

SEEC FORM 30Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015



Electronic Filing

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Page 1 of 27

COVER PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
Leland for CT				☒ Candidate Committee ☐ Exploratory Committee	
3. TREASURER NAME					
First Derek		MI W	Last Miller		Suffix
4. TREASURER ADDRESS					
Street Address 95 Parker Pl		City New Haven		State CT	Zip Code 06512
5. ELECTION DATE 11/03/2026		6. OFFICE SOUGHT (Complete only if Candidate Committee) State Representative			7. DISTRICT NUMBER (if applicable) R097
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Leland		MI J	Last Moore		Suffix
9. TYPE OF REPORT 30 Days Following Primary - Original					
10. PERIOD COVERED					
Beginning Date Ending Date 08/05/2026 thru 08/31/2026					
11. CERTIFICATION					
☒ I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.					
Electronic Filing SIGNATURE		Derek Miller PRINT NAME OF THE SIGNER		09/09/2026 9:47:38PM DATE CERTIFIED	
A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.					

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
Leland for CT	30 Days Following Primary - Original	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$14,087.91	
14. Contributions received from Individuals (Section A and B)	\$0.00	\$7,530.00
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$38.68
16. Other Monetary Receipts (Section D through I)	\$0.00	\$38,575.03
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$0.00	\$46,143.71
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$14,087.91	\$46,143.71
20. Expenses Paid by Committee (Section N)	\$9,164.41	\$41,220.21
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	\$4,923.50	\$4,923.50
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	\$0.00	\$0.00
24. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
25. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Leland for CT				30 Days Following Primary - Original	
A. Total Contributions from Small Contributors-Received this Period ONLY				For Nonparticipating Candidates ONLY	
B. Itemized Contributions from Individuals					
Last Name		First		MI	Contribution ID #
Residential Street Address		City		State	Zip Code
Principal Occupation			Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? Yes No If yes, indicate which branch or branches of government the contract is with: Executive Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? Yes No If yes, list Event #	Method of contribution: Cash Personal Check Money Order Credit/Debit Card		Date Received	Aggregate Contributions	
Total of Section B					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Total on Line 14, Column A of Summary Page)					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Leland for CT				30 Days Following Primary - Original	
C1. Contributions from Other Committees					
Name of Committee			Name of Treasurer		
Address		Is this contribution associated with an event reported in Section J1? Yes No If yes, list Event #			Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions	
Total of Section C1					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Leland for CT				30 Days Following Primary - Original	
C2. Reimbursements or Surplus Distributions from other Committees					
Name of Committee			Name of Treasurer		
Address				Date Received	Amount of Receipt
City	State	Zip Code	Payment Type Reimbursement for shared expense Surplus distribution from exploratory committee		
Expenditure #	Description				
Total of Section C2					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Leland for CT				30 Days Following Primary - 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	Stat	Zip Code	
Total of Section D					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Leland for CT	30 Days Following Primary - Original

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

Date of Receipt	Method of Payment	Amount
	Cash Personal Check Credit/Debit Card	
Total of Section E		

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Leland for CT	30 Days Following Primary - Original

G. Interest from Deposits in Authorized Accounts

Name of Institution	Date Received	Amount
Street Address	City	State Zip Code
Total of Section G		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Leland for CT	30 Days Following Primary - Original

H. Public Grant Funds Received from the Citizens' Election Fund

Purpose of Grant:	Grant Cycle:	Date Received	Amount
Initial Grant Adjustment Supplemental/Post Election Deficit	Primary General Election Special Election		
Total of Section H			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Leland for CT				30 Days Following Primary - Original	
I. Miscellaneous Monetary Receipts not Considered Contributions					
Name			Date of Transaction		Amount Received
Street Address	City	State	Zip Code		
Description					
Total of Section I					

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Leland for CT				30 Days Following Primary - Original	
J1. Event Information					
Event # Date of Event	Letter	Description	Was this a fundraising event? Yes No		
Location: Street Address			City	State	Zip Code
Was this event hosted at a personal residence?		Yes	if yes, go to Section J4 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.		
		No			
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.		
		No			
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		Yes	(If yes, enter Total Receipts here.)		
		No			
Total of Section J1					

II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Leland for CT	30 Days Following Primary - Original

J3. In-Kind Donations Not Considered Contributions

Name of the Donor					
Street Address			City	State	Zip Code
Donation Given by: Individual Business Entity Sole Proprietorship	Description of Donation			Fair Market Value of Donation	
	Date Received	Event #	Aggregate value for this event		

Total of Section J3**II.EVENT ACTIVITY (Sections J1 - J4)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Leland for CT	30 Days Following Primary - Original

J4. In-Kind Donations Not Considered Contributions Associated with a House Party

Name of Host		Is this event supporting more than one candidate?	
		Yes	No
		If yes, complete Itemization in Addendum J4	
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 J4

III. NONMONETARY RECEIPTS (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

Leland for CT

30 Days Following Primary - Original

K. In-Kind Contributions

Name

Street Address

City

State

Zip Code

Is this contribution associated with an event reported in Section J1?

Yes

No

Description of In-Kind Contribution

If yes, list Event#

Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?

Yes

No

Is contributor a principal of a state contractor or prospective state contractor?

Yes

No

If yes, indicate which branch or branches of government the contract is with:

Executive

Legislative

Fair Market Value of this Contribution

Type of Contributor:

Individual

Committee

Sole Proprietorship

Date Received

Aggregate contributions

Total of Section K**III. Non Monetary Receipts (Sections K - L)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

Leland for CT

30 Days Following Primary - Original

L. 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 L

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Leland for CT	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Costco		Date of Payment 08/07/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1718 Boston Post Rd		City Milford	State CT	Zip Code 06460
Purpose of Expendit FOOD	Description			Amount \$110.66
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Amazon		Date of Payment 08/08/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 410 Terry Ave N		City Seattle	State WA	Zip Code 98109
Purpose of Expendit FOOD	Description			Amount \$27.64
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Sonia Alvarez		Date of Payment 08/08/2026	Method of Payment ☒ Check # <u>118</u> ☐ Debit Card ☐ EFT	
Street Address 311 Eastern St # E1915		City East Haven	State CT	Zip Code 06513
Purpose of Expendit A-PH-BNK	Description 8 hours			Amount \$160.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Leland for CT	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Terrell Williams		Date of Payment 08/08/2026	Method of Payment ☒ Check # <u>119</u> ☐ Debit Card ☐ EFT	
Street Address 321 Eastern St Apt A308		City New Haven	State CT	Zip Code 06513
Purpose of Expendit A-PH-BNK	Description 10 hours			Amount \$200.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Jesenia Rodriguez		Date of Payment 08/08/2026	Method of Payment ☒ Check # <u>120</u> ☐ Debit Card ☐ EFT	
Street Address 36 Clifton St		City New Haven	State CT	Zip Code 06513
Purpose of Expendit A-PH-BNK	Description 18 hours			Amount \$360.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Bella Vista Community Room		Date of Payment 08/09/2026	Method of Payment ☒ Check # <u>122</u> ☐ Debit Card ☐ EFT	
Street Address 321 Eastern St		City New Haven	State CT	Zip Code 06513
Purpose of Expendit Misc *	Description Room Rental August 10 2026			Amount \$200.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Leland for CT	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Robert Anderson		Date of Payment 08/09/2026	Method of Payment ☒ Check # <u>123</u> ☐ Debit Card ☐ EFT	
Street Address 52 Beecher Pl		City New Haven	State CT	Zip Code 06512
Purpose of Expendit FOOD	Description Food for canvassers 08/05			Amount \$60.25
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Sean Cotlier		Date of Payment 08/09/2026	Method of Payment ☒ Check # <u>124</u> ☐ Debit Card ☐ EFT	
Street Address 51 Pope St		City New Haven	State CT	Zip Code 06512
Purpose of Expendit FOOD	Description Food for canvassers 08/07			Amount \$73.45
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Robocent		Date of Payment 08/10/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1206 Laskin Rd		City Virginia Beach	State VA	Zip Code 23451
Purpose of Expendit A-OTH	Description Robo Texts			Amount \$45.99
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Leland for CT	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Amazon		Date of Payment 08/10/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 410 Terry Ave N		City Seattle	State WA	Zip Code 98109
Purpose of Expendit OFFICE	Description Cutlery			Amount \$27.64
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee iScream Truck		Date of Payment 08/10/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 874 Quinnipiac Ave		City New Haven	State CT	Zip Code 06513
Purpose of Expendit FOOD	Description Ice Cream Truck at Bella Vista			Amount \$640.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Branford Beach Donuts		Date of Payment 08/11/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 267 E Main St		City Branford	State CT	Zip Code 06405-3126
Purpose of Expendit FOOD	Description Food for campaign workers			Amount \$116.16
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Leland for CT	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Stop and Shop		Date of Payment 08/11/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 370 Hemingway		City East Haven		State CT
Zip Code 06512				
Purpose of Expendit FOOD	Description Food for election day workers			Amount \$18.79
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Goody's		Date of Payment 08/11/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 540 Main St		City East Haven		State CT
Zip Code 06512				
Purpose of Expendit Misc *	Description tent stakes for election day outdoor tent			Amount \$7.43
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Dollar Tree		Date of Payment 08/11/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 32 Frontage St		City East Haven		State CT
Zip Code 06512				
Purpose of Expendit FOOD	Description Water for election workers			Amount \$7.40
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Leland for CT	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Stop and Shop		Date of Payment 08/11/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 370 Hemingway		City East Haven	State CT	Zip Code 06512
Purpose of Expendit FOOD	Description Food for election days			Amount \$131.68
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Delmonico's		Date of Payment 08/11/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 475 Townsend Ave		City New Haven	State CT	Zip Code 06512
Purpose of Expendit FOOD	Description Food for election day worker			Amount \$177.07
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Nica's		Date of Payment 08/11/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 603 Orange St		City New Haven	State CT	Zip Code 06511
Purpose of Expendit FOOD	Description Food for election day workers			Amount \$729.98
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Leland for CT	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Frisco's Pizza		Date of Payment 08/11/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT
Street Address 345 Forbes Ave	City New Haven	State CT	Zip Code 06512
Purpose of Expendit FOOD	Description Food for election day workers		Amount \$172.44
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Vanetta Lloyd		Date of Payment 08/11/2026	Method of Payment ☒ Check # <u>125</u> ☐ Debit Card ☐ EFT
Street Address 34 Carmel St	City New Haven	State CT	Zip Code 06511
Purpose of Expendit WAGE	Description 13 Hours Election Day Poll Checker		Amount \$260.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Rosalinda Mayberry		Date of Payment 08/11/2026	Method of Payment ☒ Check # <u>126</u> ☐ Debit Card ☐ EFT
Street Address 323 Edgewood Ave # 1	City New Haven	State CT	Zip Code 06511
Purpose of Expendit WAGE	Description 13 Hours Election Day Poll Work		Amount \$260.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Leland for CT	30 Days Following Primary - Original

N. Expenses Paid By Committee

Name of Payee Rebecca Corbett		Date of Payment 08/11/2026	Method of Payment ☒ Check # <u>127</u> ☐ Debit Card ☐ EFT	
Street Address 616 Winthrop Ave		City New Haven		State CT
Zip Code 06511				
Purpose of Expendit A-PH-BNK	Description 4 hours phone banking			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$80.00

Name of Payee Terrell Williams		Date of Payment 08/11/2026	Method of Payment ☒ Check # <u>128</u> ☐ Debit Card ☐ EFT	
Street Address 321 Eastern St Apt A308		City New Haven		State CT
Zip Code 06513				
Purpose of Expendit A-PH-BNK	Description 16 hours phone banking			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$320.00

Name of Payee Jesenia Rodriguez		Date of Payment 08/11/2026	Method of Payment ☒ Check # <u>130</u> ☐ Debit Card ☐ EFT	
Street Address 36 Clifton St		City New Haven		State CT
Zip Code 06513				
Purpose of Expendit A-PH-BNK	Description 29 Hours phone Banking			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$580.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

Leland for CT

30 Days Following Primary - Original

N. Expenses Paid By Committee

Name of Payee

Rose Johnson

Date of Payment

08/11/2026

Method of Payment

☒ Check # 131
☐ Debit Card
☐ EFT

Street Address

343 Eastern St Apt C904

City

New Haven

State

CT

Zip Code

06513

Purpose of Expendit

A-PH-BNK

Description

3 Hours Phone Banking

Amount

 Is this expenditure coordinated with another candidate for which
 reimbursement is sought?

☐ Yes
☐ No

 Expenditure #
 (if applicable)

Event #

If yes, assign an Expenditure # and complete Itemization in Addendum N

\$60.00

Name of Payee

Robocent

Date of Payment

08/11/2026

Method of Payment

☐ Check #
☒ Debit Card
☐ EFT

Street Address

1206 Laskin Rd

City

Virginia Beach

State

VA

Zip Code

23451

Purpose of Expendit

A-ATM

Description

Get Out THe Vote automated phone message

Amount

 Is this expenditure coordinated with another candidate for which
 reimbursement is sought?

☐ Yes
☐ No

 Expenditure #
 (if applicable)

Event #

If yes, assign an Expenditure # and complete Itemization in Addendum N

\$65.03

Name of Payee

Stop and Shop

Date of Payment

08/11/2026

Method of Payment

☐ Check #
☒ Debit Card
☐ EFT

Street Address

370 Hemingway

City

East Haven

State

CT

Zip Code

06512

Purpose of Expendit

FOOD

Description

Election Day Food For Campaign Workers

Amount

 Is this expenditure coordinated with another candidate for which
 reimbursement is sought?

☐ Yes
☐ No

 Expenditure #
 (if applicable)

Event #

If yes, assign an Expenditure # and complete Itemization in Addendum N

\$149.12

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

Leland for CT

30 Days Following Primary - Original

N. Expenses Paid By Committee

Name of Payee Robocent		Date of Payment 08/12/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1206 Laskin Rd		City Virginia Beach	State VA	Zip Code 23451
Purpose of Expendit A-PH-BNK	Description Automated calls			Amount \$46.62
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	
Name of Payee Action Network		Date of Payment 08/12/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 6 Hancock Pl		City New York	State NY	Zip Code 10027
Purpose of Expendit A-WEB	Description			Amount \$15.15
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	
Name of Payee Amazon		Date of Payment 08/21/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 410 Terry Ave N		City Seattle	State WA	Zip Code 98109
Purpose of Expendit OFFICE	Description			Amount \$101.98
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Leland for CT	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Amazon		Date of Payment 08/21/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 410 Terry Ave N		City Seattle	State WA	Zip Code 98109
Purpose of Expendit POST	Description Stamps			Amount \$77.99
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Amazon		Date of Payment 08/24/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 410 Terry Ave N		City Seattle	State WA	Zip Code 98109
Purpose of Expendit OFFICE	Description			Amount \$91.97
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Jamie Myers-Mcphail		Date of Payment 08/25/2026	Method of Payment ☒ Check # <u>132</u> ☐ Debit Card ☐ EFT	
Street Address 178 Ellsworth Ave Apt 2		City New Haven	State CT	Zip Code 06511
Purpose of Expendit WAGE	Description Consulting			Amount \$1,300.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Leland for CT	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Jake Thrasher		Date of Payment 08/25/2026	Method of Payment ☒ Check # <u>133</u> ☐ Debit Card ☐ EFT	
Street Address 183 Lawrence St		City New Haven	State CT	Zip Code 06511
Purpose of Expendit WAGE	Description			Amount \$400.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Brazi's		Date of Payment 08/27/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 201 Terminal Plz		City New Haven	State CT	Zip Code 06511
Purpose of Expendit FOOD	Description Thank you dinner for campaign			Amount \$720.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Stop and Shop		Date of Payment 08/27/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 370 Hemingway		City East Haven	State CT	Zip Code 06512
Purpose of Expendit FOOD	Description Food for campaign workers			Amount \$32.80
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Leland for CT	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Jamie Myers-Mcphail		Date of Payment 08/30/2026	Method of Payment ☒ Check # <u>134</u> ☐ Debit Card ☐ EFT	
Street Address 178 Ellsworth Ave Apt 2		City New Haven	State CT	Zip Code 06511
Purpose of Expendit FOOD	Description			Amount \$41.08
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Derek Miller		Date of Payment 08/30/2026	Method of Payment ☒ Check # <u>135</u> ☐ Debit Card ☐ EFT	
Street Address 95 Parker Pl		City New Haven	State CT	Zip Code 06512
Purpose of Expendit WAGE	Description Treasurer pay			Amount \$1,000.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Local 34		Date of Payment 08/30/2026	Method of Payment ☒ Check # <u>136</u> ☐ Debit Card ☐ EFT	
Street Address 425 College St		City New Haven	State CT	Zip Code 06511
Purpose of Expendit A-OTH	Description Stickers			Amount \$20.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Leland for CT	30 Days Following Primary - Original

N. Expenses Paid By Committee

Name of Payee Local 34		Date of Payment 08/30/2026	Method of Payment ☒ Check # <u>137</u> ☐ Debit Card ☐ EFT	
Street Address 425 College St		City New Haven	State CT	Zip Code 06511
Purpose of Expendit PRNT	Description Literature			Amount \$228.41
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Local 34		Date of Payment 08/30/2026	Method of Payment ☒ Check # <u>138</u> ☐ Debit Card ☐ EFT	
Street Address 425 College St		City New Haven	State CT	Zip Code 06511
Purpose of Expendit PRNT	Description Printouts			Amount \$38.75
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Wix		Date of Payment 08/31/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 500 Terry Francois Blvd		City San Francisco	State CA	Zip Code 95158
Purpose of Expendit A-WEB	Description			Amount \$8.93
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Total of Section N**\$9,164.41**

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Leland for CT	30 Days Following Primary - Original

O. Expenses Paid By Candidate

Name of Payee (Name of vendor who candidate paid directly)			Date of Payment		Is Reimbursement Claimed? Yes No	
Street Address		City		State	Zip Code	Amount
Purpose of Expenditure (by code)	Description			Event #		

Total of Section O**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Leland for CT	30 Days Following Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution			Type of Credit Card:			
			Visa	Master Card	Discover	American Express
			Other			
Name of Vendor					Date of Transaction	
Street Address			City		State	Zip Code
Purpose of Expenditure (by code)	Description				Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Yes	Expenditure # (if applicable)	Event #		
		No				
If yes, assign an Expenditure # and complete Itemization in Addendum P						

Total of Section P

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Leland for CT	30 Days Following Primary - Original

Q. 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		Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No If yes, assign an Expenditure # and completes Itemization in Addendum Q		Expenditure # (if applicable)	

Total of Section Q

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

Leland for CT

30 Days Following Primary - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant

First

MI

Date of Payment to Vendor

Payment to Reimburse Committee
Worker/Consultant as reported in
Section N:

Check #

Debit Card

EFT

Name of Vendor Paid by Committee Worker/Consultant

Street Address of Vendor

City

State

Zip Code

Purpose of Expenditure
(by code)

Description

Is this expenditure coordinated with another candidate for which
reimbursement is sought?

Yes

No

Expenditure #
(if applicable)

Event #

Amount

If yes, assign an Expenditure # and completes Itemization in Addendum R

Total of Section R**IV. EXPENDITURES (Sectuibs N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

Leland for CT

30 Days Following Primary - Original

S. Surplus Distribution of Equipment and Furniture

Name of Recipient

Street Address

City

State

Zip Code

Original Purchase
Amount of Item

Description of Item

Total of Section S

Section J4. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT
J4. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum	
Event #	
Name of Candidate	

Section N. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT
N. Expenses Paid By Committee - Addendum	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

Section P. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT
P. Expenses Incurred on Committee Credit Card - Addendum	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

Section Q. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
Q. Expenses Incurred by Committee but Not Paid During this Period - Addendum	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

Section R. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
R. Itemization of Reimbursements and Secondary Payees - Addendum	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought