

SEEC FORM 20

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



Electronic Filing

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Page 1 of 23

COVER PAGE

1. NAME OF COMMITTEE			
Third Street PAC			
2. TREASURER NAME			
First	MI	Last	Suffix
Alexandra		Slaney	
3. TREASURER ADDRESS			
Street Address	City	State	Zip Code
346 Prospect St	Wethersfield	CT	06109
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	Alexandra Slaney	07/10/2026 10:39:25AM	
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	
Third Street 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		\$129,074.18
12. Balance on hand at the beginning of Reporting Period	\$137,017.44	
13. Contributions received from Individuals (Section A and B)	\$0.00	\$7,350.00
14. Receipts from Other Committees (Sections C1 and C2)	\$2,000.00	\$10,250.00
15. Other Monetary Receipts (Section D through K)	\$0.00	\$0.00
16a. Total Proceeds from Small Purchases (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	\$2,000.00
17. Total Monetary Receipts (add totals for lines 13 through 16c)	\$2,000.00	\$19,600.00
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	\$139,017.44	\$148,674.18
19. Expenses Paid by Committee (Section P)	\$1,328.19	\$10,984.93
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both columns)	\$137,689.25	\$137,689.25
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00
22. In-Kind Donations not Considered Contributions - House Party (Section L5)	\$0.00	\$0.00
23. In-Kind Contributions Received (Section M)	\$0.00	\$0.00
24. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00
25. Loan Balance	\$0.00	
25a. + Loans Received (Section D)	\$0.00	\$0.00
25b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
25c. - Payments on Loan	\$0.00	\$0.00
25d. Total Outstanding Loan Amount	\$0.00	
26. Campaign Expenses Paid By Candidate (Section Q)	\$0.00	\$0.00
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Third Street 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****B. Itemized Contributions from Individuals**

Last Name		First Name		MI
Residential Street Address		City	State	Zip Code
Principal Occupation		Name of Employer		
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?		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative		
Method of Contribution		Date Received	Aggregate Contributions	
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order				
Total of Section B				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) <i>(Total on Line 13 of Summary Page)</i>				

I. MONETARY RECEIPTS (Section A-K)

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

C1. Contributions from Other Committees

Name of Committee		Name of Treasurer		
SEIU Local 32BJ Connecticut PAC		Rochelle Palache		
Address		Is this contribution associated with an event reported in Section L1?		Amount of Contribution
885 Wethersfield Ave		☐ Yes ☒ No If yes, list Event #		
City	State	Zip Code	Date Received	Aggregate Contributions
Hartford	CT	06114-3195	04/01/2026	\$2,000.00
Total of Section C1				\$2,000.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Third Street 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
Third Street 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	
Third Street PAC				July 10 Filing - Original	
E. Receipts from Entities other than Individuals or Other Committees (<i>Referendum Committees ONLY</i>)					
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	
Third Street PAC				July 10 Filing - Original	
F. Amount Transferred from Affiliated Business Treasury (<i>Business Entity Committees ONLY</i>)					
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	
Third Street PAC		July 10 Filing - Original	
G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (<i>Organization Committees ONLY</i>)			
Date of Receipt	Amount		
Total of Section G			

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE		TYPE OF REPORT	
Third Street 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	
Third Street PAC		July 10 Filing - Original	
J. Interest from Deposits in Authorized Accounts			
Name of Institution		Date Received	
Street Address	City	State	Zip Code
Total of Section J			

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE		TYPE OF REPORT	
Third Street PAC		July 10 Filing - Original	
K. Miscellaneous Monetary Receipts not Considered Contributions			
Name		Date of Transaction	
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	
Third Street PAC		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
<i>Subpart 1: (All Committees)</i> Was this event hosted at a personal residence?		Yes No <i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i>	
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 <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i>	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		Yes No <i>(If yes, enter Total Receipts here.)</i>	
<i>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</i> Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		Yes No <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i>	
<i>Subpart 3: (Town Committees ONLY)</i> Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		Yes No <i>(If yes, enter Total Receipts here.)</i>	
		Total of Section L1	

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Third Street PAC		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
Third Street 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	Date Received	Event #	Aggregate value for this event		
Sole Proprietorship					

Total of Section L4**II. EVENT ACTIVITY (Sections L1 - L5)**

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

M. In-Kind Contributions

Name			
Street Address		City	State Zip Code
Type of Contributor:	Committee	Date Received	Aggregate contributions
Individual / Sole Proprietorship	Other		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
Is this contribution associated with an event reported in Section L1?	Yes No	Is contributor a principal of state contractor or prospective state contractor?	Yes No
If yes, list Event#		If yes, indicate which branch or branches of government the contract is with:	Executive Legislative
		Fair Market Value of this Contribution	

Total of Section M**III. Non Monetary Receipts (Sections M - O)**

NAME OF COMMITTEE	TYPE OF REPORT
Third Street 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
Name of Telephone company			
Street Address	City	State	Zip Code
Amount of Deposit			

Total of Section N

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

TYPE OF REPORT

Third Street PAC

July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee Ceci Maher		Date of Payment 05/22/2026	Method of Payment ☒ Check # 1103 ☐ Debit Card ☐ EFT	
Street Address 47 Sturges Ridge Rd		City Wilton	State CT	Zip Code 06897
Purpose of Expenditure (by code) RMB	Description REIMBURSE FOR FLOWERS FOR A GIFT TO SDO STAFF FOR SESSION WORK, INCLUDING FOR COURTNEY CULLINAN AND RHONDA CAROL			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$542.39
Name of Payee Bob Duff		Date of Payment 05/22/2026	Method of Payment ☒ Check # 1104 ☐ Debit Card ☐ EFT	
Street Address 50 Toilsome Ave .		City Norwalk	State CT	Zip Code 06851
Purpose of Expenditure (by code) RMB	Description REIMBURSE FOR TRANSPORTATION DURING SLLF CONFERENCE IN DC FOR PARTY BUILDING, AND FOOD FOR VARIOUS PARTY BUILDING EVENTS			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$314.11
Name of Payee Ken Saccente		Date of Payment 06/01/2026	Method of Payment ☒ Check # 1105 ☐ Debit Card ☐ EFT	
Street Address 10 Drove St		City Milford	State CT	Zip Code 06460
Purpose of Expenditure (by code) RMB	Description REIMBURSE FOR FOOD AT SPOTTED HORSE TAVERN FOR LUNCH FOR PARTY BUILDING WITH BOB DUFF, KEN, AND ANNE KLEZA			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$126.90

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

TYPE OF REPORT

Third Street PAC

July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee

Bob Duff

Date of Payment

06/30/2026

Method of Payment

☒ X

Check # 1106

☐

Debit Card

☐

EFT

Street Address

50 Toilsome Ave

City

Norwalk

State

CT

Zip Code

06851

Purpose of
Expenditure (by code)

RMB

Description

REIMBURSE FOR VARIOUS LUNCHES FOR PARTY BUILDING PURPOSES

Event #

Expenditure #
(if applicable)

Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)

☒ X

None of the below

☐

Coordinated with reimbursement sought (joint expenditure)

☐

Independent

☐

Coordinated without reimbursement sought (in-kind contribution)

☐

Organization

☐ A☐ B☐ C☐ D

Amount

\$216.36

Name of Payee

Ken Saccente

Date of Payment

06/30/2026

Method of Payment

☒ X

Check # 1108

☐

Debit Card

☐

EFT

Street Address

10 Drove St

City

Milford

State

CT

Zip Code

06460

Purpose of
Expenditure (by code)

RMB

Description

REIMBURSE FOR FOOD AT LUNCH FOR PARTY BUILDING WITH KEN, BOB, AND JONATHAN HARRIS

Event #

Expenditure #
(if applicable)

Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)

☒ X

None of the below

☐

Coordinated with reimbursement sought (joint expenditure)

☐

Independent

☐

Coordinated without reimbursement sought (in-kind contribution)

☐

Organization

☐ A☐ B☐ C☐ D

Amount

\$128.43

Total of Section P**\$1,328.19**

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	
Third Street 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) None of the below Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization A B C D				Amount
Total of Section R					

IV. EXPENDITURES				
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Third Street 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 (<i>Itemization in Addendum S Required unless "None of the below" is checked</i>) None of the below Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization : A B C D			Amount Incurred (Estimate or Actual)
Total of Section S				

IV. EXPENDITURES (Sections P - T)

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

T. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Duff	First Bob	MI	Date of Payment to Vendor, Person or Entity 03/06/2026
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant New Holiday Diner		Payment to Reimburse Committee Worker/Consultant as reported in Section P ☒ Check # 1104 ☐ Debit Card ☐ EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 123 White St		City Danbury	State CT Zip Code 06810
Purpose of Expenditure (by code) FOOD	Description Breakfast for party building with Julie Kushner		Event #
Expenditure #	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contribution)		Amount \$29.10
Last Name of Worker/Consultant Duff		First Bob	MI Date of Payment to Vendor, Person or Entity 03/13/2026
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Orem's Diner		Payment to Reimburse Committee Worker/Consultant as reported in Section P ☒ Check # 1104 ☐ Debit Card ☐ EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 167 Danbury Rd		City Wilton	State CT Zip Code 06897
Purpose of Expenditure (by code) FOOD	Description Breakfast for party building with Sam Nestor and Ceci Maher		Event #
Expenditure #	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contribution)		Amount \$44.36

IV. EXPENDITURES (Sections P - T)

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

T. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Duff	First Bob	MI	Date of Payment to Vendor, Person or Entity 03/31/2026
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Salute		Payment to Reimburse Committee Worker/Consultant as reported in Section P ☒ Check # 1104 ☐ Debit Card ☐ EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 100 Trumbull St		City Hartford	State CT Zip Code 06103
Purpose of Expenditure (by code) FOOD	Description Lunch for party building with Bob and Tom Dudchik		Event #
Expenditure #	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: ☐ A ☐ B ☐ C ☐ D		Amount \$44.04
Last Name of Worker/Consultant Duff	First Bob	MI	Date of Payment to Vendor, Person or Entity 04/01/2026
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Cromwell Diner		Payment to Reimburse Committee Worker/Consultant as reported in Section P ☒ Check # 1104 ☐ Debit Card ☐ EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 135 Berlin Rd		City Cromwell	State CT Zip Code 06416
Purpose of Expenditure (by code) FOOD	Description breakfast with GARY WINFIELD for party building		Event #
Expenditure #	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: ☐ A ☐ B ☐ C ☐ D		Amount \$29.01

IV. EXPENDITURES (Sections P - T)

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

T. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Duff	First Bob	MI	Date of Payment to Vendor, Person or Entity 04/09/2026
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Salute		Payment to Reimburse Committee Worker/Consultant as reported in Section P ☒ Check # 1104 ☐ Debit Card ☐ EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 100 Trumbull St		City Hartford	State CT Zip Code 06103
Purpose of Expenditure (by code) FOOD	Description lunch for party building with Josh Wojcik		Event #
Expenditure #	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contribution)		Amount \$42.11
☐ Independent ☐ Organization: ☐ A ☐ B ☐ C ☐ D			
Last Name of Worker/Consultant Saccente	First ken	MI	Date of Payment to Vendor, Person or Entity 04/18/2026
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Stonebridge		Payment to Reimburse Committee Worker/Consultant as reported in Section P ☒ Check # 1108 ☐ Debit Card ☐ EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 50 Daniel St		City Milford	State CT Zip Code 06460
Purpose of Expenditure (by code) FOOD	Description Food for lunch for party building purposes with Ken, Bob, and Jonathan Harris		Event #
Expenditure #	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contribution)		Amount \$128.43
☐ Independent ☐ Organization: ☐ A ☐ B ☐ C ☐ D			

IV. EXPENDITURES (Sections P - T)

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

T. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Duff	First Bob	MI	Date of Payment to Vendor, Person or Entity 04/24/2026
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Lyft		Payment to Reimburse Committee Worker/Consultant as reported in Section P ☒ Check # 1104 ☐ Debit Card ☐ EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 185 Berry St Ste 400		City San Francisco	State CA Zip Code 94107
Purpose of Expenditure (by code) TRVL	Description Cost for Lyft ride while in DC for SLLF Conference for party building purposes		Event #
Expenditure #	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: ☐ A ☐ B ☐ C ☐ D		Amount \$21.55

Last Name of Worker/Consultant Duff	First Bob	MI	Date of Payment to Vendor, Person or Entity 04/24/2026
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Lyft		Payment to Reimburse Committee Worker/Consultant as reported in Section P ☒ Check # 1104 ☐ Debit Card ☐ EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 185 Berry St Ste 400		City San Francisco	State CA Zip Code 94107
Purpose of Expenditure (by code) TRVL	Description Price of car ride in DC while there for SLLF for party building purposes		Event #
Expenditure #	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: ☐ A ☐ B ☐ C ☐ D		Amount \$26.92

IV. EXPENDITURES (Sections P - T)

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

T. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Maher	First Ceci	MI	Date of Payment to Vendor, Person or Entity 05/05/2026
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Annabel Green Flowers		Payment to Reimburse Committee Worker/Consultant as reported in Section P ☒ Check # 1103 ☐ Debit Card ☐ EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 28 Cannon Rd		City Wilton	State CT
Purpose of Expenditure (by code) Gift *	Description Gift of flowers for SDO staff as thanks for work during session. Flowers for Courtney Cullinan, Rhonda Carol, Trisha, Alex Slaney		Event #
Expenditure #	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contribution)		Amount \$542.39
Last Name of Worker/Consultant Duff		First Bob	Date of Payment to Vendor, Person or Entity 05/15/2026
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant The Omni King Edward Hotel		Payment to Reimburse Committee Worker/Consultant as reported in Section P ☒ Check # 1104 ☐ Debit Card ☐ EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 37 King St E		City Toronto	State ON
Purpose of Expenditure (by code) FOOD	Description lunch in Toronto for NCSL with Senator Chris Carr from SD for party building		Event #
Expenditure #	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contribution)		Amount \$77.02

IV. EXPENDITURES (Sections P - T)

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

T. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Duff	First Bob	MI	Date of Payment to Vendor, Person or Entity 05/26/2026
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Chick-fil-A		Payment to Reimburse Committee Worker/Consultant as reported in Section P ☒ Check # 1106 ☐ Debit Card ☐ EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 1098 N Colony Rd		City Wallingford	State CT Zip Code 06492
Purpose of Expenditure (by code) FOOD	Description lunch Rodrigo Torres for partybuilding		Event #
Expenditure #	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: ☐ A ☐ B ☐ C ☐ D		Amount \$26.03

Last Name of Worker/Consultant Saccente	First Ken	MI	Date of Payment to Vendor, Person or Entity 05/28/2026
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Spotted Horse Tavern		Payment to Reimburse Committee Worker/Consultant as reported in Section P ☒ Check # 1105 ☐ Debit Card ☐ EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 26 Church Ln		City Westport	State CT Zip Code 06880
Purpose of Expenditure (by code) FOOD	Description Food for lunch for party building purposes with Bob, Ken, and Anne Kleza		Event #
Expenditure #	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: ☐ A ☐ B ☐ C ☐ D		Amount \$126.90

IV. EXPENDITURES (Sections P - T)

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

T. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Duff	First Bob	MI	Date of Payment to Vendor, Person or Entity 05/30/2026
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Elm Street Diner		Payment to Reimburse Committee Worker/Consultant as reported in Section P ☒ Check # 1106 ☐ Debit Card ☐ EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 515 West Ave Unit P2		City Norwalk	State CT Zip Code 06850
Purpose of Expenditure (by code) FOOD	Description lunch with Jack Pavia for party building		Event #
Expenditure #	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contribution)		Amount \$54.76
☐ Independent ☐ Organization: ☐ A ☐ B ☐ C ☐ D			

Last Name of Worker/Consultant Duff	First Bob	MI	Date of Payment to Vendor, Person or Entity 06/01/2026
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Colony Grill		Payment to Reimburse Committee Worker/Consultant as reported in Section P ☒ Check # 1106 ☐ Debit Card ☐ EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 515 West Ave		City Norwalk	State CT Zip Code 06850
Purpose of Expenditure (by code) FOOD	Description lunch with Susan Vogel for party building		Event #
Expenditure #	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contribution)		Amount \$67.85
☐ Independent ☐ Organization: ☐ A ☐ B ☐ C ☐ D			

IV. EXPENDITURES (Sections P - T)

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

T. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Duff	First Bob	MI	Date of Payment to Vendor, Person or Entity 06/03/2026																				
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Diamond Pizza		Payment to Reimburse Committee Worker/Consultant as reported in Section P ☒ Check # 1106 ☐ Debit Card ☐ EFT																					
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 184 Main St		City Norwalk	State CT Zip Code 06851																				
Purpose of Expenditure (by code) FOOD	Description Lunch with Brian Smith for party building		Event #																				
Expenditure #	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: ☐ A ☐ B ☐ C ☐ D		Amount \$26.44																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">Last Name of Worker/Consultant Duff</td> <td style="width: 15%;">First Bob</td> <td style="width: 10%;">MI</td> <td style="width: 40%;">Date of Payment to Vendor, Person or Entity 06/11/2026</td> </tr> <tr> <td colspan="2">Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Greer Southern Table</td> <td colspan="2">Payment to Reimburse Committee Worker/Consultant as reported in Section P ☒ Check # 1106 ☐ Debit Card ☐ EFT </td> </tr> <tr> <td colspan="2">Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 7 River St</td> <td>City Norwalk</td> <td>State CT Zip Code 06850</td> </tr> <tr> <td>Purpose of Expenditure (by code) FOOD</td> <td colspan="2">Description Lunch with David Cappiello for party building</td> <td>Event #</td> </tr> <tr> <td>Expenditure #</td> <td colspan="2"> Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: ☐ A ☐ B ☐ C ☐ D </td> <td>Amount \$41.28</td> </tr> </table>				Last Name of Worker/Consultant Duff	First Bob	MI	Date of Payment to Vendor, Person or Entity 06/11/2026	Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Greer Southern Table		Payment to Reimburse Committee Worker/Consultant as reported in Section P ☒ Check # 1106 ☐ Debit Card ☐ EFT		Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 7 River St		City Norwalk	State CT Zip Code 06850	Purpose of Expenditure (by code) FOOD	Description Lunch with David Cappiello for party building		Event #	Expenditure #	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: ☐ A ☐ B ☐ C ☐ D		Amount \$41.28
Last Name of Worker/Consultant Duff	First Bob	MI	Date of Payment to Vendor, Person or Entity 06/11/2026																				
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Greer Southern Table		Payment to Reimburse Committee Worker/Consultant as reported in Section P ☒ Check # 1106 ☐ Debit Card ☐ EFT																					
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 7 River St		City Norwalk	State CT Zip Code 06850																				
Purpose of Expenditure (by code) FOOD	Description Lunch with David Cappiello for party building		Event #																				
Expenditure #	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: ☐ A ☐ B ☐ C ☐ D		Amount \$41.28																				
Total of Section T			\$1,328.19																				

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