

**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   |  |                              |   |
| <b>Orosco 2025</b>   |  |                              |   |
| 2. TREASURER NAME  |  |                              |   |
| First<br><b>Lisa</b>   | MI<br><b>A</b>   | Last<br><b>Milone</b>        | Suffix                                    |
| 3. TREASURER ADDRESS   |  |                              |   |
| Street Address<br><b>21 Anthony Dr</b>   | City<br><b>New Haven</b>                                       | State<br><b>CT</b>           | Zip Code<br><b>06512</b>                  |
| 4. ELECTION/REFERENDUM DATE  | 5. OFFICE SOUGHT <i>(Complete only if Candidate Committee)</i> |                              | 6. DISTRICT NUMBER <i>(if applicable)</i> |
| <b>11/04/2025</b>  | <b>Mayor</b>   |                              |   |
| 7. CANDIDATE NAME <i>(Complete only if Candidate or Exploratory Committee)</i>   |  |                              |   |
| First<br><b>Steven</b>   | MI<br><b>R</b>   | Last<br><b>Orosco</b>        | Suffix                                    |
| 8. TYPE OF REPORT  |  |                              |   |
| <b>October 10 Filing - Original</b>  |  |                              |   |
| 9. PERIOD COVERED  |  |                              |   |
| Beginning Date   |  | Ending Date                  |   |
| <b>07/01/2025</b>  |  | <b>09/30/2025</b>            |   |
| thru   |  |                              |   |
| 10. CERTIFICATION  |  |                              |   |
| <input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete. |  |                              |   |
| <b>Electronic Filing</b>   | <b>Lisa Milone</b>   | <b>10/10/2025 11:08:43PM</b> |   |
| SIGNATURE  | PRINT NAME OF THE SIGNER                                       | DATE CERTIFIED               |   |
| <p><b>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.</b></p>  |  |                              |   |

**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               |                       |
|---|------------------------------|-----------------------|
| <b>Orosco 2025</b>  | October 10 Filing - Original |                       |
|   | COLUMN A<br>This Period      | COLUMN B<br>Aggregate |
| 11. Balance on hand January 1 of current year for Ongoing and Party Committees OR<br>Balance on hand from day Committee was formed for all other Committees |                              | <b>\$0.00</b>         |
| 12. Balance on hand at the beginning of Reporting Period  | <b>\$3,820.60</b>            |                       |
| 13. Contributions received from Individuals (Section A and B)   | <b>\$13,555.00</b>           | <b>\$20,150.00</b>    |
| 14. Receipts from Other Committees (Sections C1 and C2)   | <b>\$0.00</b>                | <b>\$0.00</b>         |
| 15. Other Monetary Receipts (Section D through K)   | <b>\$0.00</b>                | <b>\$0.00</b>         |
| 16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)   | <b>\$0.00</b>                | <b>\$0.00</b>         |
| 16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed  |                              |                       |
| 16c. Total Purchases of Advertising - Program Book or Sign (Section L3)   | <b>\$0.00</b>                | <b>\$0.00</b>         |
| 17. Total Monetary Receipts (add totals for lines 13 through 16c)   | <b>\$13,555.00</b>           | <b>\$20,150.00</b>    |
| 18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)  | <b>\$17,375.60</b>           | <b>\$20,150.00</b>    |
| 19. Expenses Paid by Committee (Section P)  | <b>\$14,729.96</b>           | <b>\$17,504.36</b>    |
| 20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both colum   | <b>\$2,645.64</b>            | <b>\$2,645.64</b>     |
| 21. In-Kind Donations not Considered Contributions Received (Section L4)  | <b>\$0.00</b>                | <b>\$0.00</b>         |
| 22. In-Kind Donations not Considered Contributions - House Party (Section L5)   | <b>\$0.00</b>                | <b>\$0.00</b>         |
| 23. In-Kind Contributions Received (Section M)  | <b>\$0.00</b>                | <b>\$0.00</b>         |
| 24. Refundable Deposit to Telephone Company (Section N)   | <b>\$0.00</b>                | <b>\$0.00</b>         |
| 25. Loan Balance  | <b>\$0.00</b>                |                       |
| 25a. + Loans Received (Section D)   | <b>\$0.00</b>                | <b>\$0.00</b>         |
| 25b. + Interest and Penalties on Loan(s)  | <b>\$0.00</b>                | <b>\$0.00</b>         |
| 25c. - Payments on Loan   | <b>\$0.00</b>                | <b>\$0.00</b>         |
| 25d. Total Outstanding Loan Amount  | <b>\$0.00</b>                |                       |
| 26. Campaign Expenses Paid By Candidate (Section Q)   | <b>\$0.00</b>                | <b>\$0.00</b>         |
| 27. Expenses Incurred on Committee Credit Card (Section R)  | <b>\$0.00</b>                | <b>\$0.00</b>         |
| 28. Expenses Incurred by Committee During this Period but Not Paid (Section S)  | <b>\$0.00</b>                |                       |
| 28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)  | <b>\$0.00</b>                |                       |

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

|  |                              |
|--|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT               |
| Orosco 2025  | October 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<br>Frausto  |  | First Name<br>Frank  |                                     | MI                     |
| Residential Street Address<br>801 S Winchester Blvcd # 1318   |  | City<br>San Jose   | State<br>CA                         | Zip Code<br>95128      |
| Principal Occupation<br>Consultant  |  | Name of Employer<br>Tailor Made Digital Marketing  |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>07/01/2025  | Aggregate Contributions<br>\$250.00 | \$250.00               |

|   |  |  |                                     |                        |
|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Cavanaugh  |  | First Name<br>Steve  |                                     | MI                     |
| Residential Street Address<br>475 W Todd St   |  | City<br>Hamden   | State<br>CT                         | Zip Code<br>06518      |
| Principal Occupation<br>President   |  | Name of Employer<br>Biltmore Construction  |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>07/01/2025  | Aggregate Contributions<br>\$500.00 | \$500.00               |

|   |  |  |                                     |                        |
|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Annicelli  |  | First Name<br>Anthony  |                                     | MI                     |
| Residential Street Address<br>14 Waverly Rd   |  | City<br>Branford   | State<br>CT                         | Zip Code<br>06405      |
| Principal Occupation<br>Owner/Operator  |  | Name of Employer<br>Anthony Annicelli  |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>07/01/2025  | Aggregate Contributions<br>\$100.00 | \$100.00               |

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

|  |                              |
|--|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT               |
| Orosco 2025  | October 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                     |                   |
|---|--|---|-------------------------------------|-------------------|
| Last Name<br>Atla   |  | First Name<br>John                        |                                     | MI                |
| Residential Street Address<br>1017 Edenbury Ln  |  | City<br>San Jose                          | State<br>CA                         | Zip Code<br>95136 |
| Principal Occupation<br>Development   |  | Name of Employer<br>One Development Group |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |   | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |                                     |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>07/01/2025               | Aggregate Contributions<br>\$250.00 | \$250.00          |

|   |  |                                 |                                     |                   |
|---|--|---------------------------------|-------------------------------------|-------------------|
| Last Name<br>Muresan  |  | First Name<br>Mona              |                                     | MI                |
| Residential Street Address<br>6400 W 84th Pl  |  | City<br>Los Angeles             | State<br>CA                         | Zip Code<br>90045 |
| Principal Occupation<br>CEO   |  | Name of Employer<br>Muresan ENT |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                 | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                 |                                     |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>07/02/2025     | Aggregate Contributions<br>\$250.00 | \$250.00          |

|   |  |                                |                                     |                   |
|---|--|--------------------------------|-------------------------------------|-------------------|
| Last Name<br>Garza  |  | First Name<br>Erik             |                                     | MI                |
| Residential Street Address<br>1044 Misty Clf  |  | City<br>Dickinson              | State<br>TX                         | Zip Code<br>77539 |
| Principal Occupation<br>Independent Catastrophe Adjuster  |  | Name of Employer<br>Erik Garza |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                |                                     |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>07/08/2025    | Aggregate Contributions<br>\$250.00 | \$250.00          |

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

|  |                              |
|--|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT               |
| Orosco 2025  | October 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |  |                                     |                        |
|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Bevilacqua   |  | First Name<br>Vincent  |                                     | MI                     |
| Residential Street Address<br>35 Beechwood Rd   |  | City<br>Branford   | State<br>CT                         | Zip Code<br>06405      |
| Principal Occupation<br>Sales   |  | Name of Employer<br>Trademark Plastics Corp  |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>07/10/2025  | Aggregate Contributions<br>\$100.00 |                        |
|   |  |  |                                     | \$100.00               |

|   |  |  |                                     |                        |
|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Sheffield  |  | First Name<br>Horace   |                                     | MI                     |
| Residential Street Address<br>18054 Warrington Dr   |  | City<br>Detroit  | State<br>MI                         | Zip Code<br>48221      |
| Principal Occupation<br>Pastor  |  | Name of Employer<br>New Destiny Church   |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>07/13/2025  | Aggregate Contributions<br>\$500.00 |                        |
|   |  |  |                                     | \$500.00               |

|   |  |  |                                     |                        |
|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Palmer   |  | First Name<br>Layosstia  |                                     | MI                     |
| Residential Street Address<br>2746 Lacy Ln  |  | City<br>Sacramento   | State<br>CA                         | Zip Code<br>95821      |
| Principal Occupation<br>Analyslyst  |  | Name of Employer<br>State of California  |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>07/14/2025  | Aggregate Contributions<br>\$100.00 |                        |
|   |  |  |                                     | \$100.00               |

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

|  |                              |
|--|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT               |
| Orosco 2025  | October 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |  |                                     |                        |
|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Mack   |  | First Name<br>Andre  |                                     | MI                     |
| Residential Street Address<br>196 Crown St Kelly House Condo  |  | City<br>New Haven  | State<br>CT                         | Zip Code<br>06510      |
| Principal Occupation<br>Shipper   |  | Name of Employer<br>Anything Delivery & Removal  |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>07/17/2025  | Aggregate Contributions<br>\$250.00 | \$250.00               |
| Last Name<br>Longyear   |  | First Name<br>Catherine  |                                     | MI                     |
| Residential Street Address<br>94 Cove St # 1  |  | City<br>New Haven  | State<br>CT                         | Zip Code<br>06512      |
| Principal Occupation  |  | Name of Employer<br>Retired  |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>07/17/2025  | Aggregate Contributions<br>\$50.00  | \$50.00                |
| Last Name<br>Trotta   |  | First Name<br>Robert   |                                     | MI                     |
| Residential Street Address<br>90 Kneeland Rd  |  | City<br>New Haven  | State<br>CT                         | Zip Code<br>06512      |
| Principal Occupation<br>Retired   |  | Name of Employer<br>Retired  |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>07/17/2025  | Aggregate Contributions<br>\$200.00 | \$200.00               |

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

|  |                              |
|--|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT               |
| Orosco 2025  | October 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |                                 |                                    |                        |
|---|--|---------------------------------|------------------------------------|------------------------|
| Last Name<br>Delaney  |  | First Name<br>Joel              |                                    | MI                     |
| Residential Street Address<br>104 Briarcliff Rd   |  | City<br>Hamden                  | State<br>CT                        | Zip Code<br>06518      |
| Principal Occupation<br>Project Manager   |  | Name of Employer<br>TEK Systems |                                    |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                 |                                    | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                 |                                    |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>07/17/2025     | Aggregate Contributions<br>\$50.00 | \$50.00                |

|   |  |                                     |                                     |                        |
|---|--|-------------------------------------|-------------------------------------|------------------------|
| Last Name<br>DePonte  |  | First Name<br>Anthony               |                                     | MI                     |
| Residential Street Address<br>22 Mansion St   |  | City<br>New Haven                   | State<br>CT                         | Zip Code<br>06512      |
| Principal Occupation<br>Business Development  |  | Name of Employer<br>Anthony DePonte |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                     |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>07/17/2025         | Aggregate Contributions<br>\$100.00 | \$100.00               |

|   |  |  |                                    |                        |
|---|--|--|------------------------------------|------------------------|
| Last Name<br>Carlson  |  | First Name<br>John                     |                                    | MI                     |
| Residential Street Address<br>291 Greenwich Ave   |  | City<br>New Haven                      | State<br>CT                        | Zip Code<br>06519      |
| Principal Occupation<br>Teacher   |  | Name of Employer<br>City of Bridgeport |                                    |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |  |                                    | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                                    |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>07/17/2025            | Aggregate Contributions<br>\$60.00 | \$50.00                |

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

|  |                              |
|--|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT               |
| Orosco 2025  | October 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |                             |                                    |                   |
|---|--|-----------------------------|------------------------------------|-------------------|
| Last Name<br>Perrone  |  | First Name<br>Donimick      |                                    | MI                |
| Residential Street Address<br>136 Cove St   |  | City<br>New Haven           | State<br>CT                        | Zip Code<br>06512 |
| Principal Occupation<br>Owner/Operator  |  | Name of Employer<br>D&M     |                                    |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                             | Amount of Contribution             |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             |                                    |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>07/17/2025 | Aggregate Contributions<br>\$50.00 | \$50.00           |

|   |  |                                 |                                    |                   |
|---|--|---------------------------------|------------------------------------|-------------------|
| Last Name<br>Hannan   |  | First Name<br>Gregg             |                                    | MI                |
| Residential Street Address<br>246 Reeds Gap Rd # 3A   |  | City<br>Northford               | State<br>CT                        | Zip Code<br>06472 |
| Principal Occupation<br>Attorney  |  | Name of Employer<br>State of CT |                                    |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                 | Amount of Contribution             |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                 |                                    |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>07/17/2025     | Aggregate Contributions<br>\$25.00 | \$25.00           |

|   |  |  |                                     |                   |
|---|--|--|-------------------------------------|-------------------|
| Last Name<br>Massaro  |  | First Name<br>Joseph                         |                                     | MI                |
| Residential Street Address<br>83 Lake Shore Dr  |  | City<br>Middlefield                          | State<br>CT                         | Zip Code<br>06455 |
| Principal Occupation<br>Drywall Contractor  |  | Name of Employer<br>Bruno Massaro & Sons Inc |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |  | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                                     |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>07/18/2025                  | Aggregate Contributions<br>\$100.00 | \$100.00          |

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

|  |                              |
|--|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT               |
| Orosco 2025  | October 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |                                       |                                     |                   |
|---|--|---------------------------------------|-------------------------------------|-------------------|
| Last Name<br>Kaiser   |  | First Name<br>Frederick               |                                     | MI                |
| Residential Street Address<br>20 Byron Rd   |  | City<br>Meriden                       | State<br>CT                         | Zip Code<br>06451 |
| Principal Occupation<br>Deputy Director   |  | Name of Employer<br>City of New Haven |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                       | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |                                     |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>07/19/2025           | Aggregate Contributions<br>\$100.00 | \$100.00          |

|   |  |  |                                    |                   |
|---|--|--|------------------------------------|-------------------|
| Last Name<br>Augustin   |  | First Name<br>Oliver                     |                                    | MI                |
| Residential Street Address<br>780 Winchester Ave # 1  |  | City<br>New Haven                        | State<br>CT                        | Zip Code<br>06511 |
| Principal Occupation<br>Journeyman Carpenter  |  | Name of Employer<br>Carpenters Local 326 |                                    |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |  | Amount of Contribution             |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                                    |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>07/22/2025              | Aggregate Contributions<br>\$50.00 | \$50.00           |

|   |  |                                |                                     |                   |
|---|--|--------------------------------|-------------------------------------|-------------------|
| Last Name<br>Reder  |  | First Name<br>Paul             |                                     | MI                |
| Residential Street Address<br>17301 Biscayne Blvd # 609   |  | City<br>Aventura               | State<br>FL                         | Zip Code<br>33160 |
| Principal Occupation<br>Entrepreneur  |  | Name of Employer<br>Paul Reder |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                |                                     |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>07/30/2025    | Aggregate Contributions<br>\$100.00 | \$100.00          |

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

|  |                              |
|--|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT               |
| Orosco 2025  | October 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |                                   |                                     |                   |
|---|--|-----------------------------------|-------------------------------------|-------------------|
| Last Name<br>Freeman  |  | First Name<br>Naomi               |                                     | MI                |
| Residential Street Address<br>17 Court St   |  | City<br>New Haven                 | State<br>CT                         | Zip Code<br>06510 |
| Principal Occupation<br>Property Management   |  | Name of Employer<br>Naomi Freeman |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                   | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |                                     |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>08/04/2025       | Aggregate Contributions<br>\$250.00 | \$250.00          |

|   |  |                               |                                    |                   |
|---|--|-------------------------------|------------------------------------|-------------------|
| Last Name<br>Lopez  |  | First Name<br>Jonathan        |                                    | MI                |
| Residential Street Address<br>24 Ashwood Cir  |  | City<br>Shelton               | State<br>CT                        | Zip Code<br>06484 |
| Principal Occupation<br>Founder   |  | Name of Employer<br>GR8Coffee |                                    |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                               | Amount of Contribution             |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                               |                                    |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>08/04/2025   | Aggregate Contributions<br>\$25.00 | \$25.00           |

|   |  |                             |                                     |                   |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name<br>Pride  |  | First Name<br>Stacie        |                                     | MI                |
| Residential Street Address<br>360 Barr Rd   |  | City<br>New Braintree       | State<br>MA                         | Zip Code<br>01531 |
| Principal Occupation<br>Retired   |  | Name of Employer<br>Retired |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                             | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             |                                     |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>08/04/2025 | Aggregate Contributions<br>\$500.00 | \$500.00          |

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

|  |                              |
|--|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT               |
| Orosco 2025  | October 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |                                    |                                       |                        |
|---|--|------------------------------------|---------------------------------------|------------------------|
| Last Name<br>Karger   |  | First Name<br>Melissa              |                                       | MI                     |
| Residential Street Address<br>1367 Washington St # PH5  |  | City<br>Boston                     | State<br>MA                           | Zip Code<br>02118      |
| Principal Occupation<br>RE Broker   |  | Name of Employer<br>Seaport Realty |                                       |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                    |                                       | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |                                       |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>08/05/2025        | Aggregate Contributions<br>\$1,000.00 | \$1,000.00             |

|   |  |                                |                                       |                        |
|---|--|--------------------------------|---------------------------------------|------------------------|
| Last Name<br>Karger   |  | First Name<br>Paul             |                                       | MI                     |
| Residential Street Address<br>1387 Washington St # PH5  |  | City<br>Boston                 | State<br>MA                           | Zip Code<br>02118      |
| Principal Occupation<br>CEO   |  | Name of Employer<br>Twin Focus |                                       |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                |                                       | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                |                                       |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>08/05/2025    | Aggregate Contributions<br>\$1,000.00 | \$1,000.00             |

|   |  |                                |                                     |                        |
|---|--|--------------------------------|-------------------------------------|------------------------|
| Last Name<br>Lee  |  | First Name<br>Derrick          |                                     | MI                     |
| Residential Street Address<br>6185 Jennings Cove Ct   |  | City<br>Las Vegas              | State<br>NV                         | Zip Code<br>89148      |
| Principal Occupation<br>Vice President  |  | Name of Employer<br>Salesforce |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>08/08/2025    | Aggregate Contributions<br>\$100.00 | \$100.00               |

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

|  |                              |
|--|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT               |
| Orosco 2025  | October 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |                             |                                     |                   |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name<br>Ponder   |  | First Name<br>Alana         |                                     | MI                |
| Residential Street Address<br>105 Tuttle Dr   |  | City<br>New Haven           | State<br>CT                         | Zip Code<br>06512 |
| Principal Occupation<br>Retired   |  | Name of Employer<br>Retired |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                             | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             |                                     |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>08/08/2025 | Aggregate Contributions<br>\$150.00 | \$150.00          |

|   |  |                                       |                                     |                   |
|---|--|---------------------------------------|-------------------------------------|-------------------|
| Last Name<br>Esposito   |  | First Name<br>Shane                   |                                     | MI                |
| Residential Street Address<br>1195 Sherman Ave  |  | City<br>Hamden                        | State<br>CT                         | Zip Code<br>06514 |
| Principal Occupation<br>Operator  |  | Name of Employer<br>Laydon Industries |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                       | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |                                     |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>08/11/2025           | Aggregate Contributions<br>\$100.00 | \$100.00          |

|   |  |                                |                                    |                   |
|---|--|--------------------------------|------------------------------------|-------------------|
| Last Name<br>Esposito   |  | First Name<br>Despina          |                                    | MI                |
| Residential Street Address<br>118 Kennedy Dr  |  | City<br>Orange                 | State<br>CT                        | Zip Code<br>06477 |
| Principal Occupation<br>Human Resources   |  | Name of Employer<br>NCDC of OK |                                    |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                | Amount of Contribution             |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                |                                    |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>08/20/2025    | Aggregate Contributions<br>\$50.00 | \$50.00           |

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

|  |                              |
|--|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT               |
| Orosco 2025  | October 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |   |                             |                         |                   |
|---|---|-----------------------------|-------------------------|-------------------|
| Last Name<br>Schumitz   |   | First Name<br>Bob           |                         | MI                |
| Residential Street Address<br>173 Bormann Rd  |   | City<br>East Haven          | State<br>CT             | Zip Code<br>06512 |
| Principal Occupation  |   | Name of Employer<br>Retired |                         |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                             | Amount of Contribution  |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:  |                             |                         |                   |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative   |                             |                         |                   |
| Method of Contribution  |   | Date Received               | Aggregate Contributions |                   |
| <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |   | 08/20/2025                  | \$25.00                 |                   |
|   |   |                             | \$25.00                 |                   |

|   |   |                               |                         |                   |
|---|---|-------------------------------|-------------------------|-------------------|
| Last Name<br>Manusky  |   | First Name<br>Anne            |                         | MI                |
| Residential Street Address<br>20 Morning Glory Dr   |   | City<br>Easton                | State<br>CT             | Zip Code<br>06612 |
| Principal Occupation<br>Homemaker   |   | Name of Employer<br>Homemaker |                         |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                               | Amount of Contribution  |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:  |                               |                         |                   |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative   |                               |                         |                   |
| Method of Contribution  |   | Date Received                 | Aggregate Contributions |                   |
| <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |   | 08/28/2025                    | \$25.00                 |                   |
|   |   |                               | \$25.00                 |                   |

|   |   |                              |                         |                   |
|---|---|------------------------------|-------------------------|-------------------|
| Last Name<br>Salmeron   |   | First Name<br>Freddy         |                         | MI                |
| Residential Street Address<br>96 Kneeland Rd  |   | City<br>New Haven            | State<br>CT             | Zip Code<br>06512 |
| Principal Occupation<br>Laborer   |   | Name of Employer<br>Odd Jobs |                         |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                              | Amount of Contribution  |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:  |                              |                         |                   |
| <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative   |                              |                         |                   |
| Method of Contribution  |   | Date Received                | Aggregate Contributions |                   |
| <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |   | 08/29/2025                   | \$100.00                |                   |
|   |   |                              | \$100.00                |                   |

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

|  |                              |
|--|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT               |
| Orosco 2025  | October 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |   |  |                                     |                   |
|---|---|--|-------------------------------------|-------------------|
| Last Name<br>Dinsmore   |   | First Name<br>Louise                             |                                     | MI                |
| Residential Street Address<br>22 Drake Dr   |   | City<br>Richmond                                 | State<br>RI                         | Zip Code<br>02892 |
| Principal Occupation<br>Fundraising Consultant  |   | Name of Employer<br>Louise Dinsmore              |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:  |  |                                     |                   |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative   |  |                                     |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |   | Date Received<br>08/29/2025                      | Aggregate Contributions<br>\$100.00 | \$100.00          |
| Last Name<br>Moore  |   | First Name<br>Michael                            |                                     | MI                |
| Residential Street Address<br>1697 Quinnipiac Ave # D   |   | City<br>New Haven                                | State<br>CT                         | Zip Code<br>06513 |
| Principal Occupation<br>Teacher/Coach   |   | Name of Employer<br>New Haven Board of Education |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:  |  |                                     |                   |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative   |  |                                     |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |   | Date Received<br>08/30/2025                      | Aggregate Contributions<br>\$25.00  | \$25.00           |
| Last Name<br>Wylie  |   | First Name<br>Sharon                             |                                     | MI                |
| Residential Street Address<br>10 High St  |   | City<br>Westport                                 | State<br>CT                         | Zip Code<br>06880 |
| Principal Occupation  |   | Name of Employer<br>Retired                      |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:  |  |                                     |                   |
| <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative   |  |                                     |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |   | Date Received<br>09/02/2025                      | Aggregate Contributions<br>\$100.00 | \$100.00          |

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

|  |                              |
|--|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT               |
| Orosco 2025  | October 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |   |                             |                                     |                   |
|---|---|-----------------------------|-------------------------------------|-------------------|
| Last Name<br>Chapnick   |   | First Name<br>Mimi          |                                     | MI                |
| Residential Street Address<br>23 Harbour Close  |   | City<br>New Haven           | State<br>CT                         | Zip Code<br>06519 |
| Principal Occupation  |   | Name of Employer<br>Retired |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                             | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>09092025P</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No             |                             |                                     |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |   | Date Received<br>09/03/2025 | Aggregate Contributions<br>\$250.00 | \$250.00          |

|   |   |   |                                     |                   |
|---|---|---|-------------------------------------|-------------------|
| Last Name<br>Mallardo   |   | First Name<br>Maria                                   |                                     | MI                |
| Residential Street Address<br>24114 Town Walk Dr  |   | City<br>Hamden  | State<br>CT                         | Zip Code<br>06518 |
| Principal Occupation<br>Medical Esthetician   |   | Name of Employer<br>A Better U At Skinsations Med Spa |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |   | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>09092025P</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No             |   |                                     |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |   | Date Received<br>09/04/2025                           | Aggregate Contributions<br>\$300.00 | \$300.00          |

|   |   |                             |                                    |                   |
|---|---|-----------------------------|------------------------------------|-------------------|
| Last Name<br>Argento  |   | First Name<br>Michael       |                                    | MI                |
| Residential Street Address<br>726 Woodward Ave  |   | City<br>New Haven           | State<br>CT                        | Zip Code<br>06512 |
| Principal Occupation  |   | Name of Employer<br>Retired |                                    |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                             | Amount of Contribution             |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>09092025P</u><br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No             |                             |                                    |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |   | Date Received<br>09/04/2025 | Aggregate Contributions<br>\$25.00 | \$25.00           |

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

|  |                              |
|--|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT               |
| Orosco 2025  | October 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                     |                        |
|---|--|---|-------------------------------------|------------------------|
| Last Name<br>Cicarella  |  | First Name<br>Paul                          |                                     | MI                     |
| Residential Street Address<br>104 Kings Hwy   |  | City<br>North Haven                         | State<br>CT                         | Zip Code<br>06473      |
| Principal Occupation<br>Co-Owner  |  | Name of Employer<br>Advanced Investigations |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |   |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>09092025P</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>09/05/2025                 | Aggregate Contributions<br>\$200.00 | \$200.00               |

|   |  |  |                                     |                        |
|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Carlson  |  | First Name<br>John                     |                                     | MI                     |
| Residential Street Address<br>291 Greenwich Ave   |  | City<br>New Haven                      | State<br>CT                         | Zip Code<br>06519      |
| Principal Occupation<br>Teacher   |  | Name of Employer<br>City of Bridgeport |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |  |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>09092025P</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>09/06/2025            | Aggregate Contributions<br>\$160.00 | \$100.00               |

|   |  |   |                                     |                        |
|---|--|---|-------------------------------------|------------------------|
| Last Name<br>Prete  |  | First Name<br>Dominic                   |                                     | MI                     |
| Residential Street Address<br>1622 Sturbridge   |  | City<br>Cheshire                        | State<br>CT                         | Zip Code<br>06410      |
| Principal Occupation<br>Security Fire Protection  |  | Name of Employer<br>Protek Security LLC |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |   |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>09092025P</u><br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>09/07/2025             | Aggregate Contributions<br>\$250.00 | \$250.00               |

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

|  |                              |
|--|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT               |
| Orosco 2025  | October 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                     |                   |
|---|--|---|-------------------------------------|-------------------|
| Last Name<br>LaDore   |  | First Name<br>Frank                     |                                     | MI                |
| Residential Street Address<br>1181 Sherman Ave  |  | City<br>Hamden                          | State<br>CT                         | Zip Code<br>06514 |
| Principal Occupation<br>Director  |  | Name of Employer<br>SCSU                |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |   | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |                                     |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>09/07/2025             | Aggregate Contributions<br>\$100.00 | \$100.00          |
| Last Name<br>Waterman   |  | First Name<br>Rick                      |                                     | MI                |
| Residential Street Address<br>63 Highland Ter   |  | City<br>East Hampton                    | State<br>CT                         | Zip Code<br>06424 |
| Principal Occupation<br>Insurance Agent   |  | Name of Employer<br>Gallagher Insurance |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |   | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No 09092025P   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |                                     |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>09/07/2025             | Aggregate Contributions<br>\$100.00 | \$100.00          |
| Last Name<br>DePonte  |  | First Name<br>Anthonye                  |                                     | MI                |
| Residential Street Address<br>22 Mansion St   |  | City<br>New Haven                       | State<br>CT                         | Zip Code<br>06512 |
| Principal Occupation<br>Business Development  |  | Name of Employer<br>Anthony DePonte     |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |   | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |                                     |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>09/08/2025             | Aggregate Contributions<br>\$200.00 | \$100.00          |

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

|  |                              |
|--|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT               |
| Orosco 2025  | October 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |                                 |                                    |                   |
|---|--|---------------------------------|------------------------------------|-------------------|
| Last Name<br>Fazio  |  | First Name<br>Ryan              |                                    | MI                |
| Residential Street Address<br>25 Carey Rd   |  | City<br>Riverside               | State<br>CT                        | Zip Code<br>06878 |
| Principal Occupation<br>Senator   |  | Name of Employer<br>State of CT |                                    |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                 | Amount of Contribution             |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>09092025P</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                 |                                    |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>09/08/2025     | Aggregate Contributions<br>\$50.00 | \$50.00           |

|   |  |                                    |                                     |                   |
|---|--|------------------------------------|-------------------------------------|-------------------|
| Last Name<br>Fuentes  |  | First Name<br>Rafael               |                                     | MI                |
| Residential Street Address<br>75 Poplar St  |  | City<br>New Haven                  | State<br>CT                         | Zip Code<br>06513 |
| Principal Occupation<br>Management  |  | Name of Employer<br>Auto Authority |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                    | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>09092025P</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |                                     |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>09/08/2025        | Aggregate Contributions<br>\$200.00 | \$200.00          |

|   |  |                             |                                     |                   |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name<br>Chai   |  | First Name<br>Amy           |                                     | MI                |
| Residential Street Address<br>144 Blue Hills Rd   |  | City<br>North Haven         | State<br>CT                         | Zip Code<br>06473 |
| Principal Occupation  |  | Name of Employer<br>Retired |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                             | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>09092025P</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             |                                     |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>09/08/2025 | Aggregate Contributions<br>\$100.00 | \$100.00          |

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

|  |                              |
|--|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT               |
| Orosco 2025  | October 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |  |                                     |                        |
|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Cavanaugh  |  | First Name<br>Steve  |                                     | MI                     |
| Residential Street Address<br>475 W Todd St   |  | City<br>Hamden   | State<br>CT                         | Zip Code<br>06518      |
| Principal Occupation<br>President   |  | Name of Employer<br>Biltmore Construction  |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>09092025P</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>09/08/2025  | Aggregate Contributions<br>\$600.00 | \$100.00               |
| Last Name<br>Aledia   |  | First Name<br>Edward   |                                     | MI                     |
| Residential Street Address<br>41 Bloomingdale Rd  |  | City<br>Quaker Hill  | State<br>CT                         | Zip Code<br>06375      |
| Principal Occupation<br>Legislative Aid   |  | Name of Employer<br>CT Senate Republicans  |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>09092025P</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>09/08/2025  | Aggregate Contributions<br>\$100.00 | \$100.00               |
| Last Name<br>Longyear   |  | First Name<br>Catherine  |                                     | MI                     |
| Residential Street Address<br>94 Cove St # 1  |  | City<br>New Haven  | State<br>CT                         | Zip Code<br>06512      |
| Principal Occupation  |  | Name of Employer<br>Retired  |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>09092025P</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>09/08/2025  | Aggregate Contributions<br>\$100.00 | \$50.00                |

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

|  |                              |
|--|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT               |
| Orosco 2025  | October 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |   |                             |                                    |                   |
|---|---|-----------------------------|------------------------------------|-------------------|
| Last Name<br>Reis   |   | First Name<br>Carlos        |                                    | MI                |
| Residential Street Address<br>206 Kimberly Ave  |   | City<br>New Haven           | State<br>CT                        | Zip Code<br>06519 |
| Principal Occupation<br>Security  |   | Name of Employer<br>YNHH    |                                    |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                             | Amount of Contribution             |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>09092025P</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No             |                             | Amount of Contribution             |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |   | Date Received<br>09/08/2025 | Aggregate Contributions<br>\$50.00 | \$50.00           |

|   |   |                             |                                     |                   |
|---|---|-----------------------------|-------------------------------------|-------------------|
| Last Name<br>Grunblatt  |   | First Name<br>Johnny        |                                     | MI                |
| Residential Street Address<br>591 Ellsworth Ave   |   | City<br>New Haven           | State<br>CT                         | Zip Code<br>06511 |
| Principal Occupation  |   | Name of Employer<br>Retired |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                             | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>09092025P</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No             |                             | Amount of Contribution              |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |   | Date Received<br>09/08/2025 | Aggregate Contributions<br>\$100.00 | \$100.00          |

|   |   |                                |                                    |                   |
|---|---|--------------------------------|------------------------------------|-------------------|
| Last Name<br>Swiatek  |   | First Name<br>Emily            |                                    | MI                |
| Residential Street Address<br>105 Lake Williams Dr  |   | City<br>Lebanon                | State<br>CT                        | Zip Code<br>06249 |
| Principal Occupation  |   | Name of Employer<br>Unemployed |                                    |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                | Amount of Contribution             |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>09092025P</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No             |                                | Amount of Contribution             |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |   | Date Received<br>09/08/2025    | Aggregate Contributions<br>\$25.00 | \$25.00           |

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

|  |                              |
|--|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT               |
| Orosco 2025  | October 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |   |   |                                     |                   |
|---|---|---|-------------------------------------|-------------------|
| Last Name<br>Wilson   |   | First Name<br>Amy                             |                                     | MI                |
| Residential Street Address<br>92 Beckett Ave  |   | City<br>Branford                              | State<br>CT                         | Zip Code<br>06405 |
| Principal Occupation<br>Education   |   | Name of Employer<br>East Haven Public Schools |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |   | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>09092025P</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No             |   |                                     |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |   | Date Received<br>09/08/2025                   | Aggregate Contributions<br>\$100.00 | \$100.00          |

|   |   |                                 |                                    |                   |
|---|---|---------------------------------|------------------------------------|-------------------|
| Last Name<br>Hannan   |   | First Name<br>Gregg             |                                    | MI                |
| Residential Street Address<br>246 Reeds Gap Rd # 3A   |   | City<br>Northford               | State<br>CT                        | Zip Code<br>06472 |
| Principal Occupation<br>Attorney  |   | Name of Employer<br>State of CT |                                    |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                 | Amount of Contribution             |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>09092025P</u><br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No             |                                 |                                    |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |   | Date Received<br>09/08/2025     | Aggregate Contributions<br>\$75.00 | \$50.00           |

|   |   |                             |                                     |                   |
|---|---|-----------------------------|-------------------------------------|-------------------|
| Last Name<br>DeSorbo  |   | First Name<br>Louis         |                                     | MI                |
| Residential Street Address<br>26 Colonial Heights Rd  |   | City<br>East Haven          | State<br>CT                         | Zip Code<br>06512 |
| Principal Occupation<br>Retired   |   | Name of Employer<br>Retired |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                             | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>09092025P</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No             |                             |                                     |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |   | Date Received<br>09/08/2025 | Aggregate Contributions<br>\$100.00 | \$100.00          |

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

|  |                              |
|--|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT               |
| Orosco 2025  | October 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |  |                                     |                   |
|---|--|--|-------------------------------------|-------------------|
| Last Name<br>Russell  |  | First Name<br>Anika                    |                                     | MI                |
| Residential Street Address<br>112 Judith Ter  |  | City<br>New Haven                      | State<br>CT                         | Zip Code<br>06513 |
| Principal Occupation<br>Social Worker   |  | Name of Employer<br>State of CT        |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |  | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                                     |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>09/08/2025            | Aggregate Contributions<br>\$50.00  | \$50.00           |
| Last Name<br>Santos   |  | First Name<br>Manny                    |                                     | MI                |
| Residential Street Address<br>23 East Rd  |  | City<br>Meriden                        | State<br>CT                         | Zip Code<br>06450 |
| Principal Occupation<br>Engineer  |  | Name of Employer<br>Al-Tek Instruments |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |  | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No <u>09092025P</u>  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                                     |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>09/08/2025            | Aggregate Contributions<br>\$100.00 | \$100.00          |
| Last Name<br>Rapini   |  | First Name<br>Dominic                  |                                     | MI                |
| Residential Street Address<br>4 Mariners Way  |  | City<br>Branford                       | State<br>CT                         | Zip Code<br>06405 |
| Principal Occupation  |  | Name of Employer<br>Retired            |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |  | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No <u>09092025P</u>  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                                     |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>09/08/2025            | Aggregate Contributions<br>\$250.00 | \$250.00          |

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

|  |                              |
|--|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT               |
| Orosco 2025  | October 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |  |                                     |                        |
|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Augustin   |  | First Name<br>Oliver   |                                     | MI                     |
| Residential Street Address<br>780 Winchester Ave # 1  |  | City<br>New Haven  | State<br>CT                         | Zip Code<br>06511      |
| Principal Occupation<br>Journeyman Carpenter  |  | Name of Employer<br>Carpenters Local 326   |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>09/08/2025  | Aggregate Contributions<br>\$150.00 |                        |
|   |  |  |                                     | \$100.00               |
| Last Name<br>Montone  |  | First Name<br>Chris  |                                     | MI                     |
| Residential Street Address<br>147 Cherry Hill Rd  |  | City<br>Branford   | State<br>CT                         | Zip Code<br>06405      |
| Principal Occupation<br>Chief Engineer  |  | Name of Employer<br>IUOE Local 30 Operating Engineers  |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No <u>09092025P</u>  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>09/08/2025  | Aggregate Contributions<br>\$250.00 |                        |
|   |  |  |                                     | \$250.00               |
| Last Name<br>Corey  |  | First Name<br>Matthew  |                                     | MI                     |
| Residential Street Address<br>181 Center St   |  | City<br>Mansfield  | State<br>CT                         | Zip Code<br>06040      |
| Principal Occupation<br>Owner/Operator  |  | Name of Employer<br>One Wood Pub   |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No <u>09092025P</u>  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>09/09/2025  | Aggregate Contributions<br>\$60.00  |                        |
|   |  |  |                                     | \$60.00                |

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

|  |                              |
|--|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT               |
| Orosco 2025  | October 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |  |                                     |                        |
|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Richo  |  | First Name<br>Donna  |                                     | MI<br>M                |
| Residential Street Address<br>67 Charnes Dr   |  | City<br>East Haven   | State<br>CT                         | Zip Code<br>06513      |
| Principal Occupation<br>Realtor   |  | Name of Employer<br>Donna Richo Real Estate  |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>09092025P</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>09/09/2025  | Aggregate Contributions<br>\$100.00 | \$100.00               |

  

|   |  |  |                                     |                        |
|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Lumaj  |  | First Name<br>Peter  |                                     | MI                     |
| Residential Street Address<br>745 Mill Plain Rd   |  | City<br>Fairfield  | State<br>CT                         | Zip Code<br>06824      |
| Principal Occupation<br>Attorney  |  | Name of Employer<br>Lumaj Law Office   |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>09092025P</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>09/09/2025  | Aggregate Contributions<br>\$100.00 | \$100.00               |

  

|   |  |  |                                     |                        |
|---|--|--|-------------------------------------|------------------------|
| Last Name<br>DiGiovanni   |  | First Name<br>Gino   |                                     | MI<br>J                |
| Residential Street Address<br>77 8th St   |  | City<br>Derby  | State<br>CT                         | Zip Code<br>06418      |
| Principal Occupation<br>Construction  |  | Name of Employer<br>DiGiovanni & Sons Construction   |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>09092025P</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>09/09/2025  | Aggregate Contributions<br>\$100.00 | \$100.00               |

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

|  |                              |
|--|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT               |
| Orosco 2025  | October 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |  |                                     |                        |
|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Acri   |  | First Name<br>Anthony  |                                     | MI                     |
| Residential Street Address<br>114 Cove St   |  | City<br>New Haven  | State<br>CT                         | Zip Code<br>06512      |
| Principal Occupation<br>Owner/Operator  |  | Name of Employer<br>Express Tire   |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>09092025P</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>09/09/2025  | Aggregate Contributions<br>\$100.00 |                        |
|   |  |  |                                     | \$100.00               |
| Last Name<br>Ross   |  | First Name<br>Kyle   |                                     | MI<br>V                |
| Residential Street Address<br>19 Clark St   |  | City<br>New Haven  | State<br>CT                         | Zip Code<br>06511      |
| Principal Occupation<br>Wealth Management   |  | Name of Employer<br>UBS  |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>09092025P</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>09/09/2025  | Aggregate Contributions<br>\$100.00 |                        |
|   |  |  |                                     | \$100.00               |
| Last Name<br>Wharton  |  | First Name<br>Jonathan   |                                     | MI                     |
| Residential Street Address<br>59 Beckett Ave  |  | City<br>Branford   | State<br>CT                         | Zip Code<br>06405      |
| Principal Occupation<br>Professor   |  | Name of Employer<br>SCSU   |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>09092025P</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>09/09/2025  | Aggregate Contributions<br>\$100.00 |                        |
|   |  |  |                                     | \$100.00               |

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

|  |                              |
|--|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT               |
| Orosco 2025  | October 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |  |                                     |                        |
|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Fuentes  |  | First Name<br>Rafael   |                                     | MI                     |
| Residential Street Address<br>75 Poplar St  |  | City<br>New Haven  | State<br>CT                         | Zip Code<br>06513      |
| Principal Occupation<br>Management  |  | Name of Employer<br>Auto Authority   |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>09092025P</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>09/09/2025  | Aggregate Contributions<br>\$300.00 | \$100.00               |

  

|   |  |  |                                     |                        |
|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Fuentes  |  | First Name<br>Holly  |                                     | MI                     |
| Residential Street Address<br>48 Knollwood Dr   |  | City<br>Wallingford  | State<br>CT                         | Zip Code<br>06492      |
| Principal Occupation<br>Office Work   |  | Name of Employer<br>The Hartford   |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>09092025P</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>09/09/2025  | Aggregate Contributions<br>\$100.00 | \$100.00               |

  

|   |  |  |                                     |                        |
|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Candela  |  | First Name<br>Rocco  |                                     | MI                     |
| Residential Street Address<br>159 Hall St   |  | City<br>New Haven  | State<br>CT                         | Zip Code<br>06512      |
| Principal Occupation  |  | Name of Employer<br>Retired  |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>09092025P</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>09/09/2025  | Aggregate Contributions<br>\$150.00 | \$150.00               |

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

|  |                              |
|--|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT               |
| Orosco 2025  | October 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |   |                                    |                                     |                   |
|---|---|------------------------------------|-------------------------------------|-------------------|
| Last Name<br>Kurowski   |   | First Name<br>C Marcella           |                                     | MI                |
| Residential Street Address<br>37 W Ridgeland Rd   |   | City<br>Wallingford                | State<br>CT                         | Zip Code<br>06492 |
| Principal Occupation<br>Homemaker   |   | Name of Employer<br>None           |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                    | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>09092025P</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No             |                                    | Amount of Contribution              |                   |
| Method of Contribution<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |   | Date Received<br>09/09/2025        | Aggregate Contributions<br>\$100.00 | \$100.00          |
| Last Name<br>Kraszewski   |   | First Name<br>John                 |                                     | MI                |
| Residential Street Address<br>20 Pope St  |   | City<br>New Haven                  | State<br>CT                         | Zip Code<br>06512 |
| Principal Occupation<br>Owner/Operator  |   | Name of Employer<br>Armada Brewing |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                    | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>09092025P</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No             |                                    | Amount of Contribution              |                   |
| Method of Contribution<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |   | Date Received<br>09/09/2025        | Aggregate Contributions<br>\$100.00 | \$100.00          |
| Last Name<br>Nunez  |   | First Name<br>Anais                |                                     | MI<br>E           |
| Residential Street Address<br>5 A Jackson Blvd  |   | City<br>New Haven                  | State<br>CT                         | Zip Code<br>06515 |
| Principal Occupation  |   | Name of Employer<br>Unemployed     |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                    | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>09092025P</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No             |                                    | Amount of Contribution              |                   |
| Method of Contribution<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |   | Date Received<br>09/09/2025        | Aggregate Contributions<br>\$25.00  | \$25.00           |

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

|  |                              |
|--|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT               |
| Orosco 2025  | October 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |  |                                     |                        |
|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Gregorio   |  | First Name<br>Michelle   |                                     | MI                     |
| Residential Street Address<br>4 Grove St # 23   |  | City<br>Moodus   | State<br>CT                         | Zip Code<br>06469      |
| Principal Occupation<br>Real Estate   |  | Name of Employer<br>Century 21   |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>09092025P</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>09/09/2025  | Aggregate Contributions<br>\$75.00  | \$75.00                |
| Last Name<br>Burland  |  | First Name<br>Patrick  |                                     | MI                     |
| Residential Street Address<br>11 Ledge Rd   |  | City<br>Woodbridge   | State<br>CT                         | Zip Code<br>06525      |
| Principal Occupation<br>Digital Communications Manager  |  | Name of Employer<br>ACC  |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>09/09/2025  | Aggregate Contributions<br>\$100.00 | \$100.00               |
| Last Name<br>Mauro  |  | First Name<br>Vincent  |                                     | MI                     |
| Residential Street Address<br>281 Chapel St   |  | City<br>New Haven  | State<br>CT                         | Zip Code<br>06513      |
| Principal Occupation<br>Owner/Operator  |  | Name of Employer<br>Concrete Creations   |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>09/09/2025  | Aggregate Contributions<br>\$150.00 | \$150.00               |

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

|  |                              |
|--|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT               |
| Orosco 2025  | October 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |  |                                     |                        |
|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Ferrucci   |  | First Name<br>Jamie  |                                     | MI                     |
| Residential Street Address<br>14 Charter Oak Ave  |  | City<br>East Haven   | State<br>CT                         | Zip Code<br>06512      |
| Principal Occupation<br>Contractor  |  | Name of Employer<br>Ferrucci Inc   |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>09092025P</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>09/18/2025  | Aggregate Contributions<br>\$250.00 | \$250.00               |
| Last Name<br>Zola   |  | First Name<br>Andrea   |                                     | MI                     |
| Residential Street Address<br>91 Olive St # 3   |  | City<br>New Haven  | State<br>CT                         | Zip Code<br>06511      |
| Principal Occupation<br>Owner/Operator  |  | Name of Employer<br>Little Dandelion   |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>09/18/2025  | Aggregate Contributions<br>\$20.00  | \$20.00                |
| Last Name<br>Geloso   |  | First Name<br>Cathy  |                                     | MI                     |
| Residential Street Address<br>19 Amadeo Dr  |  | City<br>Bethany  | State<br>CT                         | Zip Code<br>06524      |
| Principal Occupation<br>Office Manager  |  | Name of Employer<br>Bethany Mountain Lawn Care   |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>09/18/2025  | Aggregate Contributions<br>\$50.00  | \$50.00                |

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

|  |                              |
|--|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT               |
| Orosco 2025  | October 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |   |                             |                         |                   |
|---|---|-----------------------------|-------------------------|-------------------|
| Last Name<br>Montano  |   | First Name<br>Paul          |                         | MI                |
| Residential Street Address<br>220 Milbrook Rd   |   | City<br>North Haven         | State<br>CT             | Zip Code<br>06473 |
| Principal Occupation  |   | Name of Employer<br>Retired |                         |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                             | Amount of Contribution  |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:  |                             |                         |                   |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative   |                             |                         |                   |
| Method of Contribution  |   | Date Received               | Aggregate Contributions |                   |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |   | 09/18/2025                  | \$100.00                |                   |
|   |   |                             | \$100.00                |                   |

|   |   |                                       |                         |                   |
|---|---|---------------------------------------|-------------------------|-------------------|
| Last Name<br>Esposito   |   | First Name<br>Shane                   |                         | MI                |
| Residential Street Address<br>1195 Sherman Ave  |   | City<br>Hamden                        | State<br>CT             | Zip Code<br>06514 |
| Principal Occupation<br>Operator  |   | Name of Employer<br>Laydon Industries |                         |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                       | Amount of Contribution  |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:  |                                       |                         |                   |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative   |                                       |                         |                   |
| Method of Contribution  |   | Date Received                         | Aggregate Contributions |                   |
| <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |   | 09/18/2025                            | \$200.00                |                   |
|   |   |                                       | \$100.00                |                   |

|   |   |                                 |                         |                   |
|---|---|---------------------------------|-------------------------|-------------------|
| Last Name<br>Frazier  |   | First Name<br>Patrick           |                         | MI                |
| Residential Street Address<br>7 Frederick Pl  |   | City<br>Clinton                 | State<br>CT             | Zip Code<br>06413 |
| Principal Occupation<br>Attorney  |   | Name of Employer<br>Frazier Law |                         |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                 | Amount of Contribution  |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:  |                                 |                         |                   |
| <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative   |                                 |                         |                   |
| Method of Contribution  |   | Date Received                   | Aggregate Contributions |                   |
| <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |   | 09/20/2025                      | \$250.00                |                   |
|   |   |                                 | \$250.00                |                   |

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

|  |                              |
|--|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT               |
| Orosco 2025  | October 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |  |   |                                       |                    |
|---|--|--|---|---------------------------------------|--------------------|
| Last Name<br>Cavanaugh  |  | First Name<br>Steve  |   | MI                                    |                    |
| Residential Street Address<br>475 W Todd St   |  | City<br>Hamden   |   | State<br>CT                           | Zip Code<br>06518  |
| Principal Occupation<br>President   |  |  | Name of Employer<br>Biltmore Construction |                                       |                    |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |   | Amount of Contribution                |                    |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |                                       |                    |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  |  | Date Received<br>09/22/2025               | Aggregate Contributions<br>\$1,600.00 | \$1,000.00         |
| Last Name<br>DeMayo   |  | First Name<br>Kimberley  |   | MI                                    |                    |
| Residential Street Address<br>80 Townsend Ter   |  | City<br>New Haven  |   | State<br>CT                           | Zip Code<br>06512  |
| Principal Occupation<br>Manager   |  |  | Name of Employer<br>Yale University       |                                       |                    |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |   | Amount of Contribution                |                    |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |                                       |                    |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  |  | Date Received<br>09/28/2025               | Aggregate Contributions<br>\$25.00    | \$25.00            |
| Last Name<br>Buono  |  | First Name<br>Anna   |   | MI                                    |                    |
| Residential Street Address<br>20 Alexander Dr   |  | City<br>North Haven  |   | State<br>CT                           | Zip Code<br>06473  |
| Principal Occupation<br>Realtor   |  |  | Name of Employer<br>Berkshire Hathaway    |                                       |                    |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |   | Amount of Contribution                |                    |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |                                       |                    |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  |  | Date Received<br>09/29/2025               | Aggregate Contributions<br>\$25.00    | \$25.00            |
| <b>Total of Section B</b>   |  |  |   |                                       | <b>\$13,555.00</b> |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> (Sections A & B) (Total on Line 13 of Summary Page)  |  |  |   |                                       | <b>\$13,555.00</b> |

| <b>I. MONETARY RECEIPTS (Section A-K)</b>                                      |       |   |               |                         |                              |
|--|-------|---|---------------|-------------------------|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |       |   |               |                         | TYPE OF REPORT               |
| Orosco 2025  |       |   |               |                         | October 10 Filing - Original |
| <b>C1. Contributions from Other Committees</b>                                 |       |   |               |                         |                              |
| Name of Committee  |       |   |               | Name of Treasurer       |                              |
| Address  |       | Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # |               |                         | Amount of Contribution       |
|  |       | Yes      No   |               |                         |                              |
| City   | State | Zip Code  | Date Received | Aggregate Contributions |                              |
| <b>Total of Section C1</b>   |       |   |               |                         |                              |

| <b>I. MONETARY RECEIPTS (Section A-K)</b>                                |             |          |  |                   |                              |
|--|-------------|----------|--|-------------------|------------------------------|
| NAME OF COMMITTEE  |             |          |  |                   | TYPE OF REPORT               |
| Orosco 2025  |             |          |  |                   | October 10 Filing - Original |
| <b>C2. Reimbursements or Surplus Distributions from other Committees</b> |             |          |  |                   |                              |
| 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 |          |  |                   |                              |
| <b>Total of Section C2</b>   |             |          |  |                   |                              |

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

|  |                              |
|--|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT               |
| Orosco 2025  | October 10 Filing - Original |

**D. Loans Received this Period**

|  |                 |           |            |  |                 |
|--|-----------------|-----------|------------|--|-----------------|
| Name of Lender                             | Source of Loan: |           |            |  | Date of Receipt |
|  | Bank            | Candidate | Individual | Other  |                 |
| 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   |  |                 |
| <b>Total of Section D</b>                  |                 |           |            |  |                 |

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

|                   |                              |
|-------------------|------------------------------|
| NAME OF COMMITTEE | TYPE OF REPORT               |
| Orosco 2025       | October 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 |                 |
| <b>Total of Section E</b> |       |          |                         |                 |

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

|  |                              |
|--|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT               |
| Orosco 2025  | October 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 |
| <b>Total of Section F</b> |  |     |    |                      |        |

| <b>I. MONETARY RECEIPTS (Section A-K)</b>  |                              |
|--|------------------------------|
| NAME OF COMMITTEE  | TYPE OF REPORT               |
| Orosco 2025  | October 10 Filing - Original |
| <b>G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)</b> |                              |
| Date of Receipt  | Amount                       |
| <b>Total of Section G</b>  |                              |

| <b>I. MONETARY RECEIPTS (Section A-K)</b>  |   |        |
|--|---|--------|
| NAME OF COMMITTEE  | TYPE OF REPORT  |        |
| Orosco 2025  | October 10 Filing - Original  |        |
| <b>H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)</b> |   |        |
| Date of Receipt  | Method of Payment   | Amount |
|  | Cash                      Personal Check                      Credit/Debit Card |        |
| <b>Total of Section H</b>  |   |        |

| <b>I. Monetary Receipts (Section A-K)</b>                                      |      |               |                              |        |
|--|------|---------------|------------------------------|--------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |      |               | TYPE OF REPORT               |        |
| Orosco 2025  |      |               | October 10 Filing - Original |        |
| <b>J. Interest from Deposits in Authorized Accounts</b>                        |      |               |                              |        |
| Name of Institution  |      | Date Received |                              | Amount |
| Street Address   | City | State         | Zip Code                     |        |
| <b>Total of Section J</b>  |      |               |                              |        |

| <b>I. MONETARY RECEIPTS (Section A-K)</b>                              |                              |                    |       |          |
|--|------------------------------|--------------------|-------|----------|
| NAME OF COMMITTEE  | TYPE OF REPORT               |                    |       |          |
| Orosco 2025  | October 10 Filing - Original |                    |       |          |
| <b>K. Miscellaneous Monetary Receipts not Considered Contributions</b> |                              |                    |       |          |
| Name   | Date of Transaction          | Amount<br>Received |       |          |
| Street Address   | City                         |                    | State | Zip Code |
| Description  |                              |                    |       |          |
| <b>Total of Section K</b>  |                              |                    |       |          |

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

|  |                              |
|--|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT               |
| Orosco 2025  | October 10 Filing - Original |

**L1. Event Information**

|   |             |  |  |                                     |
|---|-------------|--|--|-------------------------------------|
| Event #<br>Date of Event<br>09/09/2025  | Letter<br>P | Description<br>Meet and Greet Event  | Was this a fundraising event?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                     |
| Location: Street Address<br>98 S Water St   |             | City<br>New Haven  | State<br>CT  | Zip Code<br>06519                   |
| <i>Subpart 1: (All Committees)</i>  |             | <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> |  |                                     |
| Was this event hosted at a personal residence?  |             | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  |                                     |
| 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? |             | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  |                                     |
| Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?                   |             | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | <i>(If yes, enter Total Receipts here.)</i>  | <input type="text" value="\$0.00"/> |
| <i>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</i>                       |             | <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i>   |  |                                     |
| Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?                                   |             | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  |                                     |
| <i>Subpart 3: (Town Committees ONLY)</i>  |             | <i>(If yes, enter Total Receipts here.)</i>  |  |                                     |
| Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?                    |             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | <input type="text" value="\$0.00"/> |

|   |             |  |  |                                     |
|---|-------------|--|--|-------------------------------------|
| Event #<br>Date of Event<br>09/09/2025  | Letter<br>Z | Description<br>Meet and Greet Event  | Was this a fundraising event?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Location: Street Address<br>554 Woodward Ave  |             | City<br>New Haven  | State<br>CT  | Zip Code<br>06512                   |
| <i>Subpart 1: (All Committees)</i>  |             | <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> |  |                                     |
| Was this event hosted at a personal residence?  |             | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  |                                     |
| 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? |             | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  |                                     |
| Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?                   |             | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | <i>(If yes, enter Total Receipts here.)</i>  | <input type="text" value="\$0.00"/> |
| <i>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</i>                       |             | <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i>   |  |                                     |
| Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?                                   |             | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  |                                     |
| <i>Subpart 3: (Town Committees ONLY)</i>  |             | <i>(If yes, enter Total Receipts here.)</i>  |  |                                     |
| Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?                    |             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | <input type="text" value="\$0.00"/> |

|                            |               |
|----------------------------|---------------|
| <b>Total of Section L1</b> | <b>\$0.00</b> |
|----------------------------|---------------|

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

|  |                              |
|--|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT               |
| Orosco 2025  | October 10 Filing - Original |

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

|                   |         |   |                               |                         |
|-------------------|---------|---|-------------------------------|-------------------------|
| Name of Purchaser |         | Purchase Made By:<br><b>Business Entity</b> <b>Other</b><br><b>Individual/Sole Proprietorship</b> |                               |                         |
| Street Address    |         | City  | State                         | Zip Code                |
| Date Received     | Event # | Aggregate Purchases for All Events  | Amount of Program Ad Purchase | Amount of Sign Purchase |

|                            |  |
|----------------------------|--|
| <b>Total of Section L3</b> |  |
|----------------------------|--|

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

|  |                              |
|--|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT               |
| Orosco 2025  | October 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     | Date Received           | Event # | Aggregate value for this event |                               |
| Individual          |                         |         |                                |                               |
| Sole Proprietorship |                         |         |                                |                               |

|                            |  |
|----------------------------|--|
| <b>Total of Section L4</b> |  |
|----------------------------|--|

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

|  |                              |
|--|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT               |
| Orosco 2025  | October 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               |
| Orosco 2025  | October 10 Filing - Original |

**M. In-Kind Contributions**

|   |               |  |                                     |
|---|---------------|--|-------------------------------------|
| Name  |               |  |                                     |
| Street Address  | City          | State  | Zip Code                            |
| Type of Contributor:  | Date Received | Aggregate contributions  | Description of In-Kind Contribution |
| Committee   |               |  |                                     |
| Individual / Sole Proprietorship                                      | Other         |  |                                     |
| Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?  | Yes<br>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<br>No                           |
| Is this contribution associated with an event reported in Section L1? | Yes<br>No     | Is contributor a principal of state contractor or prospective state contractor?  | Yes<br>No                           |
| If yes, list Event#   |               | If yes, indicate which branch or branches of government the contract is with:  | Executive<br>Legislative            |

**Total of Section M**

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

|                   |                              |
|-------------------|------------------------------|
| NAME OF COMMITTEE | TYPE OF REPORT               |
| Orosco 2025       | October 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               |
| Orosco 2025  | October 10 Filing - Original |

**P. Expenses Paid By Committee**

|   |   |                               |  |                      |
|---|---|-------------------------------|--|----------------------|
| Name of Payee<br>Bear's Smokehouse          |   | Date of Payment<br>07/21/2025 | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                      |
| Street Address<br>470 James St              |   | City<br>New Haven             | State<br>CT  | Zip Code<br>06513    |
| Purpose of Expenditure (by code)<br>FOOD    | Description<br>Kick off Event   |                               |  | Event #              |
| Expenditure # (if applicable)               | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | Amount<br>\$1,509.34 |
| Name of Payee<br>Universal Printing         |   | Date of Payment<br>07/22/2025 | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                      |
| Street Address<br>90 Tunxis Hill Rd         |   | City<br>Fairfield             | State<br>CT  | Zip Code<br>06825    |
| Purpose of Expenditure (by code)<br>PRNT    | Description   |                               |  | Event #              |
| Expenditure # (if applicable)               | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | Amount<br>\$201.00   |
| Name of Payee<br>Noyo                       |   | Date of Payment<br>07/24/2025 | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                      |
| Street Address<br>3823 Ingraham St Ste B104 |   | City<br>San Diego             | State<br>CA  | Zip Code<br>92109    |
| Purpose of Expenditure (by code)<br>WEB     | Description   |                               |  | Event #              |
| Expenditure # (if applicable)               | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | Amount<br>\$3,500.00 |

**IV. EXPENDITURES (Sections P - T)**

|  |                              |
|--|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT               |
| Orosco 2025  | October 10 Filing - Original |

**P. Expenses Paid By Committee**

|  |  |                               |   |             |
|--|--|-------------------------------|---|-------------|
| Name of Payee<br>Amazon                        |  | Date of Payment<br>07/24/2025 | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT      |             |
| Street Address<br>440 Terry Ave                |  | City<br>Seattle               |   | State<br>WA |
| Zip Code<br>98109                              |  |                               |   |             |
| Purpose of Expenditure (by code)<br><br>OFFICE | Description  |                               |   | Event #     |
| Expenditure # (if applicable)                  | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |   | Amount      |
|  | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |   | \$63.80     |
| Name of Payee<br>Checks in the Mail            |  | Date of Payment<br>08/04/2025 | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT      |             |
| Street Address<br>2345 Goodwin Ln              |  | City<br>New Braunfels         |   | State<br>TX |
| Zip Code<br>78135                              |  |                               |   |             |
| Purpose of Expenditure (by code)<br><br>BNK    | Description  |                               |   | Event #     |
| Expenditure # (if applicable)                  | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |   | Amount      |
|  | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |   | \$71.98     |
| Name of Payee<br>Jason Bartlett                |  | Date of Payment<br>08/08/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 1000<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |             |
| Street Address<br>38 Howard Ave                |  | City<br>New Haven             |   | State<br>CT |
| Zip Code<br>06519                              |  |                               |   |             |
| Purpose of Expenditure (by code)<br><br>WAGE   | Description  |                               |   | Event #     |
| Expenditure # (if applicable)                  | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |   | Amount      |
|  | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |   | \$1,500.00  |

**IV. EXPENDITURES (Sections P - T)**

|  |                              |
|--|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT               |
| Orosco 2025  | October 10 Filing - Original |

**P. Expenses Paid By Committee**

|  |  |                               |   |                   |
|--|--|-------------------------------|---|-------------------|
| Name of Payee<br>Universal Printing          |  | Date of Payment<br>08/11/2025 | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT      |                   |
| Street Address<br>90 Tunxis Hill Rd          |  | City<br>Fairfield             | State<br>CT   | Zip Code<br>06825 |
| Purpose of Expenditure (by code)<br><br>PRNT | Description  |                               |   | Event #           |
| Expenditure # (if applicable)                | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |   | Amount            |
|  | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |   | \$682.77          |
| Name of Payee<br>Amber Webster               |  | Date of Payment<br>08/14/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 1001<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                   |
| Street Address<br>186 New London Rd          |  | City<br>Colchester            | State<br>CT   | Zip Code<br>06415 |
| Purpose of Expenditure (by code)<br><br>WAGE | Description  |                               |   | Event #           |
| Expenditure # (if applicable)                | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |   | Amount            |
|  | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |   | \$1,000.00        |
| Name of Payee<br>Amber Webster               |  | Date of Payment<br>08/14/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 1002<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                   |
| Street Address<br>186 New London Rd          |  | City<br>Colchester            | State<br>CT   | Zip Code<br>06415 |
| Purpose of Expenditure (by code)<br><br>WAGE | Description  |                               |   | Event #           |
| Expenditure # (if applicable)                | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |   | Amount            |
|  | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |   | \$1,000.00        |

### IV. EXPENDITURES (Sections P - T)

|  |                              |
|--|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT               |
| Orosco 2025  | October 10 Filing - Original |

#### P. Expenses Paid By Committee

|  |  |                               |   |                   |
|--|--|-------------------------------|---|-------------------|
| Name of Payee<br>Universal Printing            |  | Date of Payment<br>08/18/2025 | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT      |                   |
| Street Address<br>90 Tunxis Hill Rd            |  | City<br>Fairfield             | State<br>CT   | Zip Code<br>06825 |
| Purpose of Expenditure (by code)<br><br>PRNT   | Description  |                               |   | Event #           |
| Expenditure # (if applicable)                  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)   |                               |   | Amount            |
|  | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |   | \$755.09          |
| Name of Payee<br>Jonathan Corriveau            |  | Date of Payment<br>09/04/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 1003<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                   |
| Street Address<br>59 Elm St                    |  | City<br>New Haven             | State<br>CT   | Zip Code<br>06510 |
| Purpose of Expenditure (by code)<br><br>WAGE   | Description<br>Videographer  |                               |   | Event #           |
| Expenditure # (if applicable)                  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)   |                               |   | Amount            |
|  | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |   | \$150.00          |
| Name of Payee<br>Pequonnock Yacht Club         |  | Date of Payment<br>09/04/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 1004<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                   |
| Street Address<br>95 S Water St                |  | City<br>New Haven             | State<br>CT   | Zip Code<br>06519 |
| Purpose of Expenditure (by code)<br><br>FNDR * | Description<br>Down payment for room rental  |                               |   | Event #           |
| Expenditure # (if applicable)                  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)   |                               |   | Amount            |
|  | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |   | \$200.00          |

**IV. EXPENDITURES (Sections P - T)**

|  |                              |
|--|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT               |
| Orosco 2025  | October 10 Filing - Original |

**P. Expenses Paid By Committee**

|  |   |                               |   |                      |
|--|---|-------------------------------|---|----------------------|
| Name of Payee<br>Pequonnock Yacht Club     |   | Date of Payment<br>09/15/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 1006<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                      |
| Street Address<br>95 S Water St            |   | City<br>New Haven             | State<br>CT   | Zip Code<br>06519    |
| Purpose of Expenditure (by code)<br>FNDR * | Description<br>Final Payment for room   |                               |   | Event #              |
| Expenditure # (if applicable)              | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |   | Amount<br>\$335.50   |
| Name of Payee<br>Amber Webster             |   | Date of Payment<br>09/15/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 1008<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                      |
| Street Address<br>186 New London Rd        |   | City<br>Colchester            | State<br>CT   | Zip Code<br>06415    |
| Purpose of Expenditure (by code)<br>WAGE   | Description   |                               |   | Event #              |
| Expenditure # (if applicable)              | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |   | Amount<br>\$1,500.00 |
| Name of Payee<br>Jason Bartlett            |   | Date of Payment<br>09/15/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 1009<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                      |
| Street Address<br>38 Howard Ave            |   | City<br>New Haven             | State<br>CT   | Zip Code<br>06519    |
| Purpose of Expenditure (by code)<br>WAGE   | Description   |                               |   | Event #              |
| Expenditure # (if applicable)              | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |   | Amount<br>\$1,500.00 |

**IV. EXPENDITURES (Sections P - T)**

|  |                              |
|--|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT               |
| Orosco 2025  | October 10 Filing - Original |

**P. Expenses Paid By Committee**

|  |   |                               |  |                        |
|--|---|-------------------------------|--|------------------------|
| Name of Payee<br>Merica Merch                  |   | Date of Payment<br>09/19/2025 | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>409 Marion Ave               |   | City<br>Plantsville           | State<br>CT  | Zip Code<br>06479      |
| Purpose of Expenditure (by code)<br><br>Misc * | Description<br>T-shirts for give away   |                               |  | Event #                |
| Expenditure # (if applicable)                  | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | Amount<br><br>\$160.08 |
| Name of Payee<br>Campaign Verify               |   | Date of Payment<br>09/29/2025 | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>1215 31st St NW              |   | City<br>Washington            | State<br>DC  | Zip Code<br>20007      |
| Purpose of Expenditure (by code)<br><br>WEB    | Description   |                               |  | Event #                |
| Expenditure # (if applicable)                  | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | Amount<br><br>\$95.00  |
| Name of Payee<br>Anedot                        |   | Date of Payment<br>09/29/2025 | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT |                        |
| Street Address<br>1340 Poydras St Ste 1770     |   | City<br>New Orleans           | State<br>LA  | Zip Code<br>70112-5204 |
| Purpose of Expenditure (by code)<br><br>BNK    | Description<br>Anedot Fees  |                               |  | Event #                |
| Expenditure # (if applicable)                  | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | Amount<br><br>\$505.40 |

**Total of Section P**

**\$14,729.96**

| IV. EXPENDITURES (Sections P - T)  |             |                 |  |
|--|-------------|-----------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |             |                 | TYPE OF REPORT                                       |
|  |             |                 | October 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?<br>Yes                  No |
| Street Address   |             | City            | State                  Zip Code                      |
| Purpose of Expenditure (by code)   | Description | Event #         | Amount   |
| <b>Total of Section Q</b>  |             |                 |  |

| IV. EXPENDITURES   |   |  |                                 |
|--|---|--|---------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |   |  | TYPE OF REPORT                  |
| Orosco 2025  |   |  | October 10 Filing - Original    |
| R. Expenses Incurred on Committee Credit Card                                  |   |  |                                 |
| Name of Issuing Institution  |   | Type of Credit Card:<br>Visa                  Master Card                  Discover                  American Express<br>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)<br>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 |  | Amount                          |
| <b>Total of Section R</b>  |   |  |                                 |

| IV. EXPENDITURES   |   |      |                                      |
|--|---|------|--------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |   |      | TYPE OF REPORT                       |
| Orosco 2025  |   |      | October 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> )<br><br>None of the below<br><br>Coordinated with reimbursement sought (joint expenditure)      Independent<br><br>Coordinated without reimbursement sought (in-kind contribution)      Organization :      A      B      C      D |      | Amount Incurred (Estimate or Actual) |
| <b>Total of Section S</b>  |   |      |                                      |

| IV. EXPENDITURES (Sections P - T)  |  |   |   |
|--|--|---|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |  |   | TYPE OF REPORT                                      |
| Orosco 2025  |  |   | October 10 Filing - Original                        |
| T. Itemization of Reimbursements and Secondary Payees                          |  |   |   |
| Last Name of Worker/Consultant   |  | First   | MI      Date of Payment to Vendor, Person or Entity |
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant           |  | Payment to Reimburse Committee Worker/Consultant as reported in Section P<br><br>Check #      Debit Card      EFT |   |
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant |  | City  | State      Zip Code                                 |
| Purpose of Expenditure (by code)   | Description  |   | Event #   |
| Expenditure #  | Type of Expenditure ( <i>Itemization in Addendum T Required unless "None of the below" is checked</i> )<br><br>None of the below<br><br>Coordinated with reimbursement sought (joint expenditure)      Independent<br><br>Coordinated without reimbursement sought (in-kind contribution)      Organization:      A      B      C      D |   | Amount  |
| <b>Total of Section T</b>  |  |   |   |

| Section L5. ADDENDUM   |                |
|--|----------------|
| NAME OF COMMITTEE  | TYPE OF REPORT |
|  |                |
| L5. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum |                |
| <b>Event #</b>   |                |
| Name of Candidate or Committee   |                |

| Section P. ADDENDUM                      |                               |  |
|--|-------------------------------|--|
| NAME OF COMMITTEE                        | TYPE OF REPORT                |  |
|  |                               |  |
| P. Expenses Paid By Committee - Addendum |                               |  |
| Expenditure #                            | Supported                     | Opposed                                  |
|  |                               | <b>Amount of Expenditure</b>             |
| Name of Candidate or Committee           | Office Sought (if applicable) | Cost Allocated to Candidate or Committee |
| Are Limits Aggregated?                   | Aggregating Committees        |  |
| <b>Yes</b> <b>No</b>                     |                               |  |

| <b>Section R. ADDENDUM</b>                                      |                               |  |
|---|-------------------------------|--|
| NAME OF COMMITTEE   | TYPE OF REPORT                |  |
|   |                               |  |
| <b>R. Expenses Incurred on Committee Credit Card - Addendum</b> |                               |  |
| Expenditure #   | Supported                     | Opposed                                  |
|   |                               |  |
| Name of Candidate or Committee                                  | Office Sought (if applicable) | Cost Allocated to Candidate or Committee |

| <b>Section S. ADDENDUM</b>  |                               |  |
|---|-------------------------------|--|
| NAME OF COMMITTEE   | TYPE OF REPORT                |  |
|   |                               |  |
| <b>S. Expenses Incurred by Committee but Not Paid During this Period - Addendum</b> |                               |  |
| Expenditure #   | Supported                     | Opposed                                  |
|   |                               |  |
| Name of Candidate or Committee  | Office Sought (if applicable) | Cost Allocated to Candidate or Committee |

| <b>Section T. ADDENDUM</b>  |                               |  |
|---|-------------------------------|--|
| NAME OF COMMITTEE   | TYPE OF REPORT                |  |
|   |                               |  |
| <b>T. Itemization of Reimbursements and Secondary Payees - Addendum</b> |                               |  |
| Expenditure #   | Supported                     | Opposed                                  |
|   |                               |  |
| Name of Candidate or Committee  | Office Sought (if applicable) | Cost Allocated to Candidate or Committee |