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

House Majority Committee

2. TREASURER NAME

First	MI	Last	Suffix
Richard		**Baltimore**	

3. TREASURER ADDRESS

Street Address	City	State	Zip Code
15 Westborough Dr .	**West Hartford**	**CT**	**06107**

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

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

First	MI	Last	Suffix

8. TYPE OF REPORT

July 10 Filing - Original

9. PERIOD COVERED

Beginning Date		Ending Date
04/01/2026	thru	**06/30/2026**

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	**Richard Baltimore**	**07/10/2026 6:21:20PM**
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	
House Majority Committee	**July 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		**$72,302.61**
12. Balance on hand at the beginning of Reporting Period	**$81,933.69**	
13. Contributions received from Individuals (Section A and B)	**$2,670.00**	**$9,570.00**
14. Receipts from Other Committees (Sections C1 and C2)	**$9,750.00**	**$15,500.00**
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)	**$250.00**	**$2,250.00**
17. Total Monetary Receipts (add totals for lines 13 through 16c)	**$12,670.00**	**$27,320.00**
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	**$94,603.69**	**$99,622.61**
19. Expenses Paid by Committee (Section P)	**$49,685.88**	**$54,704.80**
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both columns)	**$44,917.81**	**$44,917.81**
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
House Majority Committee	July 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
reiss	max	

Residential Street Address	City	State	Zip Code
311 S Quaker La	West Hartford	CT	

Principal Occupation	Name of Employer
communications	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

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No
If yes, list Event # 06112026a

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
06/03/2026	$100.00	$100.00

Last Name	First Name	MI
kapoor	nick	

Residential Street Address	City	State	Zip Code
109 Meadows End Rd	Monroe	CT	06468

Principal Occupation	Name of Employer
professor	fairfield university

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? [ ] 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
06/03/2026	$250.00	$250.00

Last Name	First Name	MI
vamos	john	

Residential Street Address	City	State	Zip Code
15 Laurel Dr	Granby	CT	

Principal Occupation	Name of Employer
vp government relations	United Illuminating

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 # 06112026a

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
06/03/2026	$100.00	$100.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
jortner	fredrick	

Residential Street Address	City	State	Zip Code
76 Schultz Rd	Kensington	CT	06037

Principal Occupation	Name of Employer
clerk of the house	state of CT

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 06112026a

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
06/03/2026	$100.00	$100.00

Last Name	First Name	MI
Buckley	Karen-Marie	

Residential Street Address	City	State	Zip Code
25 Christian's Xing	Durham	CT	06422

Principal Occupation	Name of Employer
lobbyist	CT hospital association

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 06112026a

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
06/08/2026	$100.00	$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
lobbyist	ct beer wholesalers assoc

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 06112026a

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
06/08/2026	$100.00	$100.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
filardi	eric	

Residential Street Address	City	State	Zip Code
12 Clubhouse Point Rd	Groton	CT	06340

Principal Occupation	Name of Employer
beer distributor	F+F Distributors

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

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

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 06112026a

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
06/08/2026	$100.00

Last Name	First Name	MI
gallo	peter	

Residential Street Address	City	State	Zip Code
438 Northwood Dr	Orange	CT	

Principal Occupation	Name of Employer
vice president	star distributers inc

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

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

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 06112026a

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
06/08/2026	$100.00

Last Name	First Name	MI
gingras	margaux	

Residential Street Address	City	State	Zip Code
154 Cheshire Rd	Wallingford	CT	06492

Principal Occupation	Name of Employer
COO	G+G beverage dist inc

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

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

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 06112026a

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
06/08/2026	$100.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
finch	bill	

Residential Street Address	City	State	Zip Code
70 Crown St	Bridgeport	CT	

Principal Occupation	Name of Employer
director	CTLMCC

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 # 06112026a

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
06/08/2026	$100.00

Last Name	First Name	MI
heffernan	william	

Residential Street Address	City	State	Zip Code
271 Kelsey Ave	West Haven	CT	

Principal Occupation	Name of Employer
retired	retired

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: $100.00

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No
If yes, list Event # 06112026a

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
06/08/2026	$100.00

Last Name	First Name	MI
hanson	craig	

Residential Street Address	City	State	Zip Code
211 Pomeroy Ave	Meriden	CT	06450

Principal Occupation	Name of Employer
retired	state of 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: $30.00

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No
If yes, list Event # 06112026a

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
06/08/2026	$30.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
deckman	alan	

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

Principal Occupation	Name of Employer
lobbyist	TCORS 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 # 06112026a

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
06/11/2026	$100.00	$100.00

Last Name	First Name	MI
doyle	michael	

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

Principal Occupation	Name of Employer
lobbyist	gaffney bennett & assoc

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 # 06112026a

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
06/11/2026	$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
associate 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 # 06112026a

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
06/11/2026	$50.00	$50.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
albis	james	

Residential Street Address	City	State	Zip Code
324 Old Mill Rd	Middletown	CT	

Principal Occupation	Name of Employer
lobbyist	graff public solutions

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 # 06112026a

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
06/11/2026	$100.00

Last Name	First Name	MI
Ferrigno	Jonathan	

Residential Street Address	City	State	Zip Code
60 Arnold Way	West Hartford	CT	

Principal Occupation	Name of Employer
government affairs	eversource energy

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 # 06112026a

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
06/11/2026	$50.00

Last Name	First Name	MI
levin	jay	

Residential Street Address	City	State	Zip Code
23 Worthington Rd	New London	CT	06330

Principal Occupation	Name of Employer
lobbyist	levin, paolino, christ government realtions

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 # 06112026a

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
06/11/2026	$100.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	July 10 Filing - Original

B. Itemized Contributions from Individuals

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 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 # 06112026a

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
06/11/2026	$100.00

Last Name	First Name	MI
sullivan	brian	

Residential Street Address	City	State	Zip Code
75 Bainbridge Rd	West Hartford	CT	06119

Principal Occupation	Name of Employer
lobbyist	przybysz 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: $100.00

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No
If yes, list Event # 06112026a

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
06/11/2026	$100.00

Last Name	First Name	MI
mongello	thomas	

Residential Street Address	City	State	Zip Code
10 Waterside Dr	Farmington	CT	06032

Principal Occupation	Name of Employer
trade association exec	CBA

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 # 06112026a

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
06/11/2026	$100.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
corey	arthur	

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

Principal Occupation	Name of Employer
trade association executive	ct 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: $100.00

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No
If yes, list Event # 06112026a

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
06/11/2026	$100.00

Last Name	First Name	MI
gionfriddo	ross	

Residential Street Address	City	State	Zip Code
122 Pine Knob Dr	South Windsor	CT	06074

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 # 06112026a

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
06/11/2026	$100.00

Last Name	First Name	MI
peterson	alex	

Residential Street Address	City	State	Zip Code
26 Robin Rd Apt 3	West Hartford	CT	

Principal Occupation	Name of Employer
government affairs	CAA

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 # 06112026a

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
06/11/2026	$100.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
kinney	stephen	

Residential Street Address	City	State	Zip Code
20 Cromwell Pl	Old Saybrook	CT	

Principal Occupation	Name of Employer
lobbyist	gaffney bennett & assoc

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 # 06112026a

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
06/11/2026	$100.00

Last Name	First Name	MI
hallisey	matt	

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? [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 # 06112026a

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
06/11/2026	$100.00

Last Name	First Name	MI
brakeman	beverley	

Residential Street Address	City	State	Zip Code
189 Newington Rd Apt 304	West Hartford	CT	

Principal Occupation	Name of Employer
lobbyist	brakeman advocacy

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 # 06112026a

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
06/11/2026	$100.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
potter	william	

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

Principal Occupation	Name of Employer
referee	retired

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

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

Amount of Contribution: $20.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 06112026a

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
06/11/2026	$20.00

Last Name	First Name	MI
sanchez	iris	

Residential Street Address	City	State	Zip Code
242 Washington St # 1-5	New Britain	CT	

Principal Occupation	Name of Employer
legislator	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

Amount of Contribution: $20.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 06112026a

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
06/11/2026	$20.00

Last Name	First Name	MI
mancini	kenneth	

Residential Street Address	City	State	Zip Code
104 Old Beach Rd	Newport	RI	02817

Principal Occupation	Name of Employer
general manager	mancini beverage

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

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

Amount of Contribution: $100.00

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

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

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

Date Received	Aggregate Contributions
06/22/2026	$100.00

Total of Section B	**$2,670.00**
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) *(Total on Line 13 of Summary Page)*	**$2,670.00**

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	July 10 Filing - Original

C1. Contributions from Other Committees

Name of Committee	Name of Treasurer
Jason Rojas PAC	Trenton Kapij

Address	Is this contribution associated with an event reported in Section L1?	If yes, list Event #	Amount of Contribution
1800 Silas Deane Hwy Apt 120S	☐ Yes ☒ No		

City	State	Zip Code	Date Received	Aggregate Contributions	Amount of Contribution
Rocky Hill	CT	06067	04/15/2026	$2,000.00	$2,000.00

Name of Committee	Name of Treasurer
CT Realtors PAC	Joseph S Stafford

Address	Is this contribution associated with an event reported in Section L1?	If yes, list Event #	Amount of Contribution
90 State House Sq Ste 1120	☒ Yes ☐ No	06112026a	

City	State	Zip Code	Date Received	Aggregate Contributions	Amount of Contribution
Hartford	CT	06103	06/11/2026	$1,000.00	$500.00

Name of Committee	Name of Treasurer
Connecticut State Employees Association PAC	David J Glidden

Address	Is this contribution associated with an event reported in Section L1?	If yes, list Event #	Amount of Contribution
760 Capitol Ave	☒ Yes ☐ No	06112026a	

City	State	Zip Code	Date Received	Aggregate Contributions	Amount of Contribution
Hartford	CT	06106	06/11/2026	$500.00	$250.00

Name of Committee	Name of Treasurer
McCarthy Vahey PAC	Eric Newman

Address	Is this contribution associated with an event reported in Section L1?	If yes, list Event #	Amount of Contribution
1625 Melville Ave	☒ Yes ☐ No	06112026a	

City	State	Zip Code	Date Received	Aggregate Contributions	Amount of Contribution
Fairfield	CT	06825	06/11/2026	$2,000.00	$2,000.00

Name of Committee	Name of Treasurer
Connecticut Laborer's Political League	Keith Brothers

Address	Is this contribution associated with an event reported in Section L1?	If yes, list Event #	Amount of Contribution
475 Ledyard St	☒ Yes ☐ No	06112026a	

City	State	Zip Code	Date Received	Aggregate Contributions	Amount of Contribution
Hartford	CT	06114	06/11/2026	$2,000.00	$2,000.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	July 10 Filing - Original

C1. Contributions from Other Committees

Name of Committee	Name of Treasurer
Connecticut Education Association Political Action Committee	Nadia Wentzell

Address	Is this contribution associated with an event reported in Section L1?	Amount of Contribution
21 Oak St Ste 500	[x] Yes [ ] No If yes, list Event # 06112026a	$1,000.00

City	State	Zip Code	Date Received	Aggregate Contributions
Hartford	CT	06106	06/11/2026	$2,000.00

Name of Committee	Name of Treasurer
IUOE Local 478 Political Action Committee - State/Local	Michael Gates

Address	Is this contribution associated with an event reported in Section L1?	Amount of Contribution
1965 Dixwell Ave	[ ] Yes [x] No If yes, list Event #	$2,000.00

City	State	Zip Code	Date Received	Aggregate Contributions
Hamden	CT	06514	06/27/2026	$2,000.00

Total of Section C1	**$9,750.00**

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
House Majority Committee	July 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
House Majority Committee	July 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
House Majority Committee	July 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
House Majority Committee	July 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
House Majority Committee	July 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
House Majority Committee	July 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
House Majority Committee	July 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
House Majority Committee	July 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
House Majority Committee	July 10 Filing - Original

L1. Event Information

Event # / Date of Event	Letter	Description	Was this a fundraising event?
06/11/2026	a	Meet and Greet Event	[X] Yes [ ] No

Location: Street Address	City	State	Zip Code
831 Farmington Ave	West Hartford	CT	06107

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
House Majority Committee	July 10 Filing - Original

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

Name of Purchaser	Purchase Made By:
sullivan& leshane, inc	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
287 Capitol Ave	Hartford	CT	

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
06/21/2026	06112026a	$250.00	$250.00	

Total of Section L3	**$250.00**

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	July 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
House Majority Committee	July 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
House Majority Committee	July 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
House Majority Committee	July 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
House Majority Committee	July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
leyra adorno	04/17/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
64 Ruby Dr Apt F	Manchester	CT	

Purpose of Expenditure (by code)	Description	Event #
CNSLT		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
617809	[ ] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [X] Organization [ ] A [ ] B [ ] C [X] D	$320.00

Name of Payee	Date of Payment	Method of Payment
leyra adorno	04/24/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
64 Ruby Dr Apt F	Manchester	CT	

Purpose of Expenditure (by code)	Description	Event #
CNSLT		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
617810	[ ] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [X] Organization [ ] A [ ] B [ ] C [X] D	$520.00

Name of Payee	Date of Payment	Method of Payment
Timothy Bergin	04/27/2026	[X] Check # 1150 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
29 Doane St	Manchester	CT	06042

Purpose of Expenditure (by code)	Description	Event #
RMB	zoom, agave, callfire	

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	$574.42

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
nutmeg strategies	04/29/2026	[X] Check # 1152 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
11 Dorset Ln	Farmington	CT	

Purpose of Expenditure (by code)	Description	Event #
PRNT	defective run of material	

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	$300.24

Name of Payee	Date of Payment	Method of Payment
noah gula	04/29/2026	[X] Check # 1151 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
27 Granby Dr	Madison	CT	

Purpose of Expenditure (by code)	Description	Event #
CNTRB		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
616432	[ ] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [X] Organization [ ] A [ ] B [ ] C [X] D	$340.00

Name of Payee	Date of Payment	Method of Payment
leyra adorno	05/01/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
64 Ruby Dr Apt F	Manchester	CT	

Purpose of Expenditure (by code)	Description	Event #
CNSLT		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
617811	[ ] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [X] Organization [ ] A [ ] B [ ] C [X] D	$440.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
leyra adorno	05/08/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
64 Ruby Dr Apt F	Manchester	CT	

Purpose of Expenditure (by code)	Description	Event #
CNSLT		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
617812	[ ] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [X] Organization [ ] A [ ] B [ ] C [X] D	$500.00

Name of Payee	Date of Payment	Method of Payment
noah gulla	05/13/2026	[X] Check # 1153 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
27 Granby Dr	Madison	CT	

Purpose of Expenditure (by code)	Description	Event #
CNSLT	primary	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
616430	[ ] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [X] Organization [ ] A [ ] B [ ] C [X] D	$1,500.00

Name of Payee	Date of Payment	Method of Payment
franklin zambrano	05/14/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1234 Placeholder	Hartford	CT	

Purpose of Expenditure (by code)	Description	Event #
CNSLT		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
616439	[ ] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [X] Organization [ ] A [ ] B [ ] C [X] D	$1,180.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
franklin zambrano	05/15/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1234 Placeholder	Hartford	CT	

Purpose of Expenditure (by code)	Description	Event #
CNSLT		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
616635	[ ] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [X] Organization [ ] A [ ] B [ ] C [X] D	$880.00

Name of Payee	Date of Payment	Method of Payment
leyra adorno	05/15/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
64 Ruby Dr Apt F	Manchester	CT	

Purpose of Expenditure (by code)	Description	Event #
CNSLT		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
617813	[ ] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [X] Organization [ ] A [ ] B [ ] C [X] D	$520.00

Name of Payee	Date of Payment	Method of Payment
leyra adorno	05/21/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
64 Ruby Dr Apt F	Manchester	CT	

Purpose of Expenditure (by code)	Description	Event #
CNSLT		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
617814	[ ] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [X] Organization [ ] A [ ] B [ ] C [X] D	$440.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
franklin zambrano	05/21/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1234 Placeholder	Hartford	CT	

Purpose of Expenditure (by code)	Description	Event #
CNSLT		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
616959	[ ] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [X] Organization [ ] A [ ] B [ ] C [X] D	$580.00

Name of Payee	Date of Payment	Method of Payment
alannah doheny	05/22/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
12335 Placeholder Ave	Hartford	CT	

Purpose of Expenditure (by code)	Description	Event #
CNSLT		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
616961	[ ] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [X] Organization [ ] A [ ] B [ ] C [X] D	$1,000.00

Name of Payee	Date of Payment	Method of Payment
walmart	05/26/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
495 Flatbush Ave	Hartford	CT	

Purpose of Expenditure (by code)	Description	Event #
OFFICE	stock up HQ	

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	$438.29

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
uhaul	05/26/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
164 South St	West Hartford	CT	

Purpose of Expenditure (by code)	Description	Event #
Misc *	rent uhaul to move into HQ	

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	$52.18

Name of Payee	Date of Payment	Method of Payment
mamas pizzaria	05/26/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
425 New Britain Ave	Newington	CT	

Purpose of Expenditure (by code)	Description	Event #
FOOD	food for campaign meeting	

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	$383.69

Name of Payee	Date of Payment	Method of Payment
leyra adorno	05/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
64 Ruby Dr Apt F	Manchester	CT	

Purpose of Expenditure (by code)	Description	Event #
CNSLT		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
617815	[ ] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [X] Organization [ ] A [ ] B [ ] C [X] D	$660.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
franklin zambrano	05/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1234 Placeholder	Hartford	CT	

Purpose of Expenditure (by code)	Description	Event #
CNSLT		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
617822	[ ] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [X] Organization [ ] A [ ] B [ ] C [X] D	$500.00

Name of Payee	Date of Payment	Method of Payment
franklin zambrano	05/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1234 Placeholder	Hartford	CT	

Purpose of Expenditure (by code)	Description	Event #
CNSLT		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
617823	[ ] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [X] Organization [ ] A [ ] B [ ] C [X] D	$240.00

Name of Payee	Date of Payment	Method of Payment
alannah doheny	05/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
12335 Placeholder Ave	Hartford	CT	

Purpose of Expenditure (by code)	Description	Event #
CNSLT		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
617824	[ ] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [X] Organization [ ] A [ ] B [ ] C [X] D	$1,000.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
mario boozang	05/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
55 Nash St	New Haven	CT	

Purpose of Expenditure (by code)	Description	Event #
CNSLT		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
617825	[ ] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [X] Organization [ ] A [ ] B [ ] C [X] D	$225.00

Name of Payee	Date of Payment	Method of Payment
leyra adorno	06/01/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
64 Ruby Dr Apt F	Manchester	CT	

Purpose of Expenditure (by code)	Description	Event #
CNSLT		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
617818	[ ] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [X] Organization [ ] A [ ] B [ ] C [X] D	$660.00

Name of Payee	Date of Payment	Method of Payment
alannah doheny	06/07/2026	[X] Check # 1158 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
12335 Placeholder Ave	Hartford	CT	

Purpose of Expenditure (by code)	Description	Event #
CNSLT		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
622185	[ ] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [X] Organization [ ] A [ ] B [ ] C [X] D	$9,715.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
target	06/08/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
3265 Berlin Tpke	Newington	CT	

Purpose of Expenditure (by code)	Description	Event #
OFFICE		

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	$27.58

Name of Payee	Date of Payment	Method of Payment
target	06/08/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
3265 Berlin Tpke	Newington	CT	

Purpose of Expenditure (by code)	Description	Event #
OFFICE		

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	$87.17

Name of Payee	Date of Payment	Method of Payment
franklin zambrano	06/08/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1234 Placeholder	Hartford	CT	

Purpose of Expenditure (by code)	Description	Event #
CNSLT		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
620087	[ ] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [X] Organization [ ] A [ ] B [ ] C [X] D	$440.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
alannah doheny	06/08/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
12335 Placeholder Ave	Hartford	CT	

Purpose of Expenditure (by code)	Description	Event #
CNSLT		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
620088	[ ] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [X] Organization [ ] A [ ] B [ ] C [X] D	$1,000.00

Name of Payee	Date of Payment	Method of Payment
one zero one South Street, LLC	06/08/2026	[X] Check # 1154 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
PO Box 747	Farmington	CT	

Purpose of Expenditure (by code)	Description	Event #
OVHD	hq rent cost through nov	

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	$14,000.00

Name of Payee	Date of Payment	Method of Payment
Timothy Bergin	06/11/2026	[X] Check # 1155 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
29 Doane St	Manchester	CT	06042

Purpose of Expenditure (by code)	Description	Event #
RMB		

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	$1,116.07

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
courtyard marriott cromwell	06/11/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
4 Sebethe Dr	Cromwell	CT	

Purpose of Expenditure (by code)	Description	Event #
PBA-OTH *	renting of meeting space	

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	$949.51

Name of Payee	Date of Payment	Method of Payment
franklin zambrano	06/12/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1234 Placeholder	Hartford	CT	

Purpose of Expenditure (by code)	Description	Event #
CNSLT		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
620079	[ ] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [X] Organization [ ] A [ ] B [ ] C [X] D	$600.00

Name of Payee	Date of Payment	Method of Payment
kimberly grove	06/16/2026	[X] Check # 1156 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
9 Hickory Dr	Prospect	CT	

Purpose of Expenditure (by code)	Description	Event #
RMB		

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	$102.13

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Richard Baltimore	06/16/2026	[X] Check # 1157 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
15 Westborough Dr	West Hartford	CT	06107

Purpose of Expenditure (by code)	Description	Event #
RMB	stamps env	

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	$23.38

Name of Payee	Date of Payment	Method of Payment
mario boozang	06/19/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
55 Nash St	New Haven	CT	

Purpose of Expenditure (by code)	Description	Event #
CNSLT		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
626212	[ ] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [X] Organization [ ] A [ ] B [ ] C [X] D	$312.50

Name of Payee	Date of Payment	Method of Payment
callfire	06/22/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1410 2nd St Ste 200	Santa Monica	CA	

Purpose of Expenditure (by code)	Description	Event #
FNDR *	fundraising calls	

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	$520.15

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
molly poulos	06/26/2026	[X] Check # 1162 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
158 Prospect St	Plantsville	CT	

Purpose of Expenditure (by code)	Description	Event #
CNSLT		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
626082	[ ] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [X] Organization [ ] A [ ] B [ ] C [X] D	$275.00

Name of Payee	Date of Payment	Method of Payment
christian whitehead	06/26/2026	[X] Check # 1159 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
11204 Jeffro Ct	Ijamsville	MD	21754

Purpose of Expenditure (by code)	Description	Event #
CNSLT		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
622192	[ ] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [X] Organization [ ] A [ ] B [ ] C [X] D	$300.00

Name of Payee	Date of Payment	Method of Payment
collette bellard	06/26/2026	[X] Check # 1160 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
241 Stevens Dr # 101	Ypsilanti	MI	48327

Purpose of Expenditure (by code)	Description	Event #
CNSLT		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
622195	[ ] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [X] Organization [ ] A [ ] B [ ] C [X] D	$150.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
molly poulos	06/26/2026	[X] Check # 1161 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
158 Prospect St	Plantsville	CT	

Purpose of Expenditure (by code)	Description	Event #
CNSLT		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
622196	[ ] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [X] Organization [ ] A [ ] B [ ] C [X] D	$100.00

Name of Payee	Date of Payment	Method of Payment
henry russell	06/26/2026	[X] Check # 1163 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
379 White Birch Dr	Guilford	CT	

Purpose of Expenditure (by code)	Description	Event #
CNSLT		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
622198	[ ] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [X] Organization [ ] A [ ] B [ ] C [X] D	$437.50

Name of Payee	Date of Payment	Method of Payment
alex hehn	06/26/2026	[X] Check # 1165 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
303 Grand Central Pkwy	Baryville	NJ	08721

Purpose of Expenditure (by code)	Description	Event #
CNSLT		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
622199	[ ] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [X] Organization [ ] A [ ] B [ ] C [X] D	$960.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
jackson shea	06/26/2026	[X] Check # 1166 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
7 Hatheway Rd	Ellington	CT	

Purpose of Expenditure (by code)	Description	Event #
CNSLT		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
622207	[ ] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [X] Organization [ ] A [ ] B [ ] C [X] D	$137.50

Name of Payee	Date of Payment	Method of Payment
erica wong	06/26/2026	[X] Check # 1167 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
114 Pine Hill Rd	Bedford	MA	

Purpose of Expenditure (by code)	Description	Event #
CNSLT		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
622209	[ ] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [X] Organization [ ] A [ ] B [ ] C [X] D	$20.00

Name of Payee	Date of Payment	Method of Payment
reph chorew	06/26/2026	[X] Check # 1168 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
4 Haviland Rd	Bloomfield	CT	

Purpose of Expenditure (by code)	Description	Event #
CNSLT		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
622212	[ ] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [X] Organization [ ] A [ ] B [ ] C [X] D	$510.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
andrew green	06/26/2026	[X] Check # 1169 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
10 McCormick Ln	Middletown	CT	

Purpose of Expenditure (by code)	Description	Event #
CNSLT		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
622215	[ ] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [X] Organization [ ] A [ ] B [ ] C [X] D	$150.00

Name of Payee	Date of Payment	Method of Payment
franklin zambrano	06/26/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
55 Hawthorne St	Manchester	CT	

Purpose of Expenditure (by code)	Description	Event #
CNSLT		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
622221	[ ] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [X] Organization [ ] A [ ] B [ ] C [X] D	$620.00

Name of Payee	Date of Payment	Method of Payment
leyra adorno	06/26/2026	[X] Check # 1171 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
64 Ruby Dr Apt F	Manchester	CT	

Purpose of Expenditure (by code)	Description	Event #
CNSLT		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
622230	[ ] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [X] Organization [ ] A [ ] B [ ] C [X] D	$420.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
kathleen walsh	06/26/2026	[X] Check # 1172 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
73 Frances Dr	Manchester	CT	

Purpose of Expenditure (by code)	Description	Event #
CNSLT		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
622234	[ ] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [X] Organization [ ] A [ ] B [ ] C [X] D	$200.00

Name of Payee	Date of Payment	Method of Payment
jan asamoah	06/26/2026	[X] Check # 1173 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
39 Ardsley Ln	Ellington	CT	

Purpose of Expenditure (by code)	Description	Event #
CNSLT		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
622235	[ ] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [X] Organization [ ] A [ ] B [ ] C [X] D	$275.00

Name of Payee	Date of Payment	Method of Payment
vanessa reineke	06/26/2026	[X] Check # 1174 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
177 Whiteney St Fl 3	Hartford	CT	

Purpose of Expenditure (by code)	Description	Event #
CNSLT		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
622239	[ ] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [X] Organization [ ] A [ ] B [ ] C [X] D	$275.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Kanwardeep Sandhu	06/26/2026	[X] Check # 1175 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
89 High Ridge Dr	Tolland	CT	

Purpose of Expenditure (by code)	Description	Event #
CNSLT		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
622240	[ ] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [X] Organization [ ] A [ ] B [ ] C [X] D	$475.00

Name of Payee	Date of Payment	Method of Payment
Justin Lamoureux	06/26/2026	[X] Check # 1176 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
34 Castlewood Dr	Berlin	CT	

Purpose of Expenditure (by code)	Description	Event #
CNSLT		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
622241	[ ] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [X] Organization [ ] A [ ] B [ ] C [X] D	$100.00

Name of Payee	Date of Payment	Method of Payment
max bernstein	06/26/2026	[X] Check # 1178 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
385 Sycamore Ln	Cheshire	CT	

Purpose of Expenditure (by code)	Description	Event #
CNSLT	$25 was training and not attributable	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
622244	[ ] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [X] Organization [ ] A [ ] B [ ] C [X] D	$387.50

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
max bernstein	06/26/2026	[X] Check # 1178 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
385 Sycamore Ln	Cheshire	CT	

Purpose of Expenditure (by code)	Description	Event #
CNSLT	training	

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	$25.00

Name of Payee	Date of Payment	Method of Payment
liam wright	06/26/2026	[X] Check # 1179 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
30 Kingswood Rd	West Hartford	CT	

Purpose of Expenditure (by code)	Description	Event #
CNSLT		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
622246	[ ] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [X] Organization [ ] A [ ] B [ ] C [X] D	$512.50

Name of Payee	Date of Payment	Method of Payment
eric meade	06/26/2026	[X] Check # 1180 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
8 Forest Ridge Rd	Prospect	CT	

Purpose of Expenditure (by code)	Description	Event #
CNSLT		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
622248	[ ] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [X] Organization [ ] A [ ] B [ ] C [X] D	$568.75

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
callfire	06/30/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1410 2nd St Ste 200	Santa Monica	CA	

Purpose of Expenditure (by code)	Description	Event #
A-PH-BNK		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
622251	[ ] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [X] Organization [X] A [ ] B [ ] C [ ] D	$520.15

Name of Payee	Date of Payment	Method of Payment
Stripe	06/30/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
354 Oyster Point Blvd	South San Francisco	CA	94080

Purpose of Expenditure (by code)	Description	Event #
BNK	online processing fee	

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	$119.67

Total of Section P	**$49,685.88**

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
	July 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
House Majority Committee	July 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
House Majority Committee	July 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
House Majority Committee	July 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
bergin	tim		04/20/2026

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant: callfire

Payment to Reimburse Committee Worker/Consultant as reported in Section P: [X] Check # 1155 [ ] Debit Card [ ] EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
1410 2nd St Ste 200	Santa Monica	CA	

Purpose of Expenditure (by code)	Description	Event #
A-PH-BNK		

Expenditure #	Type of Expenditure (Itemization in Addendem T Required unless "None of the below" is checked)	Amount
626062	[ ] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [X] Organization: [X] A [ ] B [ ] C [ ] D	$130.04

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
bergin	tim		04/27/2026

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant: callfire

Payment to Reimburse Committee Worker/Consultant as reported in Section P: [X] Check # 1155 [ ] Debit Card [ ] EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
1410 2nd St Ste 200	Santa Monica	CA	

Purpose of Expenditure (by code)	Description	Event #
A-PH-BNK		

Expenditure #	Type of Expenditure (Itemization in Addendem T Required unless "None of the below" is checked)	Amount
626065	[ ] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [X] Organization: [X] A [ ] B [ ] C [ ] D	$130.04

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	July 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
baltimore	richard		05/03/2026

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant: cvs

Payment to Reimburse Committee Worker/Consultant as reported in Section P: [X] Check # 1157 [ ] Debit Card [ ] EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
1240 Farmington Ave	West Hartford	CT	

Purpose of Expenditure (by code)	Description	Event #
POST	stamps and also envelopes	

Expenditure #:

Type of Expenditure (Itemization in Addendem T Required unless "None of the below" is checked)

[X] None of the below
[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent
[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization: [ ] A [ ] B [ ] C [ ] D

Amount: $23.38

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
bergin	tim		05/11/2026

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant: callfire

Payment to Reimburse Committee Worker/Consultant as reported in Section P: [X] Check # 1155 [ ] Debit Card [ ] EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
1410 2nd St Ste 200	Santa Monica	CA	

Purpose of Expenditure (by code)	Description	Event #
A-PH-BNK		

Expenditure #: 626060

Type of Expenditure (Itemization in Addendem T 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) [X] Organization: [X] A [ ] B [ ] C [ ] D

Amount: $52.02

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	July 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
bergin	tim		05/18/2026

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant: callfire

Payment to Reimburse Committee Worker/Consultant as reported in Section P: [X] Check # 1155 [ ] Debit Card [ ] EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
1410 2nd St Ste 200	Santa Monica	CA	

Purpose of Expenditure (by code)	Description	Event #
A-PH-BNK		

Expenditure # 626066

Type of Expenditure (Itemization in Addendem T Required unless "None of the below" is checked)

- [ ] None of the below
- [ ] Coordinated with reimbursement sought (joint expenditure)
- [ ] Coordinated without reimbursement sought (in-kind contribution)
- [ ] Independent
- [X] Organization: [X] A [ ] B [ ] C [ ] D

Amount: $130.04

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
bergin	tim		06/05/2026

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant: barbs pizza

Payment to Reimburse Committee Worker/Consultant as reported in Section P: [X] Check # 1155 [ ] Debit Card [ ] EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
77 Berlin Rd	Cromwell	CT	

Purpose of Expenditure (by code)	Description	Event #
FOOD	food for meeting with consultants	

Expenditure #

Type of Expenditure (Itemization in Addendem T Required unless "None of the below" is checked)

- [X] None of the below
- [ ] Coordinated with reimbursement sought (joint expenditure)
- [ ] Coordinated without reimbursement sought (in-kind contribution)
- [ ] Independent
- [ ] Organization: [ ] A [ ] B [ ] C [ ] D

Amount: $541.24

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	July 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
bergin	tim		06/08/2026

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant: staples

Payment to Reimburse Committee Worker/Consultant as reported in Section P: [X] Check # 1155 [ ] Debit Card [ ] EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
2550 Albany Ave	West Hartford	CT	06117

Purpose of Expenditure (by code)	Description	Event #
Misc *	signage for HQ	

Expenditure #

Type of Expenditure (Itemization in Addendem T Required unless "None of the below" is checked)

[X] None of the below
[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent
[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization: [ ] A [ ] B [ ] C [ ] D

Amount: $24.45

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
bergin	tim		06/08/2026

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant: staples

Payment to Reimburse Committee Worker/Consultant as reported in Section P: [X] Check # 1155 [ ] Debit Card [ ] EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
2550 Albany Ave	West Hartford	CT	06117

Purpose of Expenditure (by code)	Description	Event #
OFFICE		

Expenditure #

Type of Expenditure (Itemization in Addendem T Required unless "None of the below" is checked)

[X] None of the below
[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent
[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization: [ ] A [ ] B [ ] C [ ] D

Amount: $63.57

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
House Majority Committee	July 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
bergin	tim		06/11/2026

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant: the locksmith center

Payment to Reimburse Committee Worker/Consultant as reported in Section P: [X] Check # 1155 [ ] Debit Card [ ] EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
942 New Britain Ave	West Hartford	CT	

Purpose of Expenditure (by code)	Description	Event #
Misc *	keys for HQ	

Expenditure #

Type of Expenditure (Itemization in Addendem T Required unless "None of the below" is checked)

[X] None of the below
[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent
[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization: [ ] A [ ] B [ ] C [ ] D

Amount: $44.67

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
grove	kimberly		06/16/2026

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant: costco wholesale

Payment to Reimburse Committee Worker/Consultant as reported in Section P: [X] Check # 1156 [ ] Debit Card [ ] EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
3600 E Main St	Waterbury	CT	

Purpose of Expenditure (by code)	Description	Event #
OFFICE		

Expenditure #

Type of Expenditure (Itemization in Addendem T Required unless "None of the below" is checked)

[X] None of the below
[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent
[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization: [ ] A [ ] B [ ] C [ ] D

Amount: $102.13

Total of Section T: $1,241.58

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
House Majority Committee	July 10 Filing - Original

P. Expenses Paid By Committee - Addendum

Expenditure #		Amount of Expenditure
616430	☒ Supported ☐ Opposed	$1,500.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Patricia A Dillon	State Representative	$1,500.00

Are Limits Aggregated?	Aggregating Committees
☒ Yes ☐ No	House Democrats Campaign Committee; Connecticut Majority Team PAC

Expenditure #		Amount of Expenditure
616432	☒ Supported ☐ Opposed	$340.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Patricia A Dillon	State Representative	$340.00

Are Limits Aggregated?	Aggregating Committees
☒ Yes ☐ No	House Democrats Campaign Committee; Connecticut Majority Team PAC

Expenditure #		Amount of Expenditure
616439	☒ Supported ☐ Opposed	$1,180.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
John P Santanella	State Representative	$1,180.00

Are Limits Aggregated?	Aggregating Committees
☒ Yes ☐ No	House Democrats Campaign Committee; Connecticut Majority Team PAC

Expenditure #		Amount of Expenditure
616635	☒ Supported ☐ Opposed	$880.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Patricia A Dillon	State Representative	$880.00

Are Limits Aggregated?	Aggregating Committees
☐ Yes ☐ No	

Expenditure #		Amount of Expenditure
616959	☒ Supported ☐ Opposed	$580.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Patricia A Dillon	State Representative	$580.00

Are Limits Aggregated?	Aggregating Committees
☐ Yes ☐ No	

Expenditure #		Amount of Expenditure
616961	☒ Supported ☐ Opposed	$1,000.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Patricia A Dillon	State Representative	$1,000.00

Are Limits Aggregated?	Aggregating Committees
☐ Yes ☐ No	

Expenditure #		Amount of Expenditure
617809	☒ Supported ☐ Opposed	$320.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Patricia A Dillon	State Representative	$320.00

Are Limits Aggregated?	Aggregating Committees
☐ Yes ☐ No	

Expenditure #		Amount of Expenditure
617810	☒ Supported ☐ Opposed	$520.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Patricia A Dillon	State Representative	$520.00

Are Limits Aggregated?	Aggregating Committees
☐ Yes ☐ No	

Expenditure #		Amount of Expenditure
617811	☒ Supported ☐ Opposed	$440.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Patricia A Dillon	State Representative	$440.00

Are Limits Aggregated?	Aggregating Committees
☐ Yes ☐ No	

Expenditure #		Amount of Expenditure
617812	☒ Supported ☐ Opposed	$500.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Patricia A Dillon	State Representative	$500.00

Are Limits Aggregated?	Aggregating Committees
☐ Yes ☐ No	

Expenditure #		Amount of Expenditure
617813	☒ Supported ☐ Opposed	$520.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Patricia A Dillon	State Representative	$520.00

Are Limits Aggregated?	Aggregating Committees
☐ Yes ☐ No	

Expenditure #		Amount of Expenditure
617814	☒ Supported ☐ Opposed	$440.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Patricia A Dillon	State Representative	$440.00

Are Limits Aggregated?	Aggregating Committees
☐ Yes ☐ No	

Expenditure #		Amount of Expenditure
617815	☒ Supported ☐ Opposed	$660.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Patricia A Dillon	State Representative	$660.00

Are Limits Aggregated?	Aggregating Committees
☐ Yes ☐ No	

Expenditure #		Amount of Expenditure
617818	☒ Supported ☐ Opposed	$660.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Patricia A Dillon	State Representative	$660.00

Are Limits Aggregated?	Aggregating Committees
☐ Yes ☐ No	

Expenditure #		Amount of Expenditure
617822	☒ Supported ☐ Opposed	$500.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Patricia A Dillon	State Representative	$500.00

Are Limits Aggregated?	Aggregating Committees
☐ Yes ☐ No	

Expenditure #		Amount of Expenditure
617823	☒ Supported ☐ Opposed	$240.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Patricia A Dillon	State Representative	$240.00

Are Limits Aggregated?	Aggregating Committees
☐ Yes ☐ No	

Expenditure #		Amount of Expenditure
617824	☒ Supported ☐ Opposed	$1,000.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Patricia A Dillon	State Representative	$1,000.00

Are Limits Aggregated?	Aggregating Committees
☐ Yes ☐ No	

Expenditure #		Amount of Expenditure
617825	☒ Supported ☐ Opposed	$225.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Patricia A Dillon	State Representative	$225.00

Are Limits Aggregated?	Aggregating Committees
☐ Yes ☐ No	

Expenditure #		Amount of Expenditure
620079	☒ Supported ☐ Opposed	$600.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
John P Santanella	State Representative	$600.00

Are Limits Aggregated?	Aggregating Committees
☐ Yes ☐ No	

Expenditure #		Amount of Expenditure
620087	☒ Supported ☐ Opposed	$440.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
John P Santanella	State Representative	$440.00

Are Limits Aggregated?	Aggregating Committees	
[X] Yes [ ] No	House Democrats Campaign Committee	Connecticut Majority Team PAC

Expenditure #		Amount of Expenditure
620088	[X] Supported [ ] Opposed	$1,000.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Patricia A Dillon	State Representative	$1,000.00

Are Limits Aggregated?	Aggregating Committees	
[X] Yes [ ] No	House Democrats Campaign Committee	Connecticut Majority Team PAC

Expenditure #		Amount of Expenditure
622185	[X] Supported [ ] Opposed	$9,715.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Patricia A Dillon	State Representative	$9,715.00

Are Limits Aggregated?	Aggregating Committees	
[X] Yes [ ] No	House Democrats Campaign Committee	Connecticut Majority Team PAC

Expenditure #		Amount of Expenditure
622192	[X] Supported [ ] Opposed	$300.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Nick J Menapace	State Representative	$100.00

Are Limits Aggregated?	Aggregating Committees	
[X] Yes [ ] No	House Democrats Campaign Committee	Connecticut Majority Team PAC

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Nicholas M Gauthier	State Representative	$30.00

Are Limits Aggregated?	Aggregating Committees	
[X] Yes [ ] No	House Democrats Campaign Committee	Connecticut Majority Team PAC

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Kaitlyn Shake	State Representative	$70.00

Are Limits Aggregated?	Aggregating Committees	
[X] Yes [ ] No	House Democrats Campaign Committee	Connecticut Majority Team PAC

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Meghan Rosenfeld	State Representative	$100.00

Are Limits Aggregated?	Aggregating Committees	
[X] Yes [ ] No	House Democrats Campaign Committee	Connecticut Majority Team PAC

Expenditure #		Amount of Expenditure
622195	[X] Supported [ ] Opposed	$150.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Meghan Rosenfeld	State Representative	$80.00

Are Limits Aggregated?	Aggregating Committees	
[X] Yes [ ] No	House Democrats Campaign Committee	Connecticut Majority Team PAC

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Nick J Menapace	State Representative	$35.00

Are Limits Aggregated?	Aggregating Committees	
[X] Yes [ ] No	House Democrats Campaign Committee	Connecticut Majority Team PAC

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Kaitlyn Shake	State Representative	$35.00

Are Limits Aggregated?	Aggregating Committees	
[X] Yes [ ] No	House Democrats Campaign Committee	Connecticut Majority Team PAC

Expenditure #		Amount of Expenditure
622196	[X] Supported [ ] Opposed	$100.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Cinzia S Lettieri	State Representative	$100.00

Are Limits Aggregated?	Aggregating Committees	
[X] Yes [ ] No	House Democrats Campaign Committee	Connecticut Majority Team PAC

Expenditure #		Amount of Expenditure
622198	[X] Supported [ ] Opposed	$437.50

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Cinzia S Lettieri	State Representative	$437.50

Are Limits Aggregated?	Aggregating Committees	
[X] Yes [ ] No	House Democrats Campaign Committee	Connecticut Majority Team PAC

Expenditure #	[x] Supported [ ] Opposed	Amount of Expenditure
622199		$960.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Meghan Rosenfeld	State Representative	$240.00

Are Limits Aggregated?	Aggregating Committees	
[x] Yes [ ] No	House Democrats Campaign Committee	Connecticut Majority Team PAC

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Nick J Menapace	State Representative	$230.00

Are Limits Aggregated?	Aggregating Committees	
[x] Yes [ ] No	House Democrats Campaign Committee	Connecticut Majority Team PAC

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Nicholas M Gauthier	State Representative	$240.00

Are Limits Aggregated?	Aggregating Committees	
[x] Yes [ ] No	House Democrats Campaign Committee	Connecticut Majority Team PAC

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Kaitlyn Shake	State Representative	$250.00

Are Limits Aggregated?	Aggregating Committees	
[x] Yes [ ] No	House Democrats Campaign Committee	Connecticut Majority Team PAC

Expenditure #	[x] Supported [ ] Opposed	Amount of Expenditure
622207		$137.50

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Richard Leborious	State Representative	$137.50

Are Limits Aggregated?	Aggregating Committees	
[x] Yes [ ] No	House Democrats Campaign Committee	Connecticut Majority Team PAC

Expenditure #	[x] Supported [ ] Opposed	Amount of Expenditure
622209		$20.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Kaitlyn Shake	State Representative	$20.00

Are Limits Aggregated?	Aggregating Committees	
[x] Yes [ ] No	House Democrats Campaign Committee	Connecticut Majority Team PAC

Expenditure #	Supported / Opposed	Amount of Expenditure
622212	[x] Supported [ ] Opposed	$510.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Nick J Menapace	State Representative	$190.00

Are Limits Aggregated?	Aggregating Committees
[x] Yes [ ] No	House Democrats Campaign Committee; Connecticut Majority Team PAC

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Nicholas M Gauthier	State Representative	$180.00

Are Limits Aggregated?	Aggregating Committees
[x] Yes [ ] No	House Democrats Campaign Committee; Connecticut Majority Team PAC

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Kaitlyn Shake	State Representative	$140.00

Are Limits Aggregated?	Aggregating Committees
[x] Yes [ ] No	House Democrats Campaign Committee; Connecticut Majority Team PAC

Expenditure #	Supported / Opposed	Amount of Expenditure
622215	[x] Supported [ ] Opposed	$150.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Meghan Rosenfeld	State Representative	$150.00

Are Limits Aggregated?	Aggregating Committees
[x] Yes [ ] No	House Democrats Campaign Committee; Connecticut Majority Team PAC

Expenditure #	Supported / Opposed	Amount of Expenditure
622221	[x] Supported [ ] Opposed	$620.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Nick J Menapace	State Representative	$360.00

Are Limits Aggregated?	Aggregating Committees
[x] Yes [ ] No	House Democrats Campaign Committee; Connecticut Majority Team PAC

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Kaitlyn Shake	State Representative	$260.00

Are Limits Aggregated?	Aggregating Committees
[x] Yes [ ] No	House Democrats Campaign Committee; Connecticut Majority Team PAC

Expenditure #		Amount of Expenditure
622230	☒ Supported ☐ Opposed	$420.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Kaitlyn Shake	State Representative	$140.00

Are Limits Aggregated?	Aggregating Committees	
☒ Yes ☐ No	House Democrats Campaign Committee	Connecticut Majority Team PAC

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Nicholas M Gauthier	State Representative	$160.00

Are Limits Aggregated?	Aggregating Committees	
☒ Yes ☐ No	House Democrats Campaign Committee	Connecticut Majority Team PAC

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Nick J Menapace	State Representative	$120.00

Are Limits Aggregated?	Aggregating Committees	
☒ Yes ☐ No	House Democrats Campaign Committee	Connecticut Majority Team PAC

Expenditure #		Amount of Expenditure
622234	☒ Supported ☐ Opposed	$200.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Richard Leborious	State Representative	$200.00

Are Limits Aggregated?	Aggregating Committees	
☒ Yes ☐ No	House Democrats Campaign Committee	Connecticut Majority Team PAC

Expenditure #		Amount of Expenditure
622235	☒ Supported ☐ Opposed	$275.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Richard Leborious	State Representative	$275.00

Are Limits Aggregated?	Aggregating Committees	
☒ Yes ☐ No	House Democrats Campaign Committee	Connecticut Majority Team PAC

Expenditure #		Amount of Expenditure
622239	☒ Supported ☐ Opposed	$275.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Ellen Paul	State Representative	$225.00

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee Connecticut Majority Team PAC

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Richard Leborious	State Representative	$50.00

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee Connecticut Majority Team PAC

Expenditure #		Amount of Expenditure
622240	[X] Supported [ ] Opposed	$475.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Ellen Paul	State Representative	$475.00

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee Connecticut Majority Team PAC

Expenditure #		Amount of Expenditure
622241	[X] Supported [ ] Opposed	$100.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Patricia A Dillon	State Representative	$100.00

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee Connecticut Majority Team PAC

Expenditure #		Amount of Expenditure
622244	[X] Supported [ ] Opposed	$387.50

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Chad Cardillo	State Representative	$150.00

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee Connecticut Majority Team PAC

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Rebecca L Martinez	State Representative	$237.50

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee Connecticut Majority Team PAC

Expenditure #	Supported / Opposed	Amount of Expenditure
622246	[x] Supported [ ] Opposed	$512.50

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Chad Cardillo	State Representative	$337.50

Are Limits Aggregated?	Aggregating Committees
[x] Yes [ ] No	House Democrats Campaign Committee Connecticut Majority Team PAC

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Rebecca L Martinez	State Representative	$175.00

Are Limits Aggregated?	Aggregating Committees
[x] Yes [ ] No	House Democrats Campaign Committee Connecticut Majority Team PAC

Expenditure #	Supported / Opposed	Amount of Expenditure
622248	[x] Supported [ ] Opposed	$568.75

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Chad Cardillo	State Representative	$381.25

Are Limits Aggregated?	Aggregating Committees
[x] Yes [ ] No	House Democrats Campaign Committee Connecticut Majority Team PAC

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Rebecca L Martinez	State Representative	$187.50

Are Limits Aggregated?	Aggregating Committees
[x] Yes [ ] No	House Democrats Campaign Committee Connecticut Majority Team PAC

Expenditure #	Supported / Opposed	Amount of Expenditure
622251	[x] Supported [ ] Opposed	$520.15

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Larry L I Pemberton Jr	State Representative	$100.00

Are Limits Aggregated?	Aggregating Committees
[x] Yes [ ] No	House Democrats Campaign Committee Connecticut Majority Team PAC

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Mary Welander	State Representative	$200.00

Are Limits Aggregated?	Aggregating Committees
[x] Yes [ ] No	House Democrats Campaign Committee Connecticut Majority Team PAC

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Olaleye Onikuyide	State Representative	$100.00

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee Connecticut Majority Team PAC

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Tiffani McGinnis	State Representative	$120.15

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee Connecticut Majority Team PAC

Expenditure #		Amount of Expenditure
626082	[X] Supported [ ] Opposed	$275.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Cinzia S Lettieri	State Representative	$275.00

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee Connecticut Majority Team PAC

Expenditure #		Amount of Expenditure
626212	[X] Supported [ ] Opposed	$312.50

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Patricia A Dillon	State Representative	$312.50

Are Limits Aggregated?	Aggregating Committees
[X] Yes [ ] No	House Democrats Campaign Committee Connecticut Majority Team PAC

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
House Majority Committee	July 10 Filing - Original

T. Itemization of Reimbursements and Secondary Payees - Addendum

Expenditure #		Amount of Expenditure
626060	[x] Supported [ ] Opposed	$52.02

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Patricia A Dillon	State Representative	$52.02

Expenditure #		Amount of Expenditure
626062	[x] Supported [ ] Opposed	$130.04

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Patricia A Dillon	State Representative	$130.04

Expenditure #		Amount of Expenditure
626065	[x] Supported [ ] Opposed	$130.04

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
John P Santanella	State Representative	$130.04

Expenditure #		Amount of Expenditure
626066	[x] Supported [ ] Opposed	$130.04

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
John P Santanella	State Representative	$130.04