

**SEEC FORM 20**

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



Electronic Filing

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**COVER PAGE**

1. NAME OF COMMITTEE			
<b>Virgulto 2025</b>			
2. TREASURER NAME			
First <b>Jennifer</b>	MI	Last <b>Gordon</b>	Suffix
3. TREASURER ADDRESS			
Street Address <b>34 Lenore Dr</b>	City <b>Madison</b>	State <b>CT</b>	Zip Code <b>06443</b>
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT <i>(Complete only if Candidate Committee)</i>		6. DISTRICT NUMBER <i>(if applicable)</i>
<b>11/04/2025</b>	<b>Judge of Probate</b>		<b>J034</b>
7. CANDIDATE NAME <i>(Complete only if Candidate or Exploratory Committee)</i>			
First <b>Thomas</b>	MI <b>A</b>	Last <b>Virgulto</b>	Suffix
8. TYPE OF REPORT			
<b>Deficit Filing Following Special Election Primary - Original</b>			
9. PERIOD COVERED			
Beginning Date		Ending Date	
<b>10/27/2025</b>		thru <b>12/01/2025</b>	
10. CERTIFICATION			
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.			
<b>Electronic Filing</b>	<b>Jennifer Gordon</b>	<b>12/02/2025 5:23:44PM</b>	
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED	
<p><b>A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.</b></p>			

**SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2024

**SUMMARY PAGE TOTALS**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
<b>Virgulto 2025</b>	<b>Deficit Filing Following Special Election Primary - Original</b>	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other Committees		<b>\$0.00</b>
12. Balance on hand at the beginning of Reporting Period	<b>\$2,891.79</b>	
13. Contributions received from Individuals (Section A and B)	<b>\$100.00</b>	<b>\$9,395.00</b>
14. Receipts from Other Committees (Sections C1 and C2)	<b>\$0.00</b>	<b>\$0.00</b>
15. Other Monetary Receipts (Section D through K)	<b>\$0.00</b>	<b>\$3,500.00</b>
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	<b>\$0.00</b>	<b>\$0.00</b>
16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed		
16c. Total Purchases of Advertising - Program Book or Sign (Section L3)	<b>\$0.00</b>	<b>\$0.00</b>
17. Total Monetary Receipts (add totals for lines 13 through 16c)	<b>\$100.00</b>	<b>\$12,895.00</b>
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	<b>\$2,991.79</b>	<b>\$12,895.00</b>
19. Expenses Paid by Committee (Section P)	<b>\$3,215.73</b>	<b>\$13,118.94</b>
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both colum	<b>(\$223.94)</b>	<b>(\$223.94)</b>
21. In-Kind Donations not Considered Contributions Received (Section L4)	<b>\$0.00</b>	<b>\$0.00</b>
22. In-Kind Donations not Considered Contributions - House Party (Section L5)	<b>\$154.74</b>	<b>\$418.62</b>
23. In-Kind Contributions Received (Section M)	<b>\$38.29</b>	<b>\$2,197.20</b>
24. Refundable Deposit to Telephone Company (Section N)	<b>\$0.00</b>	<b>\$0.00</b>
25. Loan Balance	<b>\$0.00</b>	
25a. + Loans Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
25b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
25c. - Payments on Loan	<b>\$0.00</b>	<b>\$0.00</b>
25d. Total Outstanding Loan Amount	<b>\$0.00</b>	
26. Campaign Expenses Paid By Candidate (Section Q)	<b>\$579.84</b>	<b>\$1,423.20</b>
27. Expenses Incurred on Committee Credit Card (Section R)	<b>\$0.00</b>	<b>\$0.00</b>
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	<b>\$0.00</b>	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	<b>\$0.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Virgulto 2025	Deficit Filing Following Special Election Primary - Original

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

Subtotal Section A

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

Last Name Ambrose		First Name Neil		MI	
Residential Street Address 321 Great Pond Rd		City South Glastonbury		State CT	Zip Code 06073
Principal Occupation Lawyer			Name of Employer Letizia, Ambrose & Falls P.C.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 11/03/2025	Aggregate Contributions \$100.00	\$100.00
<b>Total of Section B</b>					<b>\$100.00</b>
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> (Sections A & B) <i>(Total on Line 13 of Summary Page)</i>					<b>\$100.00</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Virgulto 2025	Deficit Filing Following Special Election Primary - Original

**C1. Contributions from Other Committees**

Name of Committee		Name of Treasurer				
Address		Is this contribution associated with an event reported in Section L1? If yes, list Event #		Yes No		Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions		
<b>Total of Section C1</b>						

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

NAME OF COMMITTEE	TYPE OF REPORT
Virgulto 2025	Deficit Filing Following Special Election Primary - Original

**C2. Reimbursements or Surplus Distributions from other Committees**

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

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Virgulto 2025	Deficit Filing Following Special Election Primary - Original

**D. Loans Received this Period**

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

I. MONETARY RECEIPTS (Section A-K)				
NAME OF COMMITTEE			TYPE OF REPORT	
Virgulto 2025			Deficit Filing Following Special Election Primary - Original	
E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)				
Name of Entity				
Street Address			Date Received	Amount Received
City	State	Zip Code	Aggregate Contributions	
<b>Total of Section E</b>				

I. MONETARY RECEIPTS (Section A-K)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Virgulto 2025			Deficit Filing Following Special Election Primary - Original	
F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)				
Date of Receipt	Is this transaction associated with an event reported in Section L1?			Amount
	Yes	No	If yes, list Event #	
<b>Total of Section F</b>				

I. MONETARY RECEIPTS (Section A-K)				
NAME OF COMMITTEE			TYPE OF REPORT	
Virgulto 2025			Deficit Filing Following Special Election Primary - Original	
G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)				
Date of Receipt	Amount			
<b>Total of Section G</b>				

<b>I. MONETARY RECEIPTS (Section A-K)</b>			
NAME OF COMMITTEE			TYPE OF REPORT
Virgulto 2025			Deficit Filing Following Special Election Primary - Original
<b>H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)</b>			
Date of Receipt	Method of Payment		Amount
	Cash	Personal Check	Credit/Debit Card
<b>Total of Section H</b>			

<b>I. Monetary Receipts (Section A-K)</b>				
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Virgulto 2025			Deficit Filing Following Special Election Primary - Original	
<b>J. Interest from Deposits in Authorized Accounts</b>				
Name of Institution		Date Received		Amount
Street Address	City	State	Zip Code	
<b>Total of Section J</b>				

<b>I. MONETARY RECEIPTS (Section A-K)</b>				
NAME OF COMMITTEE			TYPE OF REPORT	
Virgulto 2025			Deficit Filing Following Special Election Primary - Original	
<b>K. Miscellaneous Monetary Receipts not Considered Contributions</b>				
Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				
<b>Total of Section K</b>				

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Virgulto 2025	Deficit Filing Following Special Election Primary - Original

**L1. Event Information**

Event # Date of Event 11/04/2025	Letter c	Description Victory/Thank you Event	Was this a fundraising event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Location: Street Address 34 Lenore Dr		City Madison	State CT	Zip Code 06443
<i>Subpart 1: (All Committees)</i>		<i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i>		
Was this event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i>	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>(If yes, enter Total Receipts here.)</i>	<input type="text" value="\$0.00"/>
<i>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</i>		<i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i>		
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<i>Subpart 3: (Town Committees ONLY)</i>		<i>(If yes, enter Total Receipts here.)</i>		
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text" value="\$0.00"/>	
<b>Total of Section L1</b>			<b>\$0.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Virgulto 2025	Deficit Filing Following Special Election Primary - Original

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

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

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Virgulto 2025	Deficit Filing Following Special Election Primary - Original

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

Name of the Donor				
Street Address		City	State	Zip Code
Donation Given by:	Description of Donation		Fair Market Value of Donation	
Business Entity				
Individual	Date Received	Event #	Aggregate value for this event	
Sole Proprietorship				

**Total of Section L4**

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Virgulto 2025	Deficit Filing Following Special Election Primary - Original

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

Name of the Host		Is this event supporting more than one candidate or committee?		
Jennifer Gordon		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    If yes, complete Itemization in Addendum L5		
Street Address		City	State	Zip Code
34 Lenore Dr		Madison	CT	06443
Description of Donation			Fair Market Value of Donation	
salad ingredients, charcuterie board ingredients, desserts, soda				
Event #	Aggregate value of this Event - all hosts	Aggregate value of all Events - this host/candidate		
11042025c	\$154.74	\$318.62	\$154.74	

**Total of Section L5**

**\$154.74**

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Virgulto 2025	Deficit Filing Following Special Election Primary - Original

#### M. In-Kind Contributions

Name Matthew A Gordon			
Street Address 34 Lenore Dr	City Madison	State CT	Zip Code 06443
Type of Contributor: <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received 11/18/2025	Aggregate contributions \$281.16	Description of In-Kind Contribution Website monthly fee
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		\$38.29

**Total of Section M**

**\$38.29**

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

NAME OF COMMITTEE	TYPE OF REPORT
Virgulto 2025	Deficit Filing Following Special Election Primary - Original

#### N. Refundable Deposit to Telephone Company

Last Name of Individual	First Name	MI	Date Deposit Made
Residential Street Address	City	State	Zip Code
Name of Telephone company			
Street Address	City	State	Zip Code

**Total of Section N**

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

<b>NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)</b>	<b>TYPE OF REPORT</b>
Virgulto 2025	Deficit Filing Following Special Election Primary - Original

**P. Expenses Paid By Committee**

Name of Payee Minuteman Press		Date of Payment 11/03/2025	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 595 W Main St		City Norwich	State CT	Zip Code 06360
Purpose of Expenditure (by code) A-DM	Description Every Door Direct Mailer print cost			Event #
Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount \$2,223.67
Name of Payee Bradley & Wall Gourmet Foods		Date of Payment 11/04/2025	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 96 Wall St		City Madison	State CT	Zip Code 06443
Purpose of Expenditure (by code) FOOD	Description chicken and pasta dishes			Event # 11042025c
Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount \$220.07
Name of Payee Winning Republican Strategies		Date of Payment 11/04/2025	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1001 Research Park Blvd Ste		City Charlottesville	State VA	Zip Code 22911
Purpose of Expenditure (by code) A-ATM	Description Election Day reminder text message			Event #
Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount \$500.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Virgulto 2025	Deficit Filing Following Special Election Primary - Original

**P. Expenses Paid By Committee**

Name of Payee North Madison Wine & Spirits		Date of Payment 11/11/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1003 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 518 Old Toll Rd		City Madison	State CT	Zip Code 06443
Purpose of Expenditure (by code) FOOD	Description beer and wine			Event # 11042025c
Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount \$267.94
Name of Payee Jennifer Gordon		Date of Payment 11/20/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1004 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 34 Lenore Dr		City Madison	State CT	Zip Code 06443
Purpose of Expenditure (by code) SRPLS	Description payment for use of home office supplies			Event #
Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount \$4.05
<b>Total of Section P</b>				<b>\$3,215.73</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Virgulto 2025	Deficit Filing Following Special Election Primary - Original

#### Q. Campaign Expenses Paid By Candidate

Name of Payee (Name of vendor, Person or Entity who candidate paid directly)		Date of Payment	Is Reimbursement Claimed?	
Big Y		10/03/2025	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address	City	State	Zip Code	
830 Boston Post Rd	Guilford	CT	06437	
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>	
FOOD	candy and donuts for Guilford Night Out		\$73.67	

Name of Payee (Name of vendor, Person or Entity who candidate paid directly)		Date of Payment	Is Reimbursement Claimed?	
Big Y		10/04/2025	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address	City	State	Zip Code	
830 Boston Post Rd	Guilford	CT	06437	
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>	
FOOD	supplies for pig roast and dessert	10042025A	\$65.92	

Name of Payee (Name of vendor, Person or Entity who candidate paid directly)		Date of Payment	Is Reimbursement Claimed?	
Tractor Supply Company		10/12/2025	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address	City	State	Zip Code	
2945 Boston Post Rd	Guilford	CT	06437	
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>	
A-OTH	posts for erecting campaign signs		\$59.13	

Name of Payee (Name of vendor, Person or Entity who candidate paid directly)		Date of Payment	Is Reimbursement Claimed?	
Big Y		10/15/2025	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address	City	State	Zip Code	
830 Boston Post Rd	Guilford	CT	06437	
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>	
FOOD	food for campaign meeting		\$33.15	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Virgulto 2025	Deficit Filing Following Special Election Primary - Original

#### Q. Campaign Expenses Paid By Candidate

Name of Payee (Name of vendor, Person or Entity who candidate paid directly)		Date of Payment	Is Reimbursement Claimed?	
Tractor Supply Company		10/19/2025	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address	City	State	Zip Code	
2945 Boston Post Rd	Guilford	CT	06437	
Purpose of Expenditure (by code)	Description	Event #	Amount	
A-OTH	posts for erecting campaign sign and scarecrow supplies		\$20.90	

Name of Payee (Name of vendor, Person or Entity who candidate paid directly)		Date of Payment	Is Reimbursement Claimed?	
Tractor Supply Company		10/28/2025	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address	City	State	Zip Code	
2945 Boston Post Rd	Guilford	CT	06437	
Purpose of Expenditure (by code)	Description	Event #	Amount	
A-OTH	posts for erecting campaign signs		\$11.74	

Name of Payee (Name of vendor, Person or Entity who candidate paid directly)		Date of Payment	Is Reimbursement Claimed?	
Stop & Shop		10/28/2025	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address	City	State	Zip Code	
128 Samson Rock Dr	Madison	CT	06443	
Purpose of Expenditure (by code)	Description	Event #	Amount	
FOOD	candy for Guilford Trunk or Treat event		\$69.98	

Name of Payee (Name of vendor, Person or Entity who candidate paid directly)		Date of Payment	Is Reimbursement Claimed?	
Target		10/28/2025	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address	City	State	Zip Code	
900 Boston Post Rd	Guilford	CT	06437	
Purpose of Expenditure (by code)	Description	Event #	Amount	
A-OTH	Scarecrow supplies for positioning with campaign sign		\$24.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Virgulto 2025	Deficit Filing Following Special Election Primary - Original

#### Q. Campaign Expenses Paid By Candidate

Name of Payee (Name of vendor, Person or Entity who candidate paid directly)		Date of Payment	Is Reimbursement Claimed?	
Stop & Shop		10/30/2025	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address 128 Samson Rock Dr		City Madison	State CT	Zip Code 06443
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>	
FOOD	candy for participating in Madison Trunk or Treat		\$46.08	

Name of Payee (Name of vendor, Person or Entity who candidate paid directly)		Date of Payment	Is Reimbursement Claimed?	
Stop & Shop		10/30/2025	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address 128 Samson Rock Dr		City Madison	State CT	Zip Code 06443
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>	
FOOD	Candy for Madison Trunk or Treat event		\$163.53	

Name of Payee (Name of vendor, Person or Entity who candidate paid directly)		Date of Payment	Is Reimbursement Claimed?	
Tractor Supply Company		11/01/2025	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address 2945 Boston Post Rd		City Guilford	State CT	Zip Code 06437
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>	
A-OTH	stakes for erecting lawn signs		\$11.74	

<b>Total of Section Q</b>	<b>\$579.84</b>
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IV. EXPENDITURES			
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Virgulto 2025		Deficit Filing Following Special Election Primary - Original	
R. Expenses Incurred on Committee Credit Card			
Name of Issuing Institution		Type of Credit Card: Visa      Master Card      Discover      American Express Other	
Name of Vendor, Person or Entity			Date of Transaction
Street Address		City	State      Zip Code
Purpose of Expenditure (by code)	Description		Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure)      Independent Coordinated without reimbursement sought (in-kind contribution)      Organization      A      B      C      D		Amount
<b>Total of Section R</b>			

IV. EXPENDITURES			
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Virgulto 2025		Deficit Filing Following Special Election Primary - Original	
S. Expenses Incurred By Committee but Not Paid During this Period			
Name of Creditor			Date Incurred
Street Address		City	State      Zip Code
Purpose of Expenditure (by code)	Description		Event #
Expenditure# (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure)      Independent Coordinated without reimbursement sought (in-kind contribution)      Organization :      A      B      C      D		Amount Incurred (Estimate or Actual)
<b>Total of Section S</b>			

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Virgulto 2025	Deficit Filing Following Special Election Primary - Original

**T. Itemization of Reimbursements and Secondary Payees**

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
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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
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Purpose of Expenditure (by code)	Description	Event #
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Expenditure #	Type of Expenditure ( Itemization in Addendum T Required unless "None of the below" is checked)	Amount
	None of the below Coordinated with reimbursement sought (joint expenditure)                      Independent Coordinated without reimbursement sought (in-kind contribution)                      Organization:                      A                      B                      C                      D	

<b>Total of Section T</b>	
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**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	
<b>P. Expenses Paid By Committee - Addendum</b>			
<b>Expenditure #</b>	<b>Supported</b>	<b>Opposed</b>	<b>Amount of Expenditure</b>
Name of Candidate or Committee		Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Are Limits Aggregated?	Aggregating Committees		
<b>Yes</b> <b>No</b>			

### Section R. ADDENDUM

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

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

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