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

New Vision CT

2. TREASURER NAME

First	MI	Last	Suffix
Karim	**A**	**Belica**	

3. TREASURER ADDRESS

Street Address	City	State	Zip Code
59 Pepperidge Tree Rd	**Watertown**	**CT**	**06795**

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

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

First	MI	Last	Suffix

8. TYPE OF REPORT

April 10 Filing - Original

9. PERIOD COVERED

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

10. CERTIFICATION

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

Electronic Filing	**Karim Belica**	**04/10/2026 10:25:30PM**
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED

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

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2024

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
New Vision CT	**April 10 Filing - Original**	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other Committees		**$3,700.00**
12. Balance on hand at the beginning of Reporting Period	**$3,700.00**	
13. Contributions received from Individuals (Section A and B)	**$6,795.00**	**$6,795.00**
14. Receipts from Other Committees (Sections C1 and C2)	**$2,750.00**	**$2,750.00**
15. Other Monetary Receipts (Section D through K)	**$0.00**	**$0.00**
16a. Total Proceeds from Small Puchases (Section L1 Subpart 1 + Subpart 3)	**$0.00**	**$0.00**
16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed		
16c. Total Purchases of Advertising - Program Book or Sign (Section L3)	**$4,000.00**	**$4,000.00**
17. Total Monetary Receipts (add totals for lines 13 through 16c)	**$13,545.00**	**$13,545.00**
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	**$17,245.00**	**$17,245.00**
19. Expenses Paid by Committee (Section P)	**$1,165.00**	**$1,165.00**
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both colum	**$16,080.00**	**$16,080.00**
21. In-Kind Donations not Considered Contributions Received (Section L4)	**$0.00**	**$0.00**
22. In-Kind Donations not Considered Contributions - House Party (Section L5)	**$0.00**	**$0.00**
23. In-Kind Contributions Received (Section M)	**$0.00**	**$0.00**
24. Refundable Deposit to Telephone Company (Section N)	**$0.00**	**$0.00**
25. Loan Balance	**$0.00**	
25a. + Loans Received (Section D)	**$0.00**	**$0.00**
25b. + Interest and Penalties on Loan(s)	**$0.00**	**$0.00**
25c. - Payments on Loan	**$0.00**	**$0.00**
25d. Total Outstanding Loan Amount	**$0.00**	
26. Campaign Expenses Paid By Candidate (Section Q)	**$0.00**	**$0.00**
27. Expenses Incurred on Committee Credit Card (Section R)	**$0.00**	**$0.00**
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	**$0.00**	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	**$0.00**	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
New Vision CT	April 10 Filing - Original

A. Total Contributions from Small Contributors-Received this Period ONLY *(See instructions for definition of Small Contributor)* **Subtotal Section A**	**$0.00**

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Kimball	Cheryl	

Residential Street Address	City	State	Zip Code
29 Ridge Rd	Concord	MA	

Principal Occupation	Name of Employer
Attorney	Keegan Werlin LLP

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

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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 01212026O

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

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

Date Received	Aggregate Contributions	Amount of Contribution
01/05/2026	$1,000.00	$1,000.00

Last Name	First Name	MI
McCabe	Patrick	

Residential Street Address	City	State	Zip Code
11 Forest Rd	West Hartford	CT	

Principal Occupation	Name of Employer
Public Affairs	Capitol Strategies Group

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

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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 01212026O

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

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

Date Received	Aggregate Contributions	Amount of Contribution
01/06/2026	$100.00	$100.00

Last Name	First Name	MI
Harkins	John	

Residential Street Address	City	State	Zip Code
633 B Old Knife Ln	Stratford	CT	06614

Principal Occupation	Name of Employer
Communicator Lobbyist	Rome Smith Lutz & Kowalski Government Relations

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

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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 01212026O

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

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

Date Received	Aggregate Contributions	Amount of Contribution
01/06/2026	$100.00	$100.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
New Vision CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Gionfriddo	Ross	

Residential Street Address	City	State	Zip Code
122 Pine Knob Dr	South Windsor	CT	

Principal Occupation	Name of Employer
Government Affairs	Electric Boat

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [x] Yes [ ] No

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No
If yes, list Event # 01212026O

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

Method of Contribution: [ ] Cash [ ] Personal Check [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received	Aggregate Contributions	Amount of Contribution
01/06/2026	$100.00	$100.00

Last Name	First Name	MI
Levin	Jay	

Residential Street Address	City	State	Zip Code
23 Worthington Rd	New London	CT	

Principal Occupation	Name of Employer
Attorney	Levin, Paolino & Christ Government LLC

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [x] Yes [ ] No

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No
If yes, list Event # 01212026O

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

Method of Contribution: [ ] Cash [ ] Personal Check [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received	Aggregate Contributions	Amount of Contribution
01/06/2026	$50.00	$50.00

Last Name	First Name	MI
Polletta	Joseph	

Residential Street Address	City	State	Zip Code
25 Lakeview Dr	Watertown	CT	06795

Principal Occupation	Name of Employer
Legislator	State of Connecticut

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [x] No

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No
If yes, list Event # 01212026O

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

Method of Contribution: [ ] Cash [ ] Personal Check [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received	Aggregate Contributions	Amount of Contribution
01/06/2026	$5.00	$5.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
New Vision CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Rell	Mike	

Residential Street Address	City	State	Zip Code
57 Broad St	Wethersfield	CT	06109

Principal Occupation	Name of Employer
Lobbyist	IGS, LLC

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [x] Yes [ ] No

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No
If yes, list Event # 01212026O

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

Method of Contribution: [ ] Cash [ ] Personal Check [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received	Aggregate Contributions	Amount of Contribution
01/06/2026	$100.00	$100.00

Last Name	First Name	MI
Tobin	Ryan	

Residential Street Address	City	State	Zip Code
313 Boston Post Rd	East Lyme	CT	

Principal Occupation	Name of Employer
Lobbyist	TCORS Capitol Group, LLC

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [x] Yes [ ] No

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No
If yes, list Event # 01212026O

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

Method of Contribution: [ ] Cash [ ] Personal Check [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received	Aggregate Contributions	Amount of Contribution
01/06/2026	$25.00	$25.00

Last Name	First Name	MI
Grasso	Jenna	

Residential Street Address	City	State	Zip Code
489 Clintonville Rd	North Haven	CT	

Principal Occupation	Name of Employer
Lobbyist	CBIA

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [x] Yes [ ] No

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No
If yes, list Event # 01212026O

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

Method of Contribution: [ ] Cash [ ] Personal Check [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received	Aggregate Contributions	Amount of Contribution
01/06/2026	$25.00	$25.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
New Vision CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Gjede	Eric	

Residential Street Address	City	State	Zip Code
30 Hoffmann Rd	Canton	CT	

Principal Occupation	Name of Employer
Lobbyist	Statehouse Partners, LLC

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [x] Yes [ ] No

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

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No
If yes, list Event # 01212026O

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

Method of Contribution: [ ] Cash [ ] Personal Check [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received	Aggregate Contributions
01/06/2026	$100.00

Last Name	First Name	MI
VanDeHoef	Christopher	

Residential Street Address	City	State	Zip Code
17 Lincoln Ave	West Hartford	CT	06117

Principal Occupation	Name of Employer
Lobbyist	Penn Lincoln Strategies

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [x] Yes [ ] No

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

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No
If yes, list Event # 01212026O

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

Method of Contribution: [ ] Cash [ ] Personal Check [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received	Aggregate Contributions
01/06/2026	$100.00

Last Name	First Name	MI
Zyjeski	Jeffery	

Residential Street Address	City	State	Zip Code
1176 N Main St	West Hartford	CT	

Principal Occupation	Name of Employer
Lobbyist	Gaffney, Bennett, & Associates

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [x] Yes [ ] No

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

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No
If yes, list Event # 01212026O

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

Method of Contribution: [ ] Cash [ ] Personal Check [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received	Aggregate Contributions
01/06/2026	$100.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
New Vision CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Hill	Kevin	

Residential Street Address	City	State	Zip Code
81 Broad St	Wethersfield	CT	06109

Principal Occupation	Name of Employer
Lobbyist	Powers Griffin Hill

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [x] Yes [ ] No

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

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No
If yes, list Event # 01212026O

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

Method of Contribution: [ ] Cash [ ] Personal Check [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received	Aggregate Contributions
01/06/2026	$100.00

Last Name	First Name	MI
Halpin	Susan	

Residential Street Address	City	State	Zip Code
249 Forest Ln	Glastonbury	CT	06033

Principal Occupation	Name of Employer
Lobbyist	CTGRG Robinson & Cole

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [x] Yes [ ] No

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

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No
If yes, list Event # 01212026O

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

Method of Contribution: [ ] Cash [ ] Personal Check [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received	Aggregate Contributions
01/06/2026	$100.00

Last Name	First Name	MI
Malone	Jude	

Residential Street Address	City	State	Zip Code
200 River Rd	Mystic	CT	

Principal Occupation	Name of Employer
Government Relations	CT Beer Wholesalers Association

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [x] Yes [ ] No

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

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No
If yes, list Event # 01212026O

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

Method of Contribution: [ ] Cash [ ] Personal Check [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received	Aggregate Contributions
01/06/2026	$100.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
New Vision CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Flaherty	Melanie	

Residential Street Address	City	State	Zip Code
21 Neil Dr	Watertown	CT	06795

Principal Occupation	Name of Employer
Lobbyist	CT Government Relations Group of Robinson & Cole

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [x] Yes [ ] No

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

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No
If yes, list Event # 01212026O

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

Method of Contribution: [ ] Cash [ ] Personal Check [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received	Aggregate Contributions	Amount of Contribution
01/07/2026	$100.00	$100.00

Last Name	First Name	MI
Smith	Christopher	

Residential Street Address	City	State	Zip Code
606 Cortland Cir	Cheshire	CT	

Principal Occupation	Name of Employer
Lobbyist	Rome Smith Kowalski

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [x] Yes [ ] No

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

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No
If yes, list Event # 01212026O

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

Method of Contribution: [ ] Cash [ ] Personal Check [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received	Aggregate Contributions	Amount of Contribution
01/07/2026	$100.00	$100.00

Last Name	First Name	MI
Sweeney	Liam	

Residential Street Address	City	State	Zip Code
29 Ardmore Rd	West Hartford	CT	06119

Principal Occupation	Name of Employer
Lobbyist	Penn Lincoln Strategies

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [x] Yes [ ] No

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

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No
If yes, list Event # 01212026O

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

Method of Contribution: [ ] Cash [ ] Personal Check [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received	Aggregate Contributions	Amount of Contribution
01/07/2026	$100.00	$100.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
New Vision CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Malcynsky	Jay	

Residential Street Address	City	State	Zip Code
25 Parkers Point Rd	Chester	CT	06412

Principal Occupation	Name of Employer
Attorney/Lobbyist	Gaffney Bennett & Associates

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [x] Yes [ ] No

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No
If yes, list Event # 01212026O

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

Method of Contribution: [ ] Cash [ ] Personal Check [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received	Aggregate Contributions	Amount of Contribution
01/07/2026	$100.00	$100.00

Last Name	First Name	MI
Conway	Richard	

Residential Street Address	City	State	Zip Code
80 Blue Ridge Rd	Berlin	CT	06037

Principal Occupation	Name of Employer
Lobbyist	Gaffney, Bennett & Associates

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [x] Yes [ ] No

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No
If yes, list Event # 01212026O

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

Method of Contribution: [ ] Cash [ ] Personal Check [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received	Aggregate Contributions	Amount of Contribution
01/07/2026	$100.00	$100.00

Last Name	First Name	MI
Corey	Art	

Residential Street Address	City	State	Zip Code
24 Valley View Rd	Glastonbury	CT	

Principal Occupation	Name of Employer
President & CEO	Connecticut Bankers Association

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [x] Yes [ ] No

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No
If yes, list Event # 01212026O

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

Method of Contribution: [ ] Cash [ ] Personal Check [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received	Aggregate Contributions	Amount of Contribution
01/08/2026	$100.00	$100.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
New Vision CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Cimini	PJ	

Residential Street Address	City	State	Zip Code
71 Hunters Rdg	Rocky Hill	CT	06067

Principal Occupation	Name of Employer
Attorney/Lobbyist	Capitol Strategies Group LLC

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [x] Yes [ ] No

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No
If yes, list Event # 01212026O

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

Method of Contribution: [ ] Cash [ ] Personal Check [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received	Aggregate Contributions	Amount of Contribution
01/08/2026	$100.00	$100.00

Last Name	First Name	MI
Mongellow	Tom	

Residential Street Address	City	State	Zip Code
257 Adrian Ave Ste 300	Newington	CT	

Principal Occupation	Name of Employer
President & CEO	Connecticut Bakers Association

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [x] Yes [ ] No

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No
If yes, list Event # 01212026O

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

Method of Contribution: [ ] Cash [ ] Personal Check [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received	Aggregate Contributions	Amount of Contribution
01/08/2026	$100.00	$100.00

Last Name	First Name	MI
Deckman	Alan	

Residential Street Address	City	State	Zip Code
57 Fox Mdw	Marlborough	CT	06447

Principal Occupation	Name of Employer
Lobbyist	TCORS Capitol Group LLC

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [x] Yes [ ] No

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No
If yes, list Event # 01212026O

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

Method of Contribution: [ ] Cash [ ] Personal Check [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received	Aggregate Contributions	Amount of Contribution
01/08/2026	$100.00	$100.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
New Vision CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Van Stone	Jason	

Residential Street Address	City	State	Zip Code
272 Oak Hill Dr	Southbury	CT	

Principal Occupation	Name of Employer
Vice President	Sentinel U

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

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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 01212026O

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

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

Date Received	Aggregate Contributions	Amount of Contribution
01/13/2026	$100.00	$100.00

Last Name	First Name	MI
Silverberg	Robert	

Residential Street Address	City	State	Zip Code
274 E Opal Dr	Glastonbury	CT	

Principal Occupation	Name of Employer
Lobbyist	Morris London

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

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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 01212026O

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

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

Date Received	Aggregate Contributions	Amount of Contribution
01/13/2026	$100.00	$100.00

Last Name	First Name	MI
Hallisey	Matthew	

Residential Street Address	City	State	Zip Code
13 Stancliff Rd	Glastonbury	CT	06033

Principal Occupation	Name of Employer
Lobbyist	Matthew Hallisey Government Affairs LLC

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

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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 01212026O

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

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

Date Received	Aggregate Contributions	Amount of Contribution
01/20/2026	$40.00	$40.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
New Vision CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Kozak	David	

Residential Street Address	City	State	Zip Code
31 Hunters Rdg	Rocky Hill	CT	06067

Principal Occupation	Name of Employer
Government Relations	Kozak & Salina LLC

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [x] Yes [ ] No

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

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No
If yes, list Event # 01212026O

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

Method of Contribution: [ ] Cash [ ] Personal Check [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received	Aggregate Contributions
01/20/2026	$100.00

Last Name	First Name	MI
Jacobs	Lindsay	

Residential Street Address	City	State	Zip Code
308 Colt Hwy	Farmington	CT	

Principal Occupation	Name of Employer
Lobbyist	Sullivan & LeShane

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [x] Yes [ ] No

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

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No
If yes, list Event # 01212026O

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

Method of Contribution: [ ] Cash [ ] Personal Check [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received	Aggregate Contributions
01/20/2026	$100.00

Last Name	First Name	MI
Bourassa	Alexis	

Residential Street Address	City	State	Zip Code
248 Dale Rd	Wethersfield	CT	

Principal Occupation	Name of Employer
Lobbyist	FOCUS Government Affairs

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [x] Yes [ ] No

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

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No
If yes, list Event # 01212026O

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

Method of Contribution: [ ] Cash [ ] Personal Check [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received	Aggregate Contributions
01/20/2026	$100.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
New Vision CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Paolino	James	

Residential Street Address	City	State	Zip Code
29 S Colman Rd	Wolcott	CT	06716

Principal Occupation	Name of Employer
Lobbyist	FOCUS Government Affairs

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [x] Yes [ ] No

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

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No
If yes, list Event # 01212026O

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

Method of Contribution: [ ] Cash [ ] Personal Check [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received	Aggregate Contributions
01/20/2026	$100.00

Last Name	First Name	MI
Spinella	Kevin	

Residential Street Address	City	State	Zip Code
70 Pioneer Dr	West Hartford	CT	06117

Principal Occupation	Name of Employer
Lobbyist	Gaffney Bennett and Associates

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [x] Yes [ ] No

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

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No
If yes, list Event # 01212026O

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

Method of Contribution: [ ] Cash [ ] Personal Check [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received	Aggregate Contributions
01/21/2026	$50.00

Last Name	First Name	MI
Collins	Ray	

Residential Street Address	City	State	Zip Code
209 Court St	West Haven	CT	

Principal Occupation	Name of Employer
Lobbyist	Eversource

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [x] Yes [ ] No

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

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No
If yes, list Event # 01212026O

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

Method of Contribution: [ ] Cash [ ] Personal Check [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received	Aggregate Contributions
01/21/2026	$50.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
New Vision CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Mucciaro	Elizabeth	

Residential Street Address	City	State	Zip Code
154 Fox Hill Rd	Wethersfield	CT	

Principal Occupation	Name of Employer
Lobbyist	Capitol Consulting LLC

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [x] Yes [ ] No

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No
If yes, list Event # 01212026O

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

Method of Contribution: [ ] Cash [ ] Personal Check [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received	Aggregate Contributions	Amount of Contribution
01/21/2026	$50.00	$50.00

Last Name	First Name	MI
Heckman	James	

Residential Street Address	City	State	Zip Code
42 Forest St	Unionville	CT	

Principal Occupation	Name of Employer
General Counsel	CT Realtors

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [x] Yes [ ] No

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No
If yes, list Event # 01212026O

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

Method of Contribution: [ ] Cash [ ] Personal Check [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received	Aggregate Contributions	Amount of Contribution
01/21/2026	$100.00	$100.00

Last Name	First Name	MI
Dendas	Zach	

Residential Street Address	City	State	Zip Code
2 Curiosity Ln	Essex	CT	06426

Principal Occupation	Name of Employer
Government Affairs	Sullivan & LeShane

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [x] Yes [ ] No

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No
If yes, list Event # 01212026O

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

Method of Contribution: [ ] Cash [ ] Personal Check [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received	Aggregate Contributions	Amount of Contribution
01/21/2026	$100.00	$100.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
New Vision CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Carroccia	Donna	

Residential Street Address	City	State	Zip Code
9 Larchwood W	Farmington	CT	06085

Principal Occupation	Name of Employer
Lobbyist	Kozak and Salina

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [x] Yes [ ] No

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No
If yes, list Event # 01212026O

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

Method of Contribution: [ ] Cash [ ] Personal Check [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received	Aggregate Contributions	Amount of Contribution
01/21/2026	$100.00	$100.00

Last Name	First Name	MI
Myers	Peter	

Residential Street Address	City	State	Zip Code
26 Grimes Brk PI	Simsbury	CT	06070

Principal Occupation	Name of Employer
Lobbyist	CBIA

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [x] Yes [ ] No

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No
If yes, list Event # 01212026O

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

Method of Contribution: [ ] Cash [ ] Personal Check [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received	Aggregate Contributions	Amount of Contribution
01/21/2026	$50.00	$50.00

Last Name	First Name	MI
Cappiello	David	

Residential Street Address	City	State	Zip Code
31 Old Farm Rd	Newtown	CT	

Principal Occupation	Name of Employer
Government Relations	Capitol Hill Group

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [x] Yes [ ] No

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No
If yes, list Event # 01212026O

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

Method of Contribution: [ ] Cash [ ] Personal Check [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received	Aggregate Contributions	Amount of Contribution
01/21/2026	$100.00	$100.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
New Vision CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Shortell	Patrick	

Residential Street Address	City	State	Zip Code
60 Hyde Rd	West Hartford	CT	

Principal Occupation	Name of Employer
Lobbyist	Hillside Strategies LLC

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [x] Yes [ ] No

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

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No
If yes, list Event # 01212026O

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

Method of Contribution: [ ] Cash [ ] Personal Check [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received	Aggregate Contributions
01/21/2026	$100.00

Last Name	First Name	MI
Przybysz	Kenneth	

Residential Street Address	City	State	Zip Code
50 Goodwin Cir	Hartford	CT	06105

Principal Occupation	Name of Employer
Lobbyist	Przybysz Associates Government Affairs

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [x] Yes [ ] No

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

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No
If yes, list Event # 01212026O

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

Method of Contribution: [ ] Cash [ ] Personal Check [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received	Aggregate Contributions
01/21/2026	$100.00

Last Name	First Name	MI
Griffin	Nicole	

Residential Street Address	City	State	Zip Code
325 Tucker Hill Rd	Middlebury	CT	06762

Principal Occupation	Name of Employer
Lobbyist	Powers, Griffin, & Hill

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [x] Yes [ ] No

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

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No
If yes, list Event # 01212026O

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

Method of Contribution: [ ] Cash [ ] Personal Check [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received	Aggregate Contributions
01/21/2026	$100.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
New Vision CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Gemski	Elizabeth	

Residential Street Address	City	State	Zip Code
35 Garden St	Farmington	CT	

Principal Occupation	Name of Employer
Lobbyist	Kozak & Salina

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [x] Yes [ ] No

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No
If yes, list Event # 01212026O

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

Method of Contribution: [ ] Cash [ ] Personal Check [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received	Aggregate Contributions	Amount of Contribution
01/21/2026	$100.00	$100.00

Last Name	First Name	MI
Salina	Adam	

Residential Street Address	City	State	Zip Code
95 Spicewood Ln	Berlin	CT	06037

Principal Occupation	Name of Employer
Government Relations	Kozak & Salina LLC

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [x] Yes [ ] No

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No
If yes, list Event # 01212026O

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

Method of Contribution: [ ] Cash [ ] Personal Check [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received	Aggregate Contributions	Amount of Contribution
01/21/2026	$100.00	$100.00

Last Name	First Name	MI
Shea	Timothy	

Residential Street Address	City	State	Zip Code
7 Hatheway Rd	Ellington	CT	06029

Principal Occupation	Name of Employer
Lobbyist	Brown Rudnick

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [x] Yes [ ] No

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No
If yes, list Event # 01212026O

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

Method of Contribution: [ ] Cash [ ] Personal Check [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received	Aggregate Contributions	Amount of Contribution
01/21/2026	$100.00	$100.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
New Vision CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Doyle	Michael	

Residential Street Address	City	State	Zip Code
92 Summit Rd	Mansfield	CT	06268

Principal Occupation	Name of Employer
Lobbyist	Gaffney, Bennett & Associates

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [x] Yes [ ] No

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No
If yes, list Event # 01212026O

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

Method of Contribution: [ ] Cash [ ] Personal Check [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received	Aggregate Contributions	Amount of Contribution
01/21/2026	$100.00	$100.00

Last Name	First Name	MI
Hughes	Josh	

Residential Street Address	City	State	Zip Code
34 Lexington Rd	West Hartford	CT	06119

Principal Occupation	Name of Employer
Lobbyist	Capitol Consulting

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [x] Yes [ ] No

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No
If yes, list Event # 01212026O

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

Method of Contribution: [ ] Cash [ ] Personal Check [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received	Aggregate Contributions	Amount of Contribution
01/21/2026	$100.00	$100.00

Last Name	First Name	MI
Sobin	Linda	

Residential Street Address	City	State	Zip Code
16 Straddle Hl	Wethersfield	CT	06109

Principal Occupation	Name of Employer
Lobbyist	Linda Aloe Sobin Government Relations

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [x] Yes [ ] No

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No
If yes, list Event # 01212026O

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

Method of Contribution: [ ] Cash [ ] Personal Check [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received	Aggregate Contributions	Amount of Contribution
01/21/2026	$100.00	$100.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
New Vision CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Buchsbaum	Jason	

Residential Street Address	City	State	Zip Code
452 Dublin Rd	Southbury	CT	

Principal Occupation	Name of Employer
Attorney	Cohen and Wolf

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

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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 01212026O

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

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

Date Received	Aggregate Contributions	Amount of Contribution
01/21/2026	$100.00	$100.00

Last Name	First Name	MI
Felton-Reid	Hillary	

Residential Street Address	City	State	Zip Code
24 Center St	Wethersfield	CT	06109

Principal Occupation	Name of Employer
Lobbyist	CT GRG of Robinson & Cole

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

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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 01212026O

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

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

Date Received	Aggregate Contributions	Amount of Contribution
01/21/2026	$100.00	$100.00

Last Name	First Name	MI
Persico	Tracy	

Residential Street Address	City	State	Zip Code
390 Narrow Ln	Orange	CT	06477

Principal Occupation	Name of Employer
Lobbyist	State of Connecticut

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

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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 01212026O

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

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

Date Received	Aggregate Contributions	Amount of Contribution
01/21/2026	$100.00	$100.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
New Vision CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Weeks	Brad	

Residential Street Address	City	State	Zip Code
5 Twins Pines Dr	Wallingford	CT	06492

Principal Occupation	Name of Employer
Government Relations	Rome, Smith, Lutzz & Kowalski

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [x] Yes [ ] No

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

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No
If yes, list Event # 01212026O

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

Method of Contribution: [ ] Cash [ ] Personal Check [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received	Aggregate Contributions
01/21/2026	$100.00

Last Name	First Name	MI
Weeks	Karen	

Residential Street Address	City	State	Zip Code
5 Twins Pines Dr	Wallingford	CT	06492

Principal Occupation	Name of Employer
Government Relations	Rome, Smith, Lutz, & Kowlaski

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [x] Yes [ ] No

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

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No
If yes, list Event # 01212026O

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

Method of Contribution: [ ] Cash [ ] Personal Check [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received	Aggregate Contributions
01/21/2026	$100.00

Last Name	First Name	MI
Cafero	Lawerence	

Residential Street Address	City	State	Zip Code
119 Gregory Blvd	Norwalk	CT	06855

Principal Occupation	Name of Employer
Attorney/Lobbyist	Cafero Law & Strategies

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [x] Yes [ ] No

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

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No
If yes, list Event # 01212026O

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

Method of Contribution: [ ] Cash [ ] Personal Check [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received	Aggregate Contributions
01/21/2026	$100.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
New Vision CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Lumaj	Peter	

Residential Street Address	City	State	Zip Code
74 Mill Plain Rd	Fairfield	CT	06824

Principal Occupation	Name of Employer
Attorney	Lumaj Law Office

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

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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 01212026O

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

Amount of Contribution: $100.00

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

Date Received	Aggregate Contributions
01/21/2026	$100.00

Last Name	First Name	MI
Dugan	Michael	

Residential Street Address	City	State	Zip Code
23 Viola Dr	East Hampton	CT	06424

Principal Occupation	Name of Employer
Lobbyist	Capitol Consulting LLC

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

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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 01212026O

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

Amount of Contribution: $100.00

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

Date Received	Aggregate Contributions
01/21/2026	$100.00

Last Name	First Name	MI
Evans	William	

Residential Street Address	City	State	Zip Code
325 Celia Dr	Wolcott	CT	

Principal Occupation	Name of Employer
Consultant	PPG LLC

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

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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 01212026O

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

Amount of Contribution: $100.00

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

Date Received	Aggregate Contributions
01/21/2026	$100.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
New Vision CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Droney	Andrew	

Residential Street Address	City	State	Zip Code
1 Victoria Ln	West Simsbury	CT	

Principal Occupation	Name of Employer
Policy Analyst	State of Connecticut

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

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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 01212026O

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

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

Date Received	Aggregate Contributions	Amount of Contribution
01/21/2026	$25.00	$25.00

Last Name	First Name	MI
Bzdyra	Michael	

Residential Street Address	City	State	Zip Code
99 Beverly Rd	West Hartford	CT	06119

Principal Occupation	Name of Employer
Lobbyist	FOCUS Government Affairs

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

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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 01212026O

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

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

Date Received	Aggregate Contributions	Amount of Contribution
01/21/2026	$100.00	$100.00

Last Name	First Name	MI
Colins III	Raymond	

Residential Street Address	City	State	Zip Code
7 Apple Tree Ter	West Haven	CT	

Principal Occupation	Name of Employer
Sales	Brescome Barton

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

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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 01212026O

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

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

Date Received	Aggregate Contributions	Amount of Contribution
01/21/2026	$25.00	$25.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
New Vision CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Hughes	Sean	

Residential Street Address	City	State	Zip Code
48 Daniels Ave	Waterford	CT	06385

Principal Occupation	Name of Employer
Lobbyist	Hughes and Cronin

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [x] Yes [ ] No

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

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No
If yes, list Event # 01212026O

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

Method of Contribution: [ ] Cash [ ] Personal Check [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received	Aggregate Contributions
01/21/2026	$100.00

Last Name	First Name	MI
Amarone	Paul	

Residential Street Address	City	State	Zip Code
78 Olive St	New Haven	CT	06511

Principal Occupation	Name of Employer
Lobbyist	CBIA

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [x] Yes [ ] No

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No
If yes, list Event # 01212026O

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

Method of Contribution: [ ] Cash [ ] Personal Check [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received	Aggregate Contributions
01/21/2026	$25.00

Last Name	First Name	MI
Aledia	Edward	

Residential Street Address	City	State	Zip Code
41 Bloomingdale Rd	Quaker Hill	CT	

Principal Occupation	Name of Employer
Political Director	Fazio for CT

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [x] No

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No
If yes, list Event # 01212026O

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

Method of Contribution: [ ] Cash [ ] Personal Check [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received	Aggregate Contributions
01/21/2026	$25.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
New Vision CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Aresimowicz	Joseph	

Residential Street Address	City	State	Zip Code
137 Brewster Rd	West Hartford	CT	

Principal Occupation	Name of Employer
Lobbyist	Gaffney Bennett

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [x] Yes [ ] No

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No
If yes, list Event # 01212026O

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

Method of Contribution: [ ] Cash [ ] Personal Check [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received	Aggregate Contributions	Amount of Contribution
01/21/2026	$100.00	$100.00

Last Name	First Name	MI
Anop	Timothy	

Residential Street Address	City	State	Zip Code
51 Olson Dr	Southington	CT	

Principal Occupation	Name of Employer
Director	Yankee Institute

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [x] Yes [ ] No

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No
If yes, list Event # 01212026O

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

Method of Contribution: [ ] Cash [ ] Personal Check [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received	Aggregate Contributions	Amount of Contribution
01/21/2026	$50.00	$50.00

Last Name	First Name	MI
Hughes	Jean	

Residential Street Address	City	State	Zip Code
88 Sheffield St	Old Saybrook	CT	06475

Principal Occupation	Name of Employer
Lobbyist	Hughes & Cronin

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [x] Yes [ ] No

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No
If yes, list Event # 01212026O

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

Method of Contribution: [ ] Cash [ ] Personal Check [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received	Aggregate Contributions	Amount of Contribution
01/21/2026	$100.00	$100.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
New Vision CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Larkin	John	

Residential Street Address	City	State	Zip Code
18 Grist Mill Rd	Glastonbury	CT	

Principal Occupation	Name of Employer
Lobbyist	JC Larkin Company

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [x] Yes [ ] No

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

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

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

Method of Contribution: [ ] Cash [ ] Personal Check [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received	Aggregate Contributions	Amount of Contribution
01/27/2026	$100.00	$100.00

Last Name	First Name	MI
Harkins	John	

Residential Street Address	City	State	Zip Code
633 B Old Knife Ln	Stratford	CT	06614

Principal Occupation	Name of Employer
Communicator Lobbyist	Rome Smith Lutz & Kowalski Government Relations

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [x] Yes [ ] No

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

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No
If yes, list Event # 01212026O

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

Method of Contribution: [ ] Cash [ ] Personal Check [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received	Aggregate Contributions	Amount of Contribution
01/27/2026	$200.00	$100.00

Total of Section B	**$6,795.00**
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) *(Total on Line 13 of Summary Page)*	**$6,795.00**

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
New Vision CT	April 10 Filing - Original

C1. Contributions from Other Committees

Name of Committee	Name of Treasurer
CT Realtors PAC	Joseph Stafford

Address	Is this contribution associated with an event reported in Section L1?	If yes, list Event #	Amount of Contribution
111 Founders Plz Ste 1101	[x] Yes [ ] No	01212026O	$1,000.00

City	State	Zip Code	Date Received	Aggregate Contributions
East Hartford	CT	06108	01/20/2026	$1,000.00

Name of Committee	Name of Treasurer
Property Owners Defense League PAC	Robert DeCosmo

Address	Is this contribution associated with an event reported in Section L1?	If yes, list Event #	Amount of Contribution
141 Greenmount Ter	[x] Yes [ ] No	01212026O	$500.00

City	State	Zip Code	Date Received	Aggregate Contributions
Waterbury	CT	06708	01/20/2026	$500.00

Name of Committee	Name of Treasurer
CT Food Industry PAC	Wayne Pesce

Address	Is this contribution associated with an event reported in Section L1?	If yes, list Event #	Amount of Contribution
433 S Main St Ste 309	[x] Yes [ ] No	01212026O	$250.00

City	State	Zip Code	Date Received	Aggregate Contributions
West Hartford	CT	06110	01/20/2026	$250.00

Name of Committee	Name of Treasurer
Connecticut Association of Optometrists	Brian Lynch

Address	Is this contribution associated with an event reported in Section L1?	If yes, list Event #	Amount of Contribution
612 Quaker Ln Ste B	[ ] Yes [x] No		$1,000.00

City	State	Zip Code	Date Received	Aggregate Contributions
West Hartford	CT		01/27/2026	$1,000.00

Total of Section C1	**$2,750.00**

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
New Vision CT	April 10 Filing - Original

C2. Reimbursements or Surplus Distributions from other Committees

Name of Committee			Name of Treasurer	
Address			Date Received	Amount of Receipt
City	State	Zip Code	Payment Type Reimbursement for shared expense Surplus Distribution	
Expenditure # (if applicable)	Description			
			Total of Section C2	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
New Vision CT	April 10 Filing - Original

D. Loans Received this Period

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

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
New Vision CT	April 10 Filing - Original

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

Name of Entity				
Street Address			Date Received	Amount Received
City	State	Zip Code	Aggregate Contributions	
			Total of Section E	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
New Vision CT	April 10 Filing - Original

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

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

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
New Vision CT	April 10 Filing - Original

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

Date of Receipt	Amount
	Total of Section G

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
New Vision CT	April 10 Filing - Original

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

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

I. Monetary Receipts (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
New Vision CT	April 10 Filing - Original

J. Interest from Deposits in Authorized Accounts

Name of Institution		Date Received		Amount
Street Address	City	State	Zip Code	
			Total of Section J	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
New Vision CT	April 10 Filing - Original

K. Miscellaneous Monetary Receipts not Considered Contributions

Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				
			Total of Section K	

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
New Vision CT	April 10 Filing - Original

L1. Event Information

Event # / Date of Event	Letter	Description	Was this a fundraising event?
01/21/2026	O	Reception Event	[X] Yes [ ] No

Location: Street Address	City	State	Zip Code
360 Broad St # 107	Hartford	CT	

Subpart 1: (All Committees) Was this event hosted at a personal residence?	[ ] Yes [X] No	*(If yes*, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations.)	
Did this fundraiser include goods or services donated by a business entity of up to $200 or items donated by an individual of up to $100?	[ ] Yes [X] No	*(If yes*, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)	
Was this fundraiser a tag sale, auction, or other sale of donated items with puchases from an individual of up to $100?	[ ] Yes [X] No	*(If yes*, enter Total Receipts here.)	$0.00
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees) Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	[X] Yes [ ] No	*(If yes*, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)	
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	[ ] Yes [ ] No	*(If yes*, enter Total Receipts here.)	$0.00

Total of Section L1	**$0.00**

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
New Vision CT	April 10 Filing - Original

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

Name of Purchaser	Purchase Made By:
CT Association of Health Plans	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
280 Trumbell St .	Hartford	CT	06103

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
01/20/2026	01212026O	$250.00	$250.00	

Name of Purchaser	Purchase Made By:
CT Government Relations Group of Robinson & Cole	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
280 Trumbell St	Hartford	CT	06103

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
01/21/2026	01212026O	$250.00	$250.00	

Name of Purchaser	Purchase Made By:
Gaffney Bennett & Associates Inc.	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
1 Waterbury Sq # 1	New Britain	CT	06051

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
01/21/2026	01212026O	$250.00	$250.00	

Name of Purchaser	Purchase Made By:
Sullivan & LeShane	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
287 Capitol Ave	Hartford	CT	06106

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
01/21/2026	01212026O	$250.00	$250.00	

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
New Vision CT	April 10 Filing - Original

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

Name of Purchaser	Purchase Made By:
Foxwoods Resort & Casino	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
350 Trolley Line Blvd	Ledyard	CT	

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
01/21/2026	01212026O	$250.00	$250.00	

Name of Purchaser	Purchase Made By:
Capitol Strategies Group	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
36 Trumbull St	Hartford	CT	06103

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
01/21/2026	01212026O	$250.00	$250.00	

Name of Purchaser	Purchase Made By:
Mancini Beverage - NCBCT	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
119 Hopkins Hill Rd	West Greanwich	RI	

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
01/21/2026	01212026O	$250.00	$250.00	

Name of Purchaser	Purchase Made By:
The Connecticut Group	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
190 Farmington Ave	Farmington	CT	06032

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
01/21/2026	01212026O	$250.00	$250.00	

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
New Vision CT	April 10 Filing - Original

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

Name of Purchaser	Purchase Made By:
PCMA	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
505 9th St NW Fl 10	Washington DC	DC	

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
01/21/2026	01212026O	$250.00	$250.00	

Name of Purchaser	Purchase Made By:
Mohegan Tribe of Indians of Connecticut	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
13 Crow Hill Rd	Uncasville	CT	

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
01/21/2026	01212026O	$250.00	$250.00	

Name of Purchaser	Purchase Made By:
Star Distributions INC	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
PO Box 1200	New Haven	CT	

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
01/21/2026	01212026O	$250.00	$250.00	

Name of Purchaser	Purchase Made By:
F+F Distributors	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
31 Eastern Ave	New London	CT	06320

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
01/21/2026	01212026O	$250.00	$250.00	

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
New Vision CT	April 10 Filing - Original

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

Name of Purchaser	Purchase Made By:
G+6 Beverage Distributor	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
207 Church St	Wallingford	CT	

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
01/21/2026	01212026O	$250.00	$250.00	

Name of Purchaser	Purchase Made By:
Reynolds Strategy Group, LLC	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
71 Sycamore Rd	West Hartford	CT	

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
01/21/2026	01212026O	$250.00	$250.00	

Name of Purchaser	Purchase Made By:
Insurance Association of Connecticut	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
21 Oak St Ste 209	Hartford	CT	06106

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
01/21/2026	01212026O	$250.00	$250.00	

Name of Purchaser	Purchase Made By:
Depino, Nunez, & Biggs	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
PO Box 9137	New Haven	CT	06532

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
01/21/2026	01212026O	$250.00	$250.00	

Total of Section L3	$4,000.00

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
New Vision CT	April 10 Filing - Original

L4. In-Kind Donations Not Considered Contributions

Name of the Donor				
Street Address	City		State	Zip Code

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

Total of Section L4	

II.EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
New Vision CT	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
New Vision CT	April 10 Filing - Original

M. In-Kind Contributions

Name

Street Address	City	State	Zip Code

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

Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes / No	If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than $5000? Yes / No	Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section L1? Yes / No If yes, list Event#	Is contributor a principal of state contractor or prospective state contractor? Yes / No If yes, indicate which branch or branches of government the contract is with: Executive Legislative	

Total of Section M	

III. Non Monetary Receipts (Sections M - O)

NAME OF COMMITTEE	TYPE OF REPORT
New Vision CT	April 10 Filing - Original

N. Refundable Deposit to Telephone Company

Last Name of Individual	First Name	MI	Date Deposit Made

Residential Street Address	City	State	Zip Code	Amount of Deposit

Name of Telephone company

Street Address	City	State	Zip Code

Total of Section N	

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
New Vision CT	April 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Officers Club of CT	01/21/2026	[X] Check # 145 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
360 Broad St # 107	Hartford	CT	06105

Purpose of Expenditure (by code)	Description	Event #
FNDR *	Pay to the Officers Club to host the event.	01212026O

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$275.00

Name of Payee	Date of Payment	Method of Payment
Anedot Inc.	01/27/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
1340 Poydras St Ste 1770	New Orleans	LA	70112

Purpose of Expenditure (by code)	Description	Event #
Misc *	Anedot charge for the donations	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$292.20

Name of Payee	Date of Payment	Method of Payment
Karim Belica	01/27/2026	[X] Check # 112 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
59 Pepperidge Tree Rd	Watertown	CT	06795

Purpose of Expenditure (by code)	Description	Event #
WAGE	Pay for treasurer	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$497.80

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
New Vision CT	April 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
John Harkins	01/27/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
633B Old Knife Ln Unit 188	Stratford	CT	

Purpose of Expenditure (by code)	Description	Event #
REF	refund of lobbyist who gave $100 x2	01212026O

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D	$100.00

Total of Section P	$1,165.00

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

Total of Section Q	

IV. EXPENDITURES

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
New Vision CT	April 10 Filing - Original

R. Expenses Incurred on Committee Credit Card

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

Name of Vendor, Person or Entity	Date of Transaction

Street Address	City	State	Zip Code

Purpose of Expenditure (by code)	Description	Event #

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

Total of Section R	

IV. EXPENDITURES

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
New Vision CT	April 10 Filing - Original

S. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor	Date Incurred

Street Address	City	State	Zip Code

Purpose of Expenditure (by code)	Description	Event #

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

Total of Section S	

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
New Vision CT	April 10 Filing - Original

T. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P Check # Debit Card EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code

Purpose of Expenditure (by code)	Description	Event #

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

Total of Section T	

Section L5. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

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

Event #	
Name of Candidate or Committee	

Section P. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

P. Expenses Paid By Committee - Addendum

Expenditure #	Supported Opposed	Amount of Expenditure

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

Are Limits Aggregated? Yes No	Aggregating Committees

Section R. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

R. Expenses Incurred on Committee Credit Card - Addendum

Expenditure #	Supported Opposed	Amount of Expenditure

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

Section S. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

S. Expenses Incurred by Committee but Not Paid During this Period - Addendum

Expenditure #	Supported Opposed	Amount of Expenditure

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

Section T. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

T. Itemization of Reimbursements and Secondary Payees - Addendum

Expenditure #	Supported Opposed	Amount of Expenditure

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