checkbox"/> Yes <input type="checkbox"/> No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/31/2026	Aggregate Contributions \$70.00	\$70.00

Last Name Hosey		First Name Tara		MI E
Residential Street Address 864 Hill St		City Hamden	State CT	Zip Code 06514
Principal Occupation		Name of Employer Frontier		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? <input type="checkbox"/> Yes <input type="checkbox"/> No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/31/2026	Aggregate Contributions \$14.00	\$14.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Communication Workers Of America Local 1298	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Jackson		First Name Julian		MI S
Residential Street Address 22 Twiss St		City Meriden	State CT	Zip Code 06450
Principal Occupation		Name of Employer Frontier		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/31/2026	Aggregate Contributions \$14.00	\$14.00
Last Name Joyner		First Name Tommy		MI M
Residential Street Address 114 Elizabeth St Apt C3		City West Haven	State CT	Zip Code 06516
Principal Occupation SST		Name of Employer Frontier		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/31/2026	Aggregate Contributions \$7.00	\$7.00
Last Name Kalakay		First Name Cheryl		MI A
Residential Street Address 3124 Broadbridge Ave		City Stratford	State CT	Zip Code 06614
Principal Occupation		Name of Employer Frontier		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/31/2026	Aggregate Contributions \$14.00	\$14.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Communication Workers Of America Local 1298	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Korwek		First Name Michael		MI J	
Residential Street Address 131 Eddon Dr		City East Haven		State CT	Zip Code 06512
Principal Occupation SST			Name of Employer Frontier		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 03/31/2026	Aggregate Contributions \$70.00	\$70.00
Last Name Kyle		First Name Kevin		MI J	
Residential Street Address 89 Coleman St Unit 812		City West Haven		State CT	Zip Code 06516
Principal Occupation SST			Name of Employer Frontier		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 03/31/2026	Aggregate Contributions \$20.00	\$20.00
Last Name Bachlechner		First Name Eric		MI	
Residential Street Address 36 Queens Ave		City Stratford		State CT	Zip Code 06614
Principal Occupation SST2			Name of Employer Frontier		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 03/31/2026	Aggregate Contributions \$20.00	\$20.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Communication Workers Of America Local 1298	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Lohrenz		First Name Robert		MI C
Residential Street Address 103 Ford St		City Milford	State CT	Zip Code 06460
Principal Occupation		Name of Employer Frontier		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/31/2026	Aggregate Contributions \$14.00	\$14.00
Last Name Lopez		First Name Yoaly		MI M
Residential Street Address 349 Ellsworth Ave		City New Haven	State CT	Zip Code 06511
Principal Occupation Service Rep		Name of Employer Frontier		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/31/2026	Aggregate Contributions \$35.00	\$35.00
Last Name Marciano		First Name Jeffrey		MI W
Residential Street Address 86 Richard Ave		City Wolcott	State CT	Zip Code 06716
Principal Occupation		Name of Employer Frontier		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/31/2026	Aggregate Contributions \$7.00	\$7.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

TYPE OF REPORT

Communication Workers Of America Local 1298

April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Matozzo</b>		First Name <b>Frank</b>		MI	
Residential Street Address <b>84 E Ridge Dr</b>		City <b>Middlebury</b>		State <b>CT</b>	Zip Code <b>06762</b>
Principal Occupation <b>supply attendant</b>			Name of Employer <b>Frontier</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received <b>03/31/2026</b>	Aggregate Contributions <b>\$40.00</b>	<b>\$40.00</b>
Last Name <b>Monocchi</b>		First Name <b>Christopher</b>		MI	
Residential Street Address <b>118 Earl Ave</b>		City <b>Hamden</b>		State <b>CT</b>	Zip Code <b>06514</b>
Principal Occupation <b>SST</b>			Name of Employer <b>Frontier</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received <b>03/31/2026</b>	Aggregate Contributions <b>\$7.00</b>	<b>\$7.00</b>
Last Name <b>Moody</b>		First Name <b>Leroy</b>		MI	
Residential Street Address <b>92 Morgan Ave</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06606</b>
Principal Occupation <b>Maintenance Admin</b>			Name of Employer <b>Frontier</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received <b>03/31/2026</b>	Aggregate Contributions <b>\$70.00</b>	<b>\$70.00</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Communication Workers Of America Local 1298	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Onofrio		First Name Michelle		MI L
Residential Street Address 76 Kirk Rd		City Hamden	State CT	Zip Code 06514
Principal Occupation Maintenance Admin		Name of Employer Frontier		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? <input type="checkbox"/> Yes <input type="checkbox"/> No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/31/2026	Aggregate Contributions \$28.00	\$28.00

Last Name Palazzo		First Name Jay		MI C
Residential Street Address 407 Herbert St		City Orange	State CT	Zip Code 06477
Principal Occupation SST		Name of Employer Frontier		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? <input type="checkbox"/> Yes <input type="checkbox"/> No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/31/2026	Aggregate Contributions \$7.00	\$7.00

Last Name Pocesta		First Name Kastriot		MI
Residential Street Address 296 Tarbell Ave		City Oakville	State CT	Zip Code 06779
Principal Occupation SST		Name of Employer Frontier		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? <input type="checkbox"/> Yes <input type="checkbox"/> No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/31/2026	Aggregate Contributions \$7.00	\$7.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Communication Workers Of America Local 1298	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Potter</b>		First Name <b>James</b>		MI <b>L</b>
Residential Street Address <b>4 Brighton Park Way</b>		City <b>Bloomfield</b>	State <b>CT</b>	Zip Code <b>06002</b>
Principal Occupation <b>Maintenance Admin</b>		Name of Employer <b>Frontier</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <b>03/31/2026</b>	Aggregate Contributions <b>\$140.00</b>	<b>\$140.00</b>
Last Name <b>Reeder</b>		First Name <b>David</b>		MI <b>E</b>
Residential Street Address <b>215 Celia Dr</b>		City <b>Waterbury</b>	State <b>CT</b>	Zip Code <b>06705</b>
Principal Occupation <b>Tech Asst- ONE</b>		Name of Employer <b>Frontier</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <b>03/31/2026</b>	Aggregate Contributions <b>\$14.00</b>	<b>\$14.00</b>
Last Name <b>Roberts</b>		First Name <b>John</b>		MI <b>G</b>
Residential Street Address <b>544 Brookside Dr</b>		City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>Maintenance Admin</b>		Name of Employer <b>Frontier</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <b>03/31/2026</b>	Aggregate Contributions <b>\$14.00</b>	<b>\$14.00</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Communication Workers Of America Local 1298	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Robinson		First Name Andre		MI C
Residential Street Address 7 Robbins Sq		City South Norwalk	State CT	Zip Code 06854
Principal Occupation SST		Name of Employer Frontier		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/31/2026	Aggregate Contributions \$7.00	
				\$7.00
Last Name Solomatin		First Name Nikita		MI A
Residential Street Address 152 New London Rd		City Groton	State CT	Zip Code 06340
Principal Occupation SST		Name of Employer Frontier		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/31/2026	Aggregate Contributions \$14.00	
				\$14.00
Last Name Tomascak		First Name James		MI A
Residential Street Address 175 Chesnut Land Rd		City New Milford	State CT	Zip Code 06776
Principal Occupation SST		Name of Employer Frontier		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/31/2026	Aggregate Contributions \$50.00	
				\$50.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

TYPE OF REPORT

Communication Workers Of America Local 1298

April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Tuba		First Name Christopher		MI A	
Residential Street Address 81 Webster Rdg		City Milford		State CT	Zip Code 06460
Principal Occupation SST			Name of Employer Frontier Communications		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 03/31/2026	Aggregate Contributions \$70.00	\$70.00
Last Name Tyson		First Name Joseph		MI P	
Residential Street Address 1331 Burnside Ave		City East Hartford		State CT	Zip Code 06108
Principal Occupation SST			Name of Employer Frontier		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 03/31/2026	Aggregate Contributions \$14.00	\$14.00
Last Name Vieira		First Name Diane		MI T	
Residential Street Address 27 Corona Dr		City Waterbury		State CT	Zip Code 06708
Principal Occupation engineer			Name of Employer Frontier		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 03/31/2026	Aggregate Contributions \$70.00	\$70.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Communication Workers Of America Local 1298	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Walker		First Name Kathleen		MI M
Residential Street Address 57 Morningside Ave		City Waterbury	State CT	Zip Code 06705
Principal Occupation Telemarketing Specialist		Name of Employer Frontier		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/31/2026	Aggregate Contributions \$14.00	\$14.00

Last Name Wiggins		First Name Celina		MI Y
Residential Street Address 21 Chamberlain Pl Unit 21		City New Haven	State CT	Zip Code 06512
Principal Occupation Service Rep		Name of Employer Frontier		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/31/2026	Aggregate Contributions \$14.00	\$14.00

Last Name Wigglesworth		First Name Mark		MI H
Residential Street Address 80 Canterbury Ct		City Goshen	State CT	Zip Code 06756
Principal Occupation SST		Name of Employer Frontier		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/31/2026	Aggregate Contributions \$40.00	\$40.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Communication Workers Of America Local 1298	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Williams		First Name Beth		MI A
Residential Street Address 171 Old Road Dr		City Middletown	State CT	Zip Code 06457
Principal Occupation maintenance admin		Name of Employer Frontier		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/31/2026	Aggregate Contributions \$70.00	\$70.00
Last Name Worthy		First Name Eric		MI D
Residential Street Address 22 Jones Ct		City Norwich	State CT	Zip Code 06360
Principal Occupation Service Rep		Name of Employer Frontier		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/31/2026	Aggregate Contributions \$35.00	\$35.00
Last Name Zboray		First Name George		MI
Residential Street Address 200 Pool Rd		City North Haven	State CT	Zip Code 06473
Principal Occupation SST		Name of Employer Frontier		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/31/2026	Aggregate Contributions \$70.00	\$70.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

Communication Workers Of America Local 1298

TYPE OF REPORT

April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Zitnay		First Name Jeffrey		MI S
Residential Street Address 34 Bee Mountain Rd		City Oxford	State CT	Zip Code 06478
Principal Occupation SST		Name of Employer Frontier		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input checked="" type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/31/2026	Aggregate Contributions \$7.00	\$7.00
<b>Total of Section B</b>			<b>\$1,810.00</b>	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b>			<b>\$1,810.00</b>	
(Sections A & B)			(Total on Line 13 of Summary Page)	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

Communication Workers Of America Local 1298

TYPE OF REPORT

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		Amount of Contribution
If yes, list Event #				
City	State	Zip Code	Date Received	Aggregate Contributions
<b>Total of Section C1</b>				

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

NAME OF COMMITTEE	TYPE OF REPORT
Communication Workers Of America Local 1298	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				
<b>Total of Section C2</b>					

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Communication Workers Of America Local 1298	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)				<b>Amount Received</b>	
Street Address	City	State	Zip Code		
<b>Total of Section D</b>					

I. MONETARY RECEIPTS (Section A-K)				
NAME OF COMMITTEE			TYPE OF REPORT	
Communication Workers Of America Local 1298			April 10 Filing - Original	
E. Receipts from Entities other than Individuals or Other Committees ( <i>Referendum Committees ONLY</i> )				
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	
Communication Workers Of America Local 1298			April 10 Filing - Original	
F. Amount Transferred from Affiliated Business Treasury ( <i>Business Entity Committees ONLY</i> )				
Date of Receipt	Is this transaction associated with an event reported in Section L1?			Amount
	Yes	No	If yes, list Event #	
<b>Total of Section F</b>				

I. MONETARY RECEIPTS (Section A-K)				
NAME OF COMMITTEE			TYPE OF REPORT	
Communication Workers Of America Local 1298			April 10 Filing - Original	
G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury ( <i>Organization Committees ONLY</i> )				
Date of Receipt	Amount			
<b>Total of Section G</b>				

<b>I. MONETARY RECEIPTS (Section A-K)</b>			
NAME OF COMMITTEE			TYPE OF REPORT
Communication Workers Of America Local 1298			April 10 Filing - Original
<b>H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)</b>			
Date of Receipt	Method of Payment		Amount
	Cash	Personal Check	Credit/Debit Card
<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	
Communication Workers Of America Local 1298			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>				

<b>I. MONETARY RECEIPTS (Section A-K)</b>				
NAME OF COMMITTEE			TYPE OF REPORT	
Communication Workers Of America Local 1298			April 10 Filing - Original	
<b>K. Miscellaneous Monetary Receipts not Considered Contributions</b>				
Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
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
Communication Workers Of America Local 1298	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
<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>	
<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>	

**Total of Section L1****II. EVENT ACTIVITY (Sections L1 - L5)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Communication Workers Of America Local 1298	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
Communication Workers Of America Local 1298	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	Date Received	Event #	Aggregate value for this event		
Sole Proprietorship					

**Total of Section L4**

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Communication Workers Of America Local 1298	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
Communication Workers Of America Local 1298	April 10 Filing - 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	Fair Market Value of this Contribution
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	

**Total of Section M**

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

NAME OF COMMITTEE	TYPE OF REPORT
Communication Workers Of America Local 1298	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
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
Communication Workers Of America Local 1298	April 10 Filing - Original

**P. Expenses Paid By Committee**

Name of Payee Third Street PAC		Date of Payment 01/21/2026	Method of Payment <input checked="" type="checkbox"/> Check # 211 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 346 Prospect St		City Wethersfield	State CT	Zip Code 06109
Purpose of Expenditure (by code) 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 <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <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
Name of Payee Unite For Progress		Date of Payment 01/21/2026	Method of Payment <input checked="" type="checkbox"/> Check # 212 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 4 Topfield Rd		City Danbury	State CT	Zip Code 06811
Purpose of Expenditure (by code) 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 <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <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			\$500.00

**Total of Section P**

**\$1,500.00**

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
<b>Total of Section Q</b>			

IV. EXPENDITURES			
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT
Communication Workers Of America Local 1298			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		
<b>Total of Section R</b>			

IV. EXPENDITURES			
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT
Communication Workers Of America Local 1298			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> )  None of the below  Coordinated with reimbursement sought (joint expenditure)      Independent  Coordinated without reimbursement sought (in-kind contribution)      Organization :      A      B      C      D		Amount Incurred (Estimate or Actual)
<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
Communication Workers Of America Local 1298			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 ( <i>Itemization in Addendum T Required unless "None of the below" is checked</i> )  None of the below  Coordinated with reimbursement sought (joint expenditure)      Independent  Coordinated without reimbursement sought (in-kind contribution)      Organization:      A      B      C      D		Amount
<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>		

### Section R. ADDENDUM

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

### Section S. ADDENDUM

<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>		
<b>Expenditure #</b>	<b>Supported      Opposed</b>	<b>Amount of Expenditure</b>
Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee

### Section T. ADDENDUM

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