# SEEC FORM 20

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2024

Electronic Filing

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## COVER PAGE

1. NAME OF COMMITTEE

**Connecticut Young Democrats**

2. TREASURER NAME

| First | MI | Last | Suffix |
|---|---|---|---|
| **Thomas** | **Joseph** | **Gilbertie** | |

3. TREASURER ADDRESS

| Street Address | City | State | Zip Code |
|---|---|---|---|
| **15 Upland Rd** | **Middlebury** | **CT** | **06762** |

| 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 - Amendment**

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** | **Thomas Gilbertie** | **07/11/2026 12:43:07AM** |
|---|---|---|
| SIGNATURE | PRINT NAME OF THE SIGNER | DATE CERTIFIED |

**A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.**

**SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2024

## SUMMARY PAGE TOTALS

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT | |
|---|---|---|
| **Connecticut Young Democrats** | **July 10 Filing - Amendment** | |
| | COLUMN A<br>This Period | COLUMN B<br>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 | | **$5,819.41** |
| 12. Balance on hand at the beginning of Reporting Period | **$6,967.31** | |
| 13. Contributions received from Individuals (Section A and B) | **$1,341.00** | **$1,496.00** |
| 14. Receipts from Other Committees (Sections C1 and C2) | **$0.00** | **$1,000.00** |
| 15. Other Monetary Receipts (Section D through K) | **$0.00** | **$0.00** |
| 16a. Total Proceeds from Small Puchases (Section L1 Subpart 1 + Subpart 3) | **$0.00** | **$0.00** |
| 16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed | | |
| 16c. Total Purchases of Advertising - Program Book or Sign (Section L3) | **$0.00** | **$0.00** |
| 17. Total Monetary Receipts (add totals for lines 13 through 16c) | **$1,341.00** | **$2,496.00** |
| 18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B) | **$8,308.31** | **$8,315.41** |
| 19. Expenses Paid by Committee (Section P) | **$3,641.08** | **$3,648.18** |
| 20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both columns) | **$4,667.23** | **$4,667.23** |
| 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) | **$99.31** | **$99.31** |
| 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 |
|---|---|
| Connecticut Young Democrats | July 10 Filing - Amendment |

**A. Total Contributions from Small Contributors-Received this Period ONLY**
*(See instructions for definition of Small Contributor)* **Subtotal Section A** **$470.00**

**B. Itemized Contributions from Individuals**

| Last Name | First Name | MI |
|---|---|---|
| Desir | Chris | |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 98 Courtland Cir | Stamford | CT | 06902 |

| Principal Occupation | Name of Employer |
|---|---|
| Collateral Analyst | Northern Trust Corporation |

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 # 04032026S

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

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

| Date Received | Aggregate Contributions | Amount of Contribution |
|---|---|---|
| 04/03/2026 | $75.00 | $50.00 |

| Last Name | First Name | MI |
|---|---|---|
| Desir | Chris | |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 98 Courtland Cir | Stamford | CT | 06902 |

| Principal Occupation | Name of Employer |
|---|---|
| Collateral Analyst | Northern Trust Corporation |

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 # 04032026S

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

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

| Date Received | Aggregate Contributions | Amount of Contribution |
|---|---|---|
| 04/03/2026 | $75.00 | $25.00 |

| Last Name | First Name | MI |
|---|---|---|
| Jacobson | Lauren | |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 180 Glenbrook Rd | Stamford | CT | 06902 |

| Principal Occupation | Name of Employer |
|---|---|
| Attorney | Maya Murphy |

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 # 04032026S

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

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

| Date Received | Aggregate Contributions | Amount of Contribution |
|---|---|---|
| 04/04/2026 | $296.00 | $148.00 |

## I. MONETARY RECEIPTS (Section A-K)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
|---|---|
| Connecticut Young Democrats | July 10 Filing - Amendment |

### B. Itemized Contributions from Individuals

| Last Name | First Name | MI |
|---|---|---|
| Jacobson | Jonathan | |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 180 Glenbrook Rd | Stamford | CT | 06902 |

| Principal Occupation | Name of Employer |
|---|---|
| Attorney | Rubin & Jacobson, 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: $148.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 04032026S

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 |
|---|---|
| 04/04/2026 | $296.00 |

| Last Name | First Name | MI |
|---|---|---|
| Alves | Roberto | |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 7 W Redding Rd | Danbury | CT | |

| Principal Occupation | Name of Employer |
|---|---|
| Mayor | City of Danbury |

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: $500.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 04032026S

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 |
|---|---|
| 04/06/2026 | $500.00 |

| | |
|---|---|
| **Total of Section B** | **$871.00** |
| **TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS** (Sections A & B) *(Total on Line 13 of Summary Page)* | **$1,341.00** |

## I. MONETARY RECEIPTS (Section A-K)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
|---|---|
| Connecticut Young Democrats | July 10 Filing - Amendment |

### 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<br>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 |
|---|---|
| Connecticut Young Democrats | July 10 Filing - Amendment |

### 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<br>Reimbursement for shared expense<br>Surplus Distribution | |
| Expenditure # (if applicable) | Description | | | |

| | |
|---|---|
| **Total of Section C2** | |

## I. MONETARY RECEIPTS (Section A-K)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
|---|---|
| Connecticut Young Democrats | July 10 Filing - Amendment |

### D. Loans Received this Period

| Name of Lender | Source of Loan: Bank Candidate Individual Other | | | Date of Receipt |
|---|---|---|---|---|
| Street Address | City | State | Zip Code | Is there a cosigner or Guarantor of this loan? Yes No |
| Name of Cosigner/Guarantor (if applicable) | | | | **Amount Received** |
| Street Address | City | State | Zip Code | |
| | | | **Total of Section D** | |

## I. MONETARY RECEIPTS (Section A-K)

| NAME OF COMMITTEE | TYPE OF REPORT |
|---|---|
| Connecticut Young Democrats | July 10 Filing - Amendment |

### E. Receipts from Entities other than Individuals or Other Committees *(Referendum Committees ONLY)*

| Name of Entity | | | | |
|---|---|---|---|---|
| Street Address | | | Date Received | Amount Received |
| City | State | Zip Code | Aggregate Contributions | |
| | | | **Total of Section E** | |

## I. MONETARY RECEIPTS (Section A-K)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
|---|---|
| Connecticut Young Democrats | July 10 Filing - Amendment |

### F. Amount Transferred from Affiliated Business Treasury *(Business Entity Committees ONLY)*

| Date of Receipt | Is this transaction associated with an event reported in Section L1? Yes No If yes, list Event # | Amount |
|---|---|---|
| | **Total of Section F** | |

## I. MONETARY RECEIPTS (Section A-K)

| NAME OF COMMITTEE | TYPE OF REPORT |
|---|---|
| Connecticut Young Democrats | July 10 Filing - Amendment |

**G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury *(Organization Committees ONLY)***

| Date of Receipt | Amount |
|---|---|
| | |

**Total of Section G**

## I. MONETARY RECEIPTS (Section A-K)

| NAME OF COMMITTEE | TYPE OF REPORT |
|---|---|
| Connecticut Young Democrats | July 10 Filing - Amendment |

**H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)**

| Date of Receipt | Method of Payment | | | Amount |
|---|---|---|---|---|
| | Cash | Personal Check | Credit/Debit Card | |

**Total of Section H**

## I. Monetary Receipts (Section A-K)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
|---|---|
| Connecticut Young Democrats | July 10 Filing - Amendment |

**J. Interest from Deposits in Authorized Accounts**

| Name of Institution | | Date Received | | Amount |
|---|---|---|---|---|
| Street Address | City | State | Zip Code | |

**Total of Section J**

## I. MONETARY RECEIPTS (Section A-K)

| NAME OF COMMITTEE | TYPE OF REPORT |
|---|---|
| Connecticut Young Democrats | July 10 Filing - Amendment |

### K. Miscellaneous Monetary Receipts not Considered Contributions

| Name | | Date of Transaction | | Amount Received |
|---|---|---|---|---|
| Street Address | City | State | Zip Code | |
| Description | | | | |
| | | | **Total of Section K** | |

## II. EVENT ACTIVITY (Sections L1 - L5)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
|---|---|
| Connecticut Young Democrats | July 10 Filing - Amendment |

### L1. Event Information

| Event # / Date of Event | Letter | Description | Was this a fundraising event? |
|---|---|---|---|
| 05/16/2026 | W | Convention Event | ☐ Yes ☒ No |

| Location: Street Address | City | State | Zip Code |
|---|---|---|---|
| Pratt St | Hartford | CT | 06103 |

*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.) $0.00

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

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

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

*Subpart 3: (Town Committees ONLY)*

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

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

| Event # / Date of Event | Letter | Description | Was this a fundraising event? |
|---|---|---|---|
| 06/28/2026 | Q | Speech Event | ☐ Yes ☒ No |

| Location: Street Address | City | State | Zip Code |
|---|---|---|---|
| 896 Main St | Windham | CT | 06226 |

*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.) $0.00

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

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

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

*Subpart 3: (Town Committees ONLY)*

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

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

| | |
|---|---|
| **Total of Section L1** | **$0.00** |

## II. EVENT ACTIVITY (Sections L1 - L5)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
|---|---|
| Connecticut Young Democrats | July 10 Filing - Amendment |

### 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 |
|---|---|
| Connecticut Young Democrats | July 10 Filing - Amendment |

### 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 |
|---|---|
| Connecticut Young Democrats | July 10 Filing - Amendment |

### L5. In-Kind Donations Not Considered Contributions Associated with a House Party

| Name of the Host | | | Is this event supporting more than one candidate or committee? Yes No If yes, complete Itemization in Addendum L5 |
|---|---|---|---|
| Street Address | City | State | Zip Code |
| Description of Donation | | | Fair Market Value of Donation |
| Event # | Aggregate value of this Event - all hosts | Aggregate value of all Events - this host/candidate | |

**Total of Section L5**

## III. NONMONETARY RECEIPTS (Sections M - O)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
|---|---|
| Connecticut Young Democrats | July 10 Filing - Amendment |

### M. In-Kind Contributions

Name: Madison Gonzalez

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 38 Sherman St | Hartford | CT | |

Type of Contributor: ☐ Committee ☒ Individual / Sole Proprietorship ☐ Other

Date Received: 06/28/2026

Aggregate contributions: $99.31

Description of In-Kind Contribution: Sticky Notes & Sodas

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: $99.31

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No

If yes, list Event# 06282026Q

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** **$99.31**

## III. Non Monetary Receipts (Sections M - O)

| NAME OF COMMITTEE | TYPE OF REPORT |
|---|---|
| Connecticut Young Democrats | July 10 Filing - Amendment |

### N. Refundable Deposit to Telephone Company

| Last Name of Individual | First Name | MI | Date Deposit Made | |
|---|---|---|---|---|
| Residential Street Address | City | State | Zip Code | Amount of Deposit |
| Name of Telephone company | | | | |
| Street Address | City | State | Zip Code | |
| | | | **Total of Section N** | |

## IV. EXPENDITURES (Sections P - T)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
|---|---|
| Connecticut Young Democrats | July 10 Filing - Amendment |

### P. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Sound CT PAC | 04/10/2026 | [X] Check # 90 [ ] Debit Card [ ] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 230 Village Pond Rd | Guilford | CT | |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| RMB | | |

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

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Harland Clarke | 04/10/2026 | [ ] Check # [ ] Debit Card [X] EFT |

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

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| BNK | Check Book Purchase | |

| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) | Amount |
|---|---|---|
| | [X] None of the below<br>[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent<br>[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D | $26.84 |

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| **Jennifer Croughwell** | **04/30/2026** | [X] Check # **93** [ ] Debit Card [ ] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| **357 Prospect St** | **Windham** | **CT** | |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| **PBA-TRVL** * | | |

| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) | Amount |
|---|---|---|
| | [X] None of the below<br>[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent<br>[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D | **$400.00** |

## IV. EXPENDITURES (Sections P - T)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
|---|---|
| Connecticut Young Democrats | July 10 Filing - Amendment |

### P. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| **Alan Cavagnaro** | **04/30/2026** | [X] Check # **94** [ ] Debit Card [ ] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| **83 Pine Knob Dr** | **South Windsor** | **CT** | |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| **PBA-TRVL** * | | |

| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) | Amount |
|---|---|---|
| | [X] None of the below | **$400.00** |
| | [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent | |
| | [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D | |

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| **Jessica Weaver** | **04/30/2026** | [X] Check # **95** [ ] Debit Card [ ] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| **494 Main St** | **Newington** | **CT** | **06111** |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| **PBA-TRVL** * | | |

| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) | Amount |
|---|---|---|
| | [X] None of the below | **$400.00** |
| | [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent | |
| | [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D | |

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| **Christopher Brown** | **04/30/2026** | [X] Check # **96** [ ] Debit Card [ ] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| **42 Catoona Ln** | **Stamford** | **CT** | |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| **PBA-TRVL** * | | |

| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) | Amount |
|---|---|---|
| | [X] None of the below | **$400.00** |
| | [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent | |
| | [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D | |

## IV. EXPENDITURES (Sections P - T)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
|---|---|
| Connecticut Young Democrats | July 10 Filing - Amendment |

### P. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| **Madison Gonzalez** | **04/30/2026** | [X] Check # **91** [ ] Debit Card [ ] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| **38 Sherman St** | **Hartford** | **CT** | |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| **PBA-TRVL** * | | |

| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) | Amount |
|---|---|---|
| | [X] None of the below | **$400.00** |
| | [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent | |
| | [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D | |

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| **Mitchell Marks** | **04/30/2026** | [X] Check # **92** [ ] Debit Card [ ] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| **580 Miller Rd** | **South Windsor** | **CT** | **06074** |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| **TRVL** | | |

| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) | Amount |
|---|---|---|
| | [X] None of the below | **$400.00** |
| | [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent | |
| | [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D | |

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| **Anedot** | **05/25/2026** | [ ] Check # [ ] Debit Card [X] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| **1340 Poydras St** | **New Orleans** | **LA** | **70112** |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| **OVHD** | | |

| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) | Amount |
|---|---|---|
| | [X] None of the below | **$64.24** |
| | [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent | |
| | [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D | |

## IV. EXPENDITURES (Sections P - T)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
|---|---|
| Connecticut Young Democrats | July 10 Filing - Amendment |

### P. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| **Quiet Corner Democrats** | **06/28/2026** | [X] Check # **1061** [ ] Debit Card [ ] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| **38 Railroad Ave Apt B** | **Plainfield** | **CT** | |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| **RMB** | | **06282026Q** |

| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) | Amount |
|---|---|---|
| **628146** | [ ] None of the below<br>[X] Coordinated with reimbursement sought (joint expenditure) [ ] Independent<br>[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D | **$650.00** |

| **Total of Section P** | **$3,641.08** |
|---|---|

## IV. EXPENDITURES (Sections P - T)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
|---|---|
| | July 10 Filing - Amendment |

### Q. Campaign Expenses Paid By Candidate

| Name of Payee (Name of vendor, Person or Entity who candidate paid directly) | Date of Payment | Is Reimbursement Claimed? |
|---|---|---|
| | | Yes No |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| | | | |

| Purpose of Expenditure (by code) | Description | Event # | **Amount** |
|---|---|---|---|
| | | | |

| **Total of Section Q** | |
|---|---|

## IV. EXPENDITURES

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
|---|---|
| Connecticut Young Democrats | July 10 Filing - Amendment |

### R. Expenses Incurred on Committee Credit Card

| Name of Issuing Institution | Type of Credit Card: Visa Master Card Discover American Express Other |
|---|---|

| Name of Vendor, Person or Entity | | | Date of Transaction | |
|---|---|---|---|---|
| Street Address | City | | State | Zip Code |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|

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

| **Total of Section R** | |
|---|---|

## IV. EXPENDITURES

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
|---|---|
| Connecticut Young Democrats | July 10 Filing - Amendment |

### S. Expenses Incurred By Committee but Not Paid During this Period

| Name of Creditor | | Date Incurred | |
|---|---|---|---|
| Street Address | City | State | Zip Code |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|

| Expenditure# (if applicable) | Type of Expenditure *(Itemization in Addendum S Required unless "None of the below" is checked)* | Amount Incurred (Estimate or Actual) |
|---|---|---|
| | None of the below | |
| | Coordinated with reimbursement sought (joint expenditure) Independent | |
| | Coordinated without reimbursement sought (in-kind contribution) Organization : A B C D | |

| **Total of Section S** | |
|---|---|

## IV. EXPENDITURES (Sections P - T)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
|---|---|
| Connecticut Young Democrats | July 10 Filing - Amendment |

### T. Itemization of Reimbursements and Secondary Payees

| Last Name of Worker/Consultant | First | MI | Date of Payment to Vendor, Person or Entity |
|---|---|---|---|
| Cunningham | Alan | | 04/10/2026 |

| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant | Payment to Reimburse Committee Worker/Consultant as reported in Section P |
|---|---|
| Towne Parlor Pizza & Pints | [X] Check # 89 [ ] Debit Card [ ] EFT |

| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant | City | State | Zip Code |
|---|---|---|---|
| 112 Bedford St | Stamford | CT | 06901 |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| FNDR * | Food and Drinks | 04032026S |

| Expenditure # | Type of Expenditure ( Itemization in Addendem T Required unless "None of the below" is checked) | Amount |
|---|---|---|
| | [X] None of the below<br>[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent<br>[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization: [ ] A [ ] B [ ] C [ ] D | $754.47 |

| | |
|---|---|
| **Total of Section T** | **$754.47** |

## Section L5. ADDENDUM

| NAME OF COMMITTEE | TYPE OF REPORT |
|---|---|
| | |

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

| | |
|---|---|
| **Event #** | |
| Name of Candidate or Committee | |

## Section P. ADDENDUM

| NAME OF COMMITTEE | TYPE OF REPORT |
|---|---|
| Connecticut Young Democrats | July 10 Filing - Amendment |

### P. Expenses Paid By Committee - Addendum

| Expenditure # | | Amount of Expenditure |
|---|---|---|
| 628146 | [x] Supported [ ] Opposed | $650.00 |

| Name of Candidate or Committee | Office Sought (if applicable) | Cost Allocated to Candidate or Committee |
|---|---|---|
| Quiet Corner Democrats | | $650.00 |

| Are Limits Aggregated? | Aggregating Committees |
|---|---|
| [ ] Yes [ ] No | |

## Section R. ADDENDUM

| NAME OF COMMITTEE | TYPE OF REPORT |
|---|---|
| | |

### R. Expenses Incurred on Committee Credit Card - Addendum

| Expenditure # | | Amount of Expenditure |
|---|---|---|
| | Supported Opposed | |

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

| Section S. ADDENDUM | |
|---|---|
| NAME OF COMMITTEE | TYPE OF REPORT |
| | |

| S. Expenses Incurred by Committee but Not Paid During this Period - Addendum | | |
|---|---|---|
| **Expenditure #** | **Supported Opposed** | **Amount of Expenditure** |
| | | |

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

| Section T. ADDENDUM | |
|---|---|
| NAME OF COMMITTEE | TYPE OF REPORT |
| | |

| T. Itemization of Reimbursements and Secondary Payees - Addendum | | |
|---|---|---|
| **Expenditure #** | **Supported Opposed** | **Amount of Expenditure** |
| | | |

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