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

Democratic Leadership PAC

2. TREASURER NAME

First	MI	Last	Suffix
Cutter	**W**	**Oliver**	

3. TREASURER ADDRESS

Street Address	City	State	Zip Code
298 Ridgewood Dr	**Mystic**	**CT**	**06355**

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	**Cutter Oliver**	**07/10/2026 9:25:41PM**
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	
Democratic Leadership PAC	**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		**$90,504.51**
12. Balance on hand at the beginning of Reporting Period	**$95,264.51**	
13. Contributions received from Individuals (Section A and B)	**$2,400.00**	**$2,500.00**
14. Receipts from Other Committees (Sections C1 and C2)	**$15,885.00**	**$23,520.16**
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)	**$500.00**	**$500.00**
17. Total Monetary Receipts (add totals for lines 13 through 16c)	**$18,785.00**	**$26,520.16**
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	**$114,049.51**	**$117,024.67**
19. Expenses Paid by Committee (Section P)	**$3,565.37**	**$6,540.53**
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both columns)	**$110,484.14**	**$110,484.14**
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
Democratic Leadership PAC	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
Hawthorne	Edward	

Residential Street Address	City	State	Zip Code
53 Woodward Dr	Wolcott	CT	

Principal Occupation	Name of Employer
President	CT AFL-CIO

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 # 06162026B

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
06/04/2026	$100.00

Last Name	First Name	MI
Hughes	Ryan	

Residential Street Address	City	State	Zip Code
66 Summer St # 508	Stamford	CT	

Principal Occupation	Name of Employer
Political Director	CT AFL-CIO

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: $200.00

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No
If yes, list Event # 06162026B

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
06/16/2026	$200.00

Last Name	First Name	MI
Needleman	Norman	

Residential Street Address	City	State	Zip Code
9 Foxboro Rd	Essex	CT	06426

Principal Occupation	Name of Employer
Executive	Tower Labs Ltd.

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: $2,000.00

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 [x] Personal Check [ ] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received	Aggregate Contributions
06/20/2026	$2,000.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Democratic Leadership PAC	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Hollander	Ross	

Residential Street Address	City	State	Zip Code
7 Kensington Park	Bloomfield	CT	06002

Principal Occupation	Name of Employer
Executive	Hartford Distributors, 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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 07072026A

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
06/25/2026	$100.00	$100.00

Total of Section B	**$2,400.00**
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) *(Total on Line 13 of Summary Page)*	**$2,400.00**

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Democratic Leadership PAC	July 10 Filing - Original

C1. Contributions from Other Committees

Name of Committee	Name of Treasurer
Sheet Metal Workers Local # 38	Thomas M Picheco

Address	Is this contribution associated with an event reported in Section L1?	If yes, list Event #	Amount of Contribution
38 Starr Ridge Rd , PO Box 119	[x] Yes [ ] No	06162026B	$500.00

City	State	Zip Code	Date Received	Aggregate Contributions
Brewster	NY	10509	06/16/2026	$500.00

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?	If yes, list Event #	Amount of Contribution
21 Oak St Ste 500	[x] Yes [ ] No	06162026B	$2,000.00

City	State	Zip Code	Date Received	Aggregate Contributions
Hartford	CT	06106	06/16/2026	$2,000.00

Name of Committee	Name of Treasurer
AFSCME Council 4 OPC	Jody Barr

Address	Is this contribution associated with an event reported in Section L1?	If yes, list Event #	Amount of Contribution
444 E Main St	[x] Yes [ ] No	06162026B	$2,000.00

City	State	Zip Code	Date Received	Aggregate Contributions
New Britain	CT	06051	06/16/2026	$3,000.00

Name of Committee	Name of Treasurer
UNITE FOR PROGRESS	Kate A Conetta

Address	Is this contribution associated with an event reported in Section L1?	If yes, list Event #	Amount of Contribution
4 Topfield Rd	[x] Yes [ ] No	06162026B	$2,000.00

City	State	Zip Code	Date Received	Aggregate Contributions
Danbury	CT	06811	06/16/2026	$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	[x] Yes [ ] No	06162026B	$2,000.00

City	State	Zip Code	Date Received	Aggregate Contributions
Hartford	CT	06114	06/16/2026	$2,000.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Democratic Leadership PAC	July 10 Filing - Original

C1. Contributions from Other Committees

Name of Committee	Name of Treasurer
Local 217 PAC	Eva H Weintraub

Address	Is this contribution associated with an event reported in Section L1?	If yes, list Event #	Amount of Contribution
425 College St	[x] Yes [ ] No	06162026B	$2,000.00

City	State	Zip Code	Date Received	Aggregate Contributions
New Haven	CT	06511	06/16/2026	$2,000.00

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	[x] Yes [ ] No	06162026B	$250.00

City	State	Zip Code	Date Received	Aggregate Contributions
Hartford	CT	06106	06/16/2026	$250.00

Name of Committee	Name of Treasurer
CEUI	Carl Chisom

Address	Is this contribution associated with an event reported in Section L1?	If yes, list Event #	Amount of Contribution
110 Randolph Rd	[x] Yes [ ] No	06162026B	$2,000.00

City	State	Zip Code	Date Received	Aggregate Contributions
Middletown	CT	06457	06/16/2026	$2,000.00

Name of Committee	Name of Treasurer
Connecticut State UAW PAC Council	Lynne Stephenson

Address	Is this contribution associated with an event reported in Section L1?	If yes, list Event #	Amount of Contribution
111 South Rd	[x] Yes [ ] No	06162026B	$2,000.00

City	State	Zip Code	Date Received	Aggregate Contributions
Farmington	CT	06032	06/25/2026	$2,000.00

Name of Committee	Name of Treasurer
MML PAC	Foster Hall

Address	Is this contribution associated with an event reported in Section L1?	If yes, list Event #	Amount of Contribution
132 Fort Hale Rd	[ ] Yes [x] No		$1,000.00

City	State	Zip Code	Date Received	Aggregate Contributions
New Haven	CT	06512	06/25/2026	$1,000.00

Total of Section C1	**$15,750.00**

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Democratic Leadership PAC	July 10 Filing - Original

C2. Reimbursements or Surplus Distributions from other Committees

Name of Committee	Name of Treasurer	Address	City	State	Zip Code	Date Received	Payment Type	Amount of Receipt	Expenditure # (if applicable)	Description
Senate Democrats Victory PAC	Kenneth Saccente	524 Ridgeview Rd	Orange	CT	06477	06/16/2026	[x] Reimbursement for shared expense [ ] Surplus Distribution	$45.00		
MML PAC	Foster Hall	132 Fort Hale Rd	New Haven	CT	06512	06/16/2026	[x] Reimbursement for shared expense [ ] Surplus Distribution	$45.00		
Democratic Senate Majority PAC	Ashley Reding	10 Sea Hill Rd	North Branford	CT	06471	06/16/2026	[x] Reimbursement for shared expense [ ] Surplus Distribution	$45.00		
							Total of Section C2	**$135.00**		

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Democratic Leadership PAC	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
Democratic Leadership PAC	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
Democratic Leadership PAC	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
Democratic Leadership PAC	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
Democratic Leadership PAC	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
Democratic Leadership PAC	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
Democratic Leadership PAC	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
Democratic Leadership PAC	July 10 Filing - Original

L1. Event Information

Event # / Date of Event	Letter	Description	Was this a fundraising event?
06/16/2026	B	Reception Event	[X] Yes [ ] No

Location: Street Address	City	State	Zip Code
369 Capitol Ave	Hartford	CT	

Subpart 1: (All Committees)

Was this event hosted at a personal residence? [ ] Yes [X] No

(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations.)

Did this fundraiser include goods or services donated by a business entity of up to $200 or items donated by an individual of up to $100? [ ] Yes [X] No

(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)

Was this fundraiser a tag sale, auction, or other sale of donated items with puchases from an individual of up to $100? [ ] Yes [X] No

(If yes, enter Total Receipts here.) $0.00

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

Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? [X] Yes [ ] No

(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)

Subpart 3: (Town Committees ONLY)

Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser? [ ] Yes [ ] No

(If yes, enter Total Receipts here.) $0.00

Event # / Date of Event	Letter	Description	Was this a fundraising event?
07/07/2026	A	Reception Event	[X] Yes [ ] No

Location: Street Address	City	State	Zip Code
460 Frontage Rd	West Haven	CT	

Subpart 1: (All Committees)

Was this event hosted at a personal residence? [ ] Yes [X] No

(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations.)

Did this fundraiser include goods or services donated by a business entity of up to $200 or items donated by an individual of up to $100? [ ] Yes [X] No

(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)

Was this fundraiser a tag sale, auction, or other sale of donated items with puchases from an individual of up to $100? [ ] Yes [X] No

(If yes, enter Total Receipts here.) $0.00

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

Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? [X] Yes [ ] No

(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)

Subpart 3: (Town Committees ONLY)

Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser? [ ] Yes [ ] No

(If yes, enter Total Receipts here.) $0.00

Total of Section L1	**$0.00**

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Democratic Leadership PAC	July 10 Filing - Original

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

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

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

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
06/22/2026	07072026A	$250.00	$250.00	

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

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

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
06/22/2026	06162026B	$250.00	$250.00	

Total of Section L3	$500.00

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Democratic Leadership PAC	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
Democratic Leadership PAC	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
Democratic Leadership PAC	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
Democratic Leadership PAC	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
Democratic Leadership PAC	July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Mailchimp c/o The Rocket Science Group, LLC	04/05/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
675 Ponce De Leon Ave NE	Atlanta	GA	

Purpose of Expenditure (by code)	Description	Event #
OVHD		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D	$26.77

Name of Payee	Date of Payment	Method of Payment
Squarespace	04/07/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
225 Varick St Fl 12	New York	NY	10014

Purpose of Expenditure (by code)	Description	Event #
OVHD		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D	$8.93

Name of Payee	Date of Payment	Method of Payment
Adobe Systems Inc	04/25/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
345 Park Ave	San Jose	CA	95110

Purpose of Expenditure (by code)	Description	Event #
OVHD		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D	$24.45

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Democratic Leadership PAC	July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Zoom Video Communications	04/27/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
55 Almaden Blvd	San Jose	CA	95113

Purpose of Expenditure (by code)	Description	Event #
OVHD		

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	$18.07

Name of Payee	Date of Payment	Method of Payment
Mailchimp c/o The Rocket Science Group, LLC	05/05/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
675 Ponce De Leon Ave NE	Atlanta	GA	

Purpose of Expenditure (by code)	Description	Event #
OVHD		

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	$26.77

Name of Payee	Date of Payment	Method of Payment
Wine Beer Mart	05/06/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1795 Silas Deane Hwyq	Rocky Hill	CT	

Purpose of Expenditure (by code)	Description	Event #
FOOD		

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	$372.12

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Democratic Leadership PAC	July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Southend Liquor	05/06/2026	[ ] Check # [x] Debit Card [ ] EFT

Street Address	City	State	Zip Code
196 Maple Ave	Hartford	CT	

Purpose of Expenditure (by code)	Description	Event #
FOOD		

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	$71.45

Name of Payee	Date of Payment	Method of Payment
Squarespace	05/07/2026	[ ] Check # [ ] Debit Card [x] EFT

Street Address	City	State	Zip Code
225 Varick St Fl 12	New York	NY	10014

Purpose of Expenditure (by code)	Description	Event #
OVHD		

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	$8.93

Name of Payee	Date of Payment	Method of Payment
NGP VAN, Inc.	05/11/2026	[ ] Check # [ ] Debit Card [x] EFT

Street Address	City	State	Zip Code
1101 15th St NW Ste 500	Washington	DC	20005

Purpose of Expenditure (by code)	Description	Event #
OVHD		

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	$901.96

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Democratic Leadership PAC	July 10 Filing - Original

P. Expenses Paid By Committee

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

Street Address	City	State	Zip Code
937 State St	New Haven	CT	06511

Purpose of Expenditure (by code)	Description	Event #
FOOD		

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	$133.40

Name of Payee	Date of Payment	Method of Payment
Adobe Systems Inc	05/25/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
345 Park Ave	San Jose	CA	95110

Purpose of Expenditure (by code)	Description	Event #
OVHD		

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	$24.45

Name of Payee	Date of Payment	Method of Payment
Zoom Video Communications	05/27/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
55 Almaden Blvd	San Jose	CA	95113

Purpose of Expenditure (by code)	Description	Event #
OVHD		

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	$18.07

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Democratic Leadership PAC	July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
TruthFinder, LLC	06/02/2026	[ ] Check # [x] Debit Card [ ] EFT

Street Address	City	State	Zip Code
2534 State St Ste 473	San Diego	CA	

Purpose of Expenditure (by code)	Description	Event #
OVHD		

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	$50.02

Name of Payee	Date of Payment	Method of Payment
Mailchimp c/o The Rocket Science Group, LLC	06/05/2026	[ ] Check # [ ] Debit Card [x] EFT

Street Address	City	State	Zip Code
675 Ponce De Leon Ave NE	Atlanta	GA	

Purpose of Expenditure (by code)	Description	Event #
OVHD		

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	$26.77

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

Street Address	City	State	Zip Code
225 Varick St Fl 12	New York	NY	10014

Purpose of Expenditure (by code)	Description	Event #
OVHD		

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	$8.93

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Democratic Leadership PAC	July 10 Filing - Original

P. Expenses Paid By Committee

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

Street Address	City	State	Zip Code
2534 State St Ste 473	San Diego	CA	

Purpose of Expenditure (by code)	Description	Event #
OVHD		

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	$4.24

Name of Payee	Date of Payment	Method of Payment
Squarespace	06/14/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
225 Varick St Fl 12	New York	NY	10014

Purpose of Expenditure (by code)	Description	Event #
OVHD		

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	$21.27

Name of Payee	Date of Payment	Method of Payment
Staples	06/15/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
292 Route 1	New London	CT	06320

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	$68.05

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Democratic Leadership PAC	July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
United State Postal Service	06/15/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
55 W Mystic Ave	West Mystic	CT	06388

Purpose of Expenditure (by code)	Description	Event #
POST		

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	$15.60

Name of Payee	Date of Payment	Method of Payment
Red Rock Tavern	06/16/2026	[ ] Check # [X] Debit Card [ ] EFT

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

Purpose of Expenditure (by code)	Description	Event #
FOOD		06162026B

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	$180.00

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

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

Purpose of Expenditure (by code)	Description	Event #
BNK		

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	$12.60

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Democratic Leadership PAC	July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
New Haven DTC	06/25/2026	[X] Check # 321 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
946 State St	New Haven	CT	

Purpose of Expenditure (by code)	Description	Event #
OVHD	Office 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	$1,500.00

Name of Payee	Date of Payment	Method of Payment
Adobe Systems Inc	06/25/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
345 Park Ave	San Jose	CA	95110

Purpose of Expenditure (by code)	Description	Event #
OVHD		

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	$24.45

Name of Payee	Date of Payment	Method of Payment
Zoom Video Communications	06/27/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
55 Almaden Blvd	San Jose	CA	95113

Purpose of Expenditure (by code)	Description	Event #
OVHD		

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	$18.07

Total of Section P	**$3,565.37**

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
Democratic Leadership PAC	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
Democratic Leadership PAC	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
Democratic Leadership PAC	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	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			Payment to Reimburse Committee Worker/Consultant as reported in Section P Check # Debit Card EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City		State	Zip Code
Purpose of Expenditure (by code)	Description			Event #
Expenditure #	Type of Expenditure (Itemization in Addendem T Required unless "None of the below" is checked)			Amount
	None of the below			
	Coordinated with reimbursement sought (joint expenditure)	Independent		
	Coordinated without reimbursement sought (in-kind contribution)	Organization: A B C D		
			Total of Section T	

Section L5. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT

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

Event #	
Name of Candidate or Committee	

Section P. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT

P. Expenses Paid By Committee - Addendum

Expenditure #	**Supported** **Opposed**	**Amount of Expenditure**
Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee

Are Limits Aggregated? **Yes** **No**	Aggregating Committees

Section R. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT

R. Expenses Incurred on Committee Credit Card - Addendum

Expenditure #	Supported Opposed	Amount of Expenditure

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

Section S. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT

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

Expenditure #	Supported Opposed	Amount of Expenditure

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

Section T. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT

T. Itemization of Reimbursements and Secondary Payees - Addendum

Expenditure #	Supported Opposed	Amount of Expenditure

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