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

Connecticut Majority Team PAC

2. TREASURER NAME

First	MI	Last	Suffix
Trenton		**Kapij**	

3. TREASURER ADDRESS

Street Address	City	State	Zip Code
1800 Silas Deane Hwy Apt 120S	**Rocky Hill**	**CT**	**06067**

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	**Trenton Kapij**	**07/10/2026 10:42:01PM**
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	
Connecticut Majority Team 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		**$63,806.38**
12. Balance on hand at the beginning of Reporting Period	**$73,764.91**	
13. Contributions received from Individuals (Section A and B)	**$1,000.95**	**$6,820.71**
14. Receipts from Other Committees (Sections C1 and C2)	**$7,750.00**	**$11,000.00**
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)	**$9,000.95**	**$20,070.71**
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	**$82,765.86**	**$83,877.09**
19. Expenses Paid by Committee (Section P)	**$1,802.44**	**$2,913.67**
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both columns)	**$80,963.42**	**$80,963.42**
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)	**$3,530.24**	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Connecticut Majority Team 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
Reiss	Max	

Residential Street Address	City	State	Zip Code
311 Quaker Ln S	West Hartford	CT	06119

Principal Occupation	Name of Employer
Communications	Eversource Energy

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 # 06112026B

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	$95.55	$95.55

Last Name	First Name	MI
Pernerewski	Paul	

Residential Street Address	City	State	Zip Code
98 Stoddard Rd	Waterbury	CT	06708

Principal Occupation	Name of Employer
Mayor	City of Waterbury

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 # 06112026B

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
06/04/2026	$95.55	$95.55

Last Name	First Name	MI
Bzdyra	Michael	

Residential Street Address	City	State	Zip Code
11 Timberwood Rd	West Hartford	CT	06117

Principal Occupation	Name of Employer
Lobbyist	Focus Government affairs

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

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

Amount of Contribution

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

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
06/04/2026	$95.55	$95.55

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Heffernan	William	

Residential Street Address	City	State	Zip Code
271 Kelsey Ave	West Haven	CT	06516

Principal Occupation	Name of Employer
Retired	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: $95.55

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

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
06/09/2026	$95.55

Last Name	First Name	MI
Doyle	Michael	

Residential Street Address	City	State	Zip Code
PO Box 464	Storrs	CT	06268

Principal Occupation	Name of Employer
Lobbyist	Gaffney, Bennett and Associates

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: $95.55

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

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	$95.55

Last Name	First Name	MI
Paolino	James	

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

Principal Occupation	Name of Employer
Lobbyist	FOCUS Government Affairs

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ 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: $95.55

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

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	$95.55

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Weeks	Brad	

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

Principal Occupation	Name of Employer
Government Relations	Rome Smith Kowalski

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

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

Amount of Contribution

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

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	$95.55	$95.55

Last Name	First Name	MI
Levin	Jay	

Residential Street Address	City	State	Zip Code
23 Worthington Rd	New London	CT	06320

Principal Occupation	Name of Employer
Attorney/Lobbyist	Levin, Paolino & Christ Government Relations Consu

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 # 06112026B

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	$95.55	$95.55

Last Name	First Name	MI
Pryzbysz	Kenneth	

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

Principal Occupation	Name of Employer
Consultant/Lobbyist	Pryzbysz + Associates

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

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

Amount of Contribution

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

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	$189.55	$47.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Gemski	Elizabeth	

Residential Street Address	City	State	Zip Code
35 Garden St	Farmington	CT	06032

Principal Occupation	Name of Employer
Lobbyist	Kozak & Salina

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

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

Amount of Contribution: $95.55

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

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	$95.55

Last Name	First Name	MI
Brakeman	Beverley	

Residential Street Address	City	State	Zip Code
189 Newington Rd Apt 304	West Hartford	CT	06110

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: $47.00

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

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	$47.00

Last Name	First Name	MI
Hallisey	Matthew	

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

Principal Occupation	Name of Employer
Lobbyist	Matthew Hallisey Government Affairs, LLC

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [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: $47.00

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

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	$47.00

Total of Section B	**$1,000.95**
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) *(Total on Line 13 of Summary Page)*	**$1,000.95**

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Connecticut Majority Team PAC	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
3 Holly Ln	☐ Yes ☒ No		

City	State	Zip Code	Date Received	Aggregate Contributions	Amount of Contribution
Marlborough	CT	06447	04/15/2026	$2,000.00	$2,000.00

Name of Committee	Name of Treasurer
Connecticut State Employees Assoc Pac	David 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	06112026B	

City	State	Zip Code	Date Received	Aggregate Contributions	Amount of Contribution
Hartford	CT	06106	06/04/2026	$500.00	$250.00

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	06112026B	

City	State	Zip Code	Date Received	Aggregate Contributions	Amount of Contribution
Hartford	CT	06114	06/08/2026	$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	06112026B	

City	State	Zip Code	Date Received	Aggregate Contributions	Amount of Contribution
Hartford	CT	06103	06/09/2026	$500.00	$500.00

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
85 Eastfield Dr	☒ Yes ☐ No	06112026B	

City	State	Zip Code	Date Received	Aggregate Contributions	Amount of Contribution
Fairfield	CT	06825	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
Connecticut Majority Team PAC	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 # 06112026B	$1,000.00

City	State	Zip Code	Date Received	Aggregate Contributions
Hartford	CT	06106	06/11/2026	$1,000.00

Total of Section C1	**$7,750.00**

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Majority Team PAC	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
Connecticut Majority Team 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
Connecticut Majority Team 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
Connecticut Majority Team 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
Connecticut Majority Team 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
Connecticut Majority Team 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
Connecticut Majority Team 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
Connecticut Majority Team 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
Connecticut Majority Team PAC	July 10 Filing - Original

L1. Event Information

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

Location: Street Address	City	State	Zip Code
831 Farmington Ave	West Hartford	CT	06119

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
Connecticut Majority Team PAC	July 10 Filing - Original

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

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

Street Address	City	State	Zip Code
350 Trolley Line Blvd	Mashantucket	CT	06338

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
06/18/2026	06112026B	$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
Connecticut Majority Team 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
Connecticut Majority Team 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
Connecticut Majority Team 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
Connecticut Majority Team 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
Connecticut Majority Team PAC	July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
TD Bank	06/05/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
2461 Main St	Glastonbury	CT	06033

Purpose of Expenditure (by code)	Description	Event #
OVHD	Purchase of new check books.	

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	$202.40

Name of Payee	Date of Payment	Method of Payment
TD Bank	06/09/2026	[ ] Check # [ ] Debit Card [X] EFT

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

Purpose of Expenditure (by code)	Description	Event #
BNK	Chargeback fee associated with Mashantucket Pequot check that was reissued. Amended April 26 filing to remove added to July 26 filing	

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	$20.00

Name of Payee	Date of Payment	Method of Payment
Trenton Kapij	06/11/2026	[X] Check # 2307 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
3 Holly Ln	Marlborough	CT	06047

Purpose of Expenditure (by code)	Description	Event #
RMB	Reimbursement for food associated with hosting 6/11 fundraiser	06112026B

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	$500.00

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Tim Bergin	06/18/2026	[X] Check # 2281 [ ] Debit Card [ ] EFT

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

Purpose of Expenditure (by code)	Description	Event #
A-PH-BNK	Callfire credits for Rosenfeld	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
625264	[ ] 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

Name of Payee	Date of Payment	Method of Payment
Justin Lameroux	06/18/2026	[X] Check # 2282 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
34 Castlewood Dr	Berlin	CT	06037

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
625269	[ ] 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
Mario Boozang	06/18/2026	[X] Check # 2283 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
55 Nash St	New Haven	CT	06511

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

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
625271	[ ] 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

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Franklin Zambrano	06/18/2026	[X] Check # 2284 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
56 S Hawthorne St	Manchester	CT	06042

Purpose of Expenditure (by code)	Description	Event #
CNSLT	Santanella & Rosenfeld	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
625279	[ ] 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
Leyra Adorno	06/18/2026	[X] Check # 2285 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1123 Walt Williams Rd Lot 151	Lakeland	FL	33809

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

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
625283	[ ] 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

Total of Section P	**$1,802.44**

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
Connecticut Majority Team 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
Connecticut Majority Team 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
Connecticut Majority Team 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
Kapij	Trenton	R	06/11/2026

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P
Butterfly Chinese Restaurant	[X] Check # 2307 [ ] Debit Card [ ] EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
831 Farmington Ave	West Hartford	CT	06119

Purpose of Expenditure (by code)	Description	Event #
RMB	Payment for food associated with 6/11 fundraiser	06112026B

Expenditure #	Type of Expenditure (Itemization in Addendem T Required unless "None of the below" is checked)		Amount
	[X] None of the below		
	[ ] Coordinated with reimbursement sought (joint expenditure)	[ ] Independent	$500.00
	[ ] Coordinated without reimbursement sought (in-kind contribution)	[ ] Organization: [ ] A [ ] B [ ] C [ ] D	
		Total of Section T	**$500.00**

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
Connecticut Majority Team PAC	July 10 Filing - Original

P. Expenses Paid By Committee - Addendum

Expenditure #		Amount of Expenditure
625264	☒ Supported ☐ Opposed	$130.04

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Meghan Rosenfeld	State Representative	$130.04

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

Expenditure #		Amount of Expenditure
625269	☒ Supported ☐ Opposed	$150.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Patricia A Dillon	State Representative	$150.00

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

Expenditure #		Amount of Expenditure
625271	☒ 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	
☒ Yes ☐ No	House Democrats Campaign Committee	House Majority Committee

Expenditure #		Amount of Expenditure
625279	☒ Supported ☐ Opposed	$600.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
John P Santanella	State Representative	$300.00

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

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Meghan Rosenfeld	State Representative	$300.00

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

Expenditure #		Amount of Expenditure
625283	[X] Supported [ ] Opposed	$100.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
John P Santanella	State Representative	$100.00

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

Section R. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

R. Expenses Incurred on Committee Credit Card - Addendum

Expenditure #		Amount of Expenditure
	Supported Opposed	

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