

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised February 2015



Electronic Filing

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Page 1 of 23

COVER PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
Friends of Pat Dillon				☒ Candidate Committee ☐ Exploratory Committee	
3. TREASURER NAME					
First YESENIA		MI	Last RIVERA		Suffix
4. TREASURER ADDRESS					
Street Address 951 Forest Rd		City New Haven		State CT	Zip Code 06515
5. ELECTION DATE 11/03/2026		6. OFFICE SOUGHT (Complete only if Candidate Committee) State Representative			7. DISTRICT NUMBER (if applicable) R092
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Patricia		MI A	Last Dillon		Suffix
9. TYPE OF REPORT 30 Days Following Primary - Original					
10. PERIOD COVERED					
Beginning Date 08/05/2026 thru Ending Date 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		YESENIA RIVERA PRINT NAME OF THE SIGNER		09/10/2026 10:48:31PM 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	
Friends of Pat Dillon	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	\$42,608.05	
14. Contributions received from Individuals (Section A and B)	\$0.00	\$9,585.00
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$0.00	\$38,575.00
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	\$48,160.00
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$42,608.05	\$48,160.00
20. Expenses Paid by Committee (Section N)	\$28,761.95	\$34,313.90
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	\$13,846.10	\$13,846.10
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	
Friends of Pat Dillon				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?			Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
Yes No If yes, indicate which branch or branches of government the contract is with: Executive Legislative			Yes No		
Is this contribution associated with an event reported in Section J1?	Yes	Method of contribution:		Date Received	Aggregate Contributions
	No	Cash Personal Check Money Order Credit/Debit Card			
If yes, list Event #					
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	
Friends of Pat Dillon				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?		Amount of Contribution
			Yes No If yes, list Event #		
City	State	Zip Code	Date Received	Aggregate Contributions	
Total of Section C1					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Friends of Pat Dillon				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	
Friends of Pat Dillon				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
Friends of Pat Dillon	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
Friends of Pat Dillon	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
Friends of Pat Dillon	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	
Friends of Pat Dillon				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	
Friends of Pat Dillon				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:		Yes	(If yes, enter Total Receipts here.)		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		No			
Total of Section J1					

II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Pat Dillon	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
Friends of Pat Dillon	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
Friends of Pat Dillon	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? If yes, indicate which branch or branches of government the contract is with: Executive Legislative	Fair Market Value of this Contribution
Type of Contributor:	Date Received	Aggregate contributions	
Individual Committee Sole Proprietorship			

Total of Section K

III. Non Monetary Receipts (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Pat Dillon	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
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
Friends of Pat Dillon	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Facebook		Date of Payment 08/05/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1601 Willow Rd		City Menlo Park	State CA	Zip Code 94025-1452
Purpose of Expendit A-WEB	Description FaceBook Ads			Amount \$80.00
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 Ellery Newton		Date of Payment 08/05/2026	Method of Payment ☒ Check # <u>2007</u> ☐ Debit Card ☐ EFT	
Street Address 9 Thimble Farms Rd .		City Branford	State CT	Zip Code 06405
Purpose of Expendit A-OTH	Description Digital Services			Amount \$500.00
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 Demari Vaughn		Date of Payment 08/06/2026	Method of Payment ☒ Check # <u>2008</u> ☐ Debit Card ☐ EFT	
Street Address 474 Winthrop Ave .		City New Haven	State CT	Zip Code 06511
Purpose of Expendit Misc *	Description Canvassing			Amount \$345.62
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 #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Pat Dillon	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Alannah Doheny		Date of Payment 08/06/2026	Method of Payment ☒ Check # <u>2009</u> ☐ Debit Card ☐ EFT	
Street Address 251 Alden Ave .		City New Haven	State CT	Zip Code 06515
Purpose of Expendit RMB	Description Office/Canvassing Supplies			Amount \$52.99
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 Alannah Doheny		Date of Payment 08/06/2026	Method of Payment ☒ Check # <u>2010</u> ☐ Debit Card ☐ EFT	
Street Address 251 Alden Ave .		City New Haven	State CT	Zip Code 06515
Purpose of Expendit RMB	Description Office Supplies			Amount \$103.31
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 Alannah Doheny		Date of Payment 08/06/2026	Method of Payment ☒ Check # <u>2011</u> ☐ Debit Card ☐ EFT	
Street Address 251 Alden Ave .		City New Haven	State CT	Zip Code 06515
Purpose of Expendit RMB	Description Volunteer Snacks/Refreshments			Amount \$221.78
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
Friends of Pat Dillon	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Alannah Doheny		Date of Payment 08/06/2026	Method of Payment ☒ Check # <u>2012</u> ☐ Debit Card ☐ EFT	
Street Address 251 Alden Ave .		City New Haven	State CT	Zip Code 06515
Purpose of Expendit RMB	Description Internet			Amount \$60.53
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 Facebook		Date of Payment 08/06/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1601 Willow Rd		City Menlo Park	State CA	Zip Code 94025-1452
Purpose of Expendit A-WEB	Description FaceBook Ads			Amount \$80.00
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 Facebook		Date of Payment 08/10/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1601 Willow Rd		City Menlo Park	State CA	Zip Code 94025-1452
Purpose of Expendit A-WEB	Description FaceBook Ads			Amount \$80.00
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
Friends of Pat Dillon	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Facebook		Date of Payment 08/10/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1601 Willow Rd		City Menlo Park	State CA	Zip Code 94025-1452
Purpose of Expendit A-WEB	Description FaceBook Ads			Amount \$80.00
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 Alannah Doheny		Date of Payment 08/10/2026	Method of Payment ☒ Check # <u>2013</u> ☐ Debit Card ☐ EFT	
Street Address 251 Alden Ave .		City New Haven	State CT	Zip Code 06515
Purpose of Expendit POST	Description Mailers			Amount \$205.00
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 Alannah Doheny		Date of Payment 08/10/2026	Method of Payment ☒ Check # <u>2015</u> ☐ Debit Card ☐ EFT	
Street Address 251 Alden Ave .		City New Haven	State CT	Zip Code 06515
Purpose of Expendit RMB	Description Office/Canvassing Supplies			Amount \$121.16
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
Friends of Pat Dillon	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Alannah Doheny		Date of Payment 08/10/2026	Method of Payment ☒ Check # <u>2016</u> ☐ Debit Card ☐ EFT	
Street Address 251 Alden Ave .		City New Haven	State CT	Zip Code 06515
Purpose of Expendit RMB	Description Office Supplies			Amount \$62.25
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 Alannah Doheny		Date of Payment 08/10/2026	Method of Payment ☒ Check # <u>2017</u> ☐ Debit Card ☐ EFT	
Street Address 251 Alden Ave .		City New Haven	State CT	Zip Code 06515
Purpose of Expendit RMB	Description Postage/Mailers			Amount \$328.00
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 Alannah Doheny		Date of Payment 08/10/2026	Method of Payment ☒ Check # <u>2021</u> ☐ Debit Card ☐ EFT	
Street Address 251 Alden Ave .		City New Haven	State CT	Zip Code 06515
Purpose of Expendit RMB	Description Wifi			Amount \$60.53
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
Friends of Pat Dillon	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Alannah Doheny		Date of Payment 08/10/2026	Method of Payment ☒ Check # <u>2022</u> ☐ Debit Card ☐ EFT	
Street Address 251 Alden Ave .		City New Haven	State CT	Zip Code 06515
Purpose of Expendit RMB	Description Snacks for Volunteers			Amount \$96.51
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 Alannah Doheny		Date of Payment 08/10/2026	Method of Payment ☒ Check # <u>2029</u> ☐ Debit Card ☐ EFT	
Street Address 251 Alden Ave .		City New Haven	State CT	Zip Code 06515
Purpose of Expendit RMB	Description Volunteer Dinner			Amount \$132.20
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 Demari Vaughn		Date of Payment 08/10/2026	Method of Payment ☒ Check # <u>2019</u> ☐ Debit Card ☐ EFT	
Street Address 474 Winthrop Ave .		City New Haven	State CT	Zip Code 06511
Purpose of Expendit A-OTH	Description Canvassing			Amount \$113.75
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 #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Pat Dillon	30 Days Following Primary - Original

N. Expenses Paid By Committee

Name of Payee Demari Vaughn		Date of Payment 08/11/2026	Method of Payment ☒ Check # <u>2030</u> ☐ Debit Card ☐ EFT	
Street Address 474 Winthrop Ave .		City New Haven	State CT	Zip Code 06511
Purpose of Expendit A-OTH	Description Canvassing			Amount \$170.50
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 Manjares		Date of Payment 08/11/2026	Method of Payment ☒ Check # <u>2025</u> ☐ Debit Card ☐ EFT	
Street Address 382 W Rock Ave .		City New Haven	State CT	Zip Code 06515
Purpose of Expendit FOOD	Description Election Day Campaign Party			Amount \$2,500.00
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 Facebook		Date of Payment 08/11/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1601 Willow Rd		City Menlo Park	State CA	Zip Code 94025-1452
Purpose of Expendit A-WEB	Description FaceBook Ads			Amount \$70.46
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
Friends of Pat Dillon	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Facebook		Date of Payment 08/11/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1601 Willow Rd		City Menlo Park	State CA	Zip Code 94025-1452
Purpose of Expendit A-WEB	Description FaceBook Ads			Amount \$80.00
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 P&M Fine Foods		Date of Payment 08/11/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 721 Orange St .		City New Haven	State CT	Zip Code 06511
Purpose of Expendit FOOD	Description Election Day Food for Volunteers			Amount \$1,323.37
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 Dunkin Donuts		Date of Payment 08/11/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1350 Whalley Ave		City New Haven	State CT	Zip Code 06515
Purpose of Expendit FOOD	Description Election Day Food for Volunteers			Amount \$718.27
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
Friends of Pat Dillon	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Ellery Newton		Date of Payment 08/11/2026	Method of Payment ☒ Check # <u>2020</u> ☐ Debit Card ☐ EFT	
Street Address 9 Thimble Farms Rd .		City Branford	State CT	Zip Code 06405
Purpose of Expendit A-OTH	Description Digital Services			Amount \$500.00
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 Matthew Smith		Date of Payment 08/11/2026	Method of Payment ☒ Check # <u>2026</u> ☐ Debit Card ☐ EFT	
Street Address 251 Alden Ave .		City New Haven	State CT	Zip Code 06515
Purpose of Expendit RMB	Description Food for Volunteers			Amount \$143.20
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 Matthew Smith		Date of Payment 08/13/2026	Method of Payment ☒ Check # <u>2028</u> ☐ Debit Card ☐ EFT	
Street Address 251 Alden Ave .		City New Haven	State CT	Zip Code 06515
Purpose of Expendit RMB	Description Office Supplies			Amount \$299.79
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 #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Pat Dillon	30 Days Following Primary - Original

N. Expenses Paid By Committee

Name of Payee Matthew Smith		Date of Payment 08/13/2026	Method of Payment ☒ Check # <u>2027</u> ☐ Debit Card ☐ EFT	
Street Address 251 Alden Ave .		City New Haven	State CT	Zip Code 06515
Purpose of Expendit OFFICE	Description Printer/Cartridge			Amount \$424.34
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 Deloris Staggers		Date of Payment 08/13/2026	Method of Payment ☒ Check # <u>2024</u> ☐ Debit Card ☐ EFT	
Street Address 152 Genessee St .		City New Haven	State CT	Zip Code 06511
Purpose of Expendit Misc *	Description Canvassing			Amount \$250.00
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 Nutmeg Strategies		Date of Payment 08/17/2026	Method of Payment ☒ Check # <u>2031</u> ☐ Debit Card ☐ EFT	
Street Address PO Box 46		City Farmington	State CT	Zip Code 06032
Purpose of Expendit A-SIGN	Description			Amount \$19,558.39
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**\$28,761.95**

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Friends of Pat Dillon				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	
Friends of Pat Dillon				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?		Expenditure # (if applicable)	Event #		
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	
Friends of Pat Dillon				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

Friends of Pat Dillon

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

Friends of Pat Dillon

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