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

Firewall Fund

2. TREASURER NAME

First	MI	Last	Suffix
Timothy		**Birch**	

3. TREASURER ADDRESS

Street Address	City	State	Zip Code
379 Belden Hill Rd	**Wilton**	**CT**	**06987**

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	**Amber Page Gehr**	**07/10/2026 10:13:21PM**
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	
Firewall Fund	**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		**$57,364.54**
12. Balance on hand at the beginning of Reporting Period	**$103,355.93**	
13. Contributions received from Individuals (Section A and B)	**$5,650.00**	**$64,611.00**
14. Receipts from Other Committees (Sections C1 and C2)	**$0.00**	**$750.00**
15. Other Monetary Receipts (Section D through K)	**$0.00**	**$579.27**
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)	**$0.00**	**$4,500.00**
17. Total Monetary Receipts (add totals for lines 13 through 16c)	**$5,650.00**	**$70,440.27**
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	**$109,005.93**	**$127,804.81**
19. Expenses Paid by Committee (Section P)	**$30,575.69**	**$49,374.57**
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both columns)	**$78,430.24**	**$78,430.24**
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)	**$2,501.30**	**$5,506.00**
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
Firewall Fund	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
Donofrio	Anita	

Residential Street Address	City	State	Zip Code
55 High Ridge Ave	Ridgefield	CT	06877-4901

Principal Occupation	Name of Employer
Developer	AMD HOMES LLC self employed

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 #

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	Date Received	Aggregate Contributions	Amount of Contribution
☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	04/08/2026	$1,000.00	$1,000.00

Last Name	First Name	MI
Hancock	Gregory	

Residential Street Address	City	State	Zip Code
29 Gravel St	Meriden	CT	06450-4607

Principal Occupation	Name of Employer
Pharmacist	Hancock Pharmacy

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 #

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	Date Received	Aggregate Contributions	Amount of Contribution
☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	04/08/2026	$1,000.00	$1,000.00

Last Name	First Name	MI
Mak	Ty	

Residential Street Address	City	State	Zip Code
3500 Galt Ocean Dr Apt 1611	Fort Lauderdale	FL	33308-6829

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

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	Date Received	Aggregate Contributions	Amount of Contribution
☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	04/09/2026	$1,000.00	$1,000.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Firewall Fund	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Boutris	Demetrios	

Residential Street Address	City	State	Zip Code
2000 Broadway Apt 14G	New York	NY	10023-5043

Principal Occupation	Name of Employer
Executive	Beyond Finance, LLC

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

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

Amount of Contribution: $1,000.00

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
04/13/2026	$1,000.00

Last Name	First Name	MI
Furman	Nat	

Residential Street Address	City	State	Zip Code
117 Dunning Rd	New Canaan	CT	06840-4011

Principal Occupation	Name of Employer
Partner	Oak Hill Advisors

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: $150.00

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
04/21/2026	$150.00

Last Name	First Name	MI
Feng	Junbo	

Residential Street Address	City	State	Zip Code
4 Mohican Trl	Scarsdale	NY	10583-6927

Principal Occupation	Name of Employer
Financial Analyst	Millennium Management

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: $150.00

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
04/23/2026	$150.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Firewall Fund	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Tsao	Thomas	

Residential Street Address	City	State	Zip Code
10190 Cedar Pond Dr	Vienna	VA	22182-2903

Principal Occupation	Name of Employer
Venture Capitalist	Gobi Partners

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 #

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	Date Received	Aggregate Contributions	Amount of Contribution
☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	05/02/2026	$1,000.00	$1,000.00

Last Name	First Name	MI
Jarmoc	Karen	

Residential Street Address	City	State	Zip Code
25 Lake Dr	Somers	CT	06071-2167

Principal Occupation	Name of Employer
CEO	Springfield Jewish Community Center

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 #

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	Date Received	Aggregate Contributions	Amount of Contribution
☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	05/19/2026	$250.00	$250.00

Last Name	First Name	MI
Friedman	Daniel	

Residential Street Address	City	State	Zip Code
84 Blue Ridge Ln	West Hartford	CT	06117-2313

Principal Occupation	Name of Employer
Financial Advisor	WMGNA LLC

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

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

Amount of 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

Method of Contribution	Date Received	Aggregate Contributions	Amount of Contribution
☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	05/26/2026	$100.00	$100.00

Total of Section B	**$5,650.00**
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) *(Total on Line 13 of Summary Page)*	**$5,650.00**

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Firewall Fund	July 10 Filing - Original

C1. Contributions from Other Committees

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

Total of Section C1	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Firewall Fund	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
Firewall Fund	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
Firewall Fund	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
Firewall Fund	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
Firewall Fund	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
Firewall Fund	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
Firewall Fund	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
Firewall Fund	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
Firewall Fund	July 10 Filing - Original

L1. Event Information

Event # / Date of Event / Letter	Description	Was this a fundraising event? Yes / No
Location: Street Address	City	State / Zip Code

Subpart 1: (All Committees) Was this event hosted at a personal residence?	Yes / 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 / 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 / No	*(If yes*, enter Total Receipts here.)
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?	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.)
	Total of Section L1	

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Firewall Fund	July 10 Filing - Original

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

Name of Purchaser				Purchase Made By: **Business Entity** **Other** **Individual/Sole Proprietorship**
Street Address	City	State	Zip Code	

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase

Total of Section L3	

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Firewall Fund	July 10 Filing - Original

L4. In-Kind Donations Not Considered Contributions

Name of the Donor			
Street Address	City	State	Zip Code

Donation Given by: Business Entity / Individual / Sole Proprietorship	Description of Donation			Fair Market Value of Donation
	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
Firewall Fund	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
Firewall Fund	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
Firewall Fund	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
Firewall Fund	July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Paragon payment solutions	04/02/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
303 Perimeter Ctr N Ste 600	Atlanta	GA	30346-3401

Purpose of Expenditure (by code)	Description	Event #
Misc *	Credit card processing fees	

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	$97.92

Name of Payee	Date of Payment	Method of Payment
Elan Financial Services	04/16/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
PO Box 790408	Saint Louis	MO	63179-0408

Purpose of Expenditure (by code)	Description	Event #
CCP		

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	$0.01

Name of Payee	Date of Payment	Method of Payment
John Uysal	04/24/2026	☒ Check # 519 ☐ Debit Card ☐ EFT

Street Address	City	State	Zip Code
17 Audubon Ln	Shelton	CT	06484-4366

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
	☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D	$584.91

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Firewall Fund	July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Elan Financial Services	05/16/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
PO Box 790408	Saint Louis	MO	63179-0408

Purpose of Expenditure (by code)	Description	Event #
CCP		

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	$0.01

Name of Payee	Date of Payment	Method of Payment
Amber E Page Gehr	05/24/2026	☒ Check # 518 ☐ Debit Card ☐ EFT

Street Address	City	State	Zip Code
506 King St Apt 9	Bristol	CT	06010-5273

Purpose of Expenditure (by code)	Description	Event #
CNSLT	Fundraising and compliance consulting	

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	$500.00

Name of Payee	Date of Payment	Method of Payment
Justice Zoto	05/30/2026	☒ Check # 521 ☐ Debit Card ☐ EFT

Street Address	City	State	Zip Code
18 Baldwin Rd	Newtown	CT	06470-2004

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
	☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D	$3,151.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Firewall Fund	July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Paragon payment solutions	06/02/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
303 Perimeter Ctr N Ste 600	Atlanta	GA	30346-3401

Purpose of Expenditure (by code)	Description	Event #
Misc *	Credit card processing fees	

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	$98.96

Name of Payee	Date of Payment	Method of Payment
Democratic State Central Committee	06/10/2026	☒ Check # 522 ☐ Debit Card ☐ EFT

Street Address	City	State	Zip Code
330 Main St Fl 3	Hartford	CT	06106-1851

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
	☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D	$2,000.00

Name of Payee	Date of Payment	Method of Payment
Elan Financial Services	06/15/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
PO Box 790408	Saint Louis	MO	63179-0408

Purpose of Expenditure (by code)	Description	Event #
CCP		

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	$88.69

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Firewall Fund	July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Ansonia Democratic Town Committee	06/20/2026	[X] Check # 520 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
63 Hubbell Ave	Ansonia	CT	06401-1329

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
	[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

Name of Payee	Date of Payment	Method of Payment
Avon Democratic Town Committee	06/20/2026	[X] Check # 523 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
PO Box 187	Avon	CT	06001-0187

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
	[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

Name of Payee	Date of Payment	Method of Payment
Berlin Democratic Town Committee	06/20/2026	[X] Check # 524 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
211 Stillmeadow Ln	Kensington	CT	06037-3581

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
	[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
Firewall Fund	July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Bethany Democratic Town Committee	06/20/2026	[X] Check # 525 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
44 Valley Rd	Bethany	CT	06524-3410

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
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$250.00

Name of Payee	Date of Payment	Method of Payment
Bethel Democratic Town Committee	06/20/2026	[X] Check # 526 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
15 Grand St	Bethel	CT	06801-2111

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
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$250.00

Name of Payee	Date of Payment	Method of Payment
Bloomfield Democratic Town Committee	06/20/2026	[X] Check # 527 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
2 Brooke St	Bloomfield	CT	06002-2711

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
	[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
Firewall Fund	July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Branford Democratic Town Committee	06/20/2026	[X] Check # 528 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
42 Park Pl	Branford	CT	06405-3733

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
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$250.00

Name of Payee	Date of Payment	Method of Payment
Bridgeport Democratic Town Committee	06/20/2026	[X] Check # 529 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1775 Madison Ave	Bridgeport	CT	06606-4056

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
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$1,000.00

Name of Payee	Date of Payment	Method of Payment
Bristol Democratic Town Committee	06/20/2026	[X] Check # 530 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
PO Box 1184	Bristol	CT	06011-1184

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
	[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
Firewall Fund	July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Brookfield Democratic Town Committee	06/20/2026	[X] Check # 531 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
PO Box 29	Brookfield	CT	06804-0029

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
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$250.00

Name of Payee	Date of Payment	Method of Payment
Brooklyn DTC	06/20/2026	[X] Check # 532 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
41 Malbone Ln	Brooklyn	CT	06234-1563

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
	[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

Name of Payee	Date of Payment	Method of Payment
Canton Democratic Town Committee	06/20/2026	[X] Check # 533 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
580 Cherry Brook Rd	Canton	CT	06019-5012

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
	[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
Firewall Fund	July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Cheshire DTC	06/20/2026	[X] Check # 534 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
PO Box 465	Cheshire	CT	06410-0465

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
	[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

Name of Payee	Date of Payment	Method of Payment
Chester Democratic Town Committee	06/22/2026	[X] Check # 539 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
PO Box 91	Chester	CT	06412-0091

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
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$250.00

Name of Payee	Date of Payment	Method of Payment
Clinton Democratic Town Committee	06/22/2026	[X] Check # 540 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
3 Kings Grant Rd	Clinton	CT	06413-1021

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
	[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
Firewall Fund	July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Colchester Democratic Town Committee	06/22/2026	[X] Check # 541 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
10 Vicki Ln	Colchester	CT	06415-1041

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
	[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

Name of Payee	Date of Payment	Method of Payment
Coventry Democratic Town Committee	06/22/2026	[X] Check # 542 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
195 Northfield Rd	Coventry	CT	06238-1421

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
	[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

Name of Payee	Date of Payment	Method of Payment
Cromwell Democratic Town Committee	06/22/2026	[X] Check # 543 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
586 Main St	Cromwell	CT	06416-1435

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
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$250.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Firewall Fund	July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Danbury Democratic Town Committee	06/22/2026	[X] Check # 535 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
PO Box 3085	Danbury	CT	06813-3085

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
	[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
Derby Democratic Town Committee	06/22/2026	[X] Check # 545 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
45 Grandview Blvd	Derby	CT	06418-2437

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
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$250.00

Name of Payee	Date of Payment	Method of Payment
Durham Democratic Town Committee	06/22/2026	[X] Check # 546 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
76 Wheeler Hill Dr	Durham	CT	06422-1605

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
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$250.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Firewall Fund	July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
East Granby Democratic Town Committee	06/22/2026	[X] Check # 547 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
41 Brighton Dr	East Granby	CT	06026-9422

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
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$250.00

Name of Payee	Date of Payment	Method of Payment
East Hartford Democratic Town Committee	06/22/2026	[X] Check # 548 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
15 Candlewood Dr	East Hartford	CT	06118-1301

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
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$1,000.00

Name of Payee	Date of Payment	Method of Payment
East Haven Democratic Town Committee	06/22/2026	[X] Check # 549 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
PO Box 120446	East Haven	CT	06512-0446

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
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$250.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Firewall Fund	July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
East Lyme Democratic Town Committee	06/22/2026	[X] Check # 549 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
PO Box 815	East Lyme	CT	06333-0815

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
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$250.00

Name of Payee	Date of Payment	Method of Payment
Waterbury Democratic Town Committee	06/22/2026	[X] Check # 538 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
42 Linwood St	Waterbury	CT	06704-2217

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
	[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
Hartford Democratic Town Committee	06/22/2026	[X] Check # 536 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
823 Wethersfield Ave	Hartford	CT	06114-4703

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
	[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

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Firewall Fund	July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Manchester Democratic Town Committee	06/22/2026	[X] Check # 537 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
46 Crestwood Dr	Manchester	CT	06040-3802

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
	[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
Harland Clarke Corporation	06/24/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
15955 La Cantera Pkwy	San Antonio	TX	78256-2589

Purpose of Expenditure (by code)	Description	Event #
Misc *	Checks	

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	$54.19

Name of Payee	Date of Payment	Method of Payment
Darien Democratic Town Committee	06/26/2026	[X] Check # 544 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
PO Box 865	Darien	CT	06820-0865

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
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$250.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Firewall Fund	July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Ellington Democratic Town Committee	06/30/2026	[X] Check # 554 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
26 Ardsley Ln	Ellington	CT	06029-3860

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
	[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

Name of Payee	Date of Payment	Method of Payment
Enfield Democratic Town Committee	06/30/2026	[X] Check # 555 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
21 N Maple St	Enfield	CT	06082-4601

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
	[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

Name of Payee	Date of Payment	Method of Payment
Essex Democratic Town Committee	06/30/2026	[X] Check # 556 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
PO Box 928	Essex	CT	06426-0928

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
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$250.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Firewall Fund	July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Fairfield Democratic Town Committee	06/30/2026	[X] Check # 557 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
PO Box 1531	Fairfield	CT	06825-6531

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
	[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
Farmington Democratic Town Committee	06/30/2026	[X] Check # 558 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
4 Lazy Ln	Farmington	CT	06032-1014

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
	[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

Name of Payee	Date of Payment	Method of Payment
Glastonbury Democratic Town Committee	06/30/2026	[X] Check # 559 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
169 Lakewood Rd	South Glastonbury	CT	06073-2321

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
	[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
Firewall Fund	July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Granby Democratic Town Committee	06/30/2026	[X] Check # 560 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
250 Salmon Brook St	Granby	CT	06035-2310

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
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$250.00

Name of Payee	Date of Payment	Method of Payment
Greenwich Democratic Town Committee	06/30/2026	[X] Check # 561 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
PO Box 126	Greenwich	CT	06836-0126

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
	[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

Name of Payee	Date of Payment	Method of Payment
Griswold Democratic Town Committee	06/30/2026	[X] Check # 562 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
56 Lenox Ave	Jewett City	CT	06351-1904

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
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$250.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Firewall Fund	July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Groton City Democratic Committee	06/30/2026	[X] Check # 563 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
153 Shennecossett Pkwy	Groton	CT	06340-5833

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
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$250.00

Name of Payee	Date of Payment	Method of Payment
Groton Democratic Town Committee	06/30/2026	[X] Check # 564 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
355 Brook St	Groton	CT	06340-4834

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
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$250.00

Name of Payee	Date of Payment	Method of Payment
Guilford Democratic Town Committee	06/30/2026	[X] Check # 565 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
PO Box 1420	Guilford	CT	06437-0520

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
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$250.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Firewall Fund	July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Hamden Democratic Town Committee	06/30/2026	[X] Check # 566 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
852 Wintergreen Ave	Hamden	CT	06514-4200

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
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$1,000.00

Name of Payee	Date of Payment	Method of Payment
Hartland Democratic Town Committee	06/30/2026	[X] Check # 567 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
40 South Rd	East Hartland	CT	06027-1500

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
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$250.00

Name of Payee	Date of Payment	Method of Payment
Killingly Democratic Town Committee	06/30/2026	[X] Check # 568 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
25 Lafantasie Rd	Danielson	CT	06239-2218

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
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$250.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Firewall Fund	July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
East Windsor Democratic Town Committee	06/30/2026	[X] Check # 552 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
6 B Reggie Way	East Windsor	CT	06106

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
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$250.00

Name of Payee	Date of Payment	Method of Payment
Easton Democratic Town Committee	06/30/2026	[X] Check # 553 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
PO Box 250	Easton	CT	06612

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
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$250.00

Total of Section P	**$30,575.69**

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
Firewall Fund	July 10 Filing - Original

R. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card:
Elan Financial Services	[ ] Visa [ ] Master Card [ ] Discover [ ] American Express [X] Other

Name of Vendor, Person or Entity	Date of Transaction
Boca Oyster Bar	04/09/2026

Street Address	City	State	Zip Code
10 E Main St	Bridgeport	CT	06608-2700

Purpose of Expenditure (by code)	Description	Event #
FNDR *		01222026a

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked)	Amount
	[X] None of the below	$2,501.30
	[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent	
	[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	

Total of Section R	**$2,501.30**

IV. EXPENDITURES

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Firewall Fund	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
Firewall Fund	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
Uysal	John		04/14/2026

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P
Staples Southington	[X] Check # 519 [ ] Debit Card [ ] EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
672 Queen St	Southington	CT	06489-1540

Purpose of Expenditure (by code)	Description	Event #
EFV *	Printer	

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	$584.91
	[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization: [ ] A [ ] B [ ] C [ ] D	
	Total of Section T	**$584.91**

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