SEEC FORM 30
Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised February 2015

Electronic Filing

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COVER PAGE

1.NAME OF COMMITTEE	2. TYPE OF COMMITTEE
NED for CT	[x] Candidate Committee [ ] Exploratory Committee

3. TREASURER NAME

First	MI	Last	Suffix
Gabriela		**Koc**	

4. TREASURER ADDRESS

Street Address	City	State	Zip Code
1340 Washington Blvd Unit 509	**Stamford**	**CT**	**06902**

5. ELECTION DATE	6. OFFICE SOUGHT *(Complete only if Candidate Committee)*	7. DISTRICT NUMBER *(if applicable)*
11/03/2026	**Governor**	

8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)

First	MI	Last	Suffix
Edward	**M**	**Lamont**	

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

[x] 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	**Dennis Carnelli**	**09/10/2026 8:10:15PM**
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED

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

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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	
NED 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	**$673,202.84**	
14. Contributions received from Individuals (Section A and B)	**$3,338.92**	**$401,135.86**
15. Receipts from Other Committees (Sections C1 and C2)	**$0.00**	**$0.00**
16. Other Monetary Receipts (Section D through I)	**$711,075.40**	**$10,240,277.29**
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)	**$714,414.32**	**$10,641,413.15**
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	**$1,387,617.16**	**$10,641,413.15**
20. Expenses Paid by Committee (Section N)	**$1,240,242.03**	**$10,494,038.02**
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	**$147,375.13**	**$147,375.13**
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**	**$9,360.20**
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**	**$1,284.79**
28. Expenses Incurred on Committee Credit Card (Section P)	**$296,152.60**	**$1,226,648.36**
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
NED for CT	30 Days Following Primary - Original

A. Total Contributions from Small Contributors-Received this Period ONLY	For Nonparticipating Candidates ONLY
	$0.00

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Earehart	Dale		2649

Residential Street Address	City	State	Zip Code
48 Oak Dr	Plainfield	CT	06374-1628

Principal Occupation	Name of Employer
Retired	Not Employed

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: $25.00

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: 08/05/2026

Aggregate Contributions: $175.00

Last Name	First	MI	Contribution ID #
Kaimowitz	Llyn		2641

Residential Street Address	City	State	Zip Code
27 Stoneham Dr	West Hartford	CT	06117-2251

Principal Occupation	Name of Employer
Retired	Not Employed

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: $25.00

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: 08/06/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Ripley	George	W	2656

Residential Street Address	City	State	Zip Code
144 Autumn Ln	Glastonbury	CT	06033-3398

Principal Occupation	Name of Employer
Attorney	Self Employed

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: $100.00

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: 08/07/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Von Schmidt	G.		2660

Residential Street Address	City	State	Zip Code
82 Nearwater Ln	Darien	CT	06820-5712

Principal Occupation	Name of Employer
Attorney	Self Employed

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: $10.00

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: 08/07/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Sandhu	Parminder	S	2619

Residential Street Address	City	State	Zip Code
84 Oxford Dr	South Windsor	CT	06074-1581

Principal Occupation	Name of Employer
Executive	WireTek, Inc

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: $258.32

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: 08/07/2026

Aggregate Contributions: $258.32

Last Name	First	MI	Contribution ID #
Schulz	Tim		2629

Residential Street Address	City	State	Zip Code
24 Roosevelt Avenue Ext	Preston	CT	06365-8025

Principal Occupation	Name of Employer
Retired	Not Employed

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: $10.53

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: 08/08/2026

Aggregate Contributions: $10.53

Last Name	First	MI	Contribution ID #
Hanson	Elizabeth		2634

Residential Street Address	City	State	Zip Code
90 Saint Johns Rd	Ridgefield	CT	06877-5539

Principal Occupation	Name of Employer
Retired	Not Employed

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: $10.53

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: 08/09/2026

Aggregate Contributions: $125.01

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): NED for CT

TYPE OF REPORT: 30 Days Following Primary - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Collin	Joanne	C	2610

Residential Street Address	City	State	Zip Code
214 Westwoods Ter	Bristol	CT	06010-5525

Principal Occupation	Name of Employer
Retired	Not Employed

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: $15.69

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: 08/09/2026

Aggregate Contributions: $424.81

Last Name	First	MI	Contribution ID #
Quagliani	Ronald		2661

Residential Street Address	City	State	Zip Code
27 Down Draft Cir	West Haven	CT	06516-7716

Principal Occupation	Name of Employer
Public Safety	University of New Haven

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: $100.00

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: 08/09/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Konandreas	Lukas		2644

Residential Street Address	City	State	Zip Code
34 Konandreas Dr	Stamford	CT	06903-2100

Principal Occupation	Name of Employer
Physician	Doctors Center

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: $10.53

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: 08/09/2026

Aggregate Contributions: $150.77

Last Name	First	MI	Contribution ID #
Bollepalli	Subbarao		2650

Residential Street Address	City	State	Zip Code
5 Weatherstone	Avon	CT	06001-2378

Principal Occupation	Name of Employer
Healthcare Broker	Self Employed

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: $10.53

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: 08/09/2026

Aggregate Contributions: $105.30

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): NED for CT

TYPE OF REPORT: 30 Days Following Primary - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Muszala	Edward		2677

Residential Street Address	City	State	Zip Code
75 Christian St	Bridgewater	CT	06752-1402

Principal Occupation	Name of Employer
Retired	Not Employed

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: $10.00

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: 08/09/2026

Aggregate Contributions: $90.00

Last Name	First	MI	Contribution ID #
Chapman	Thomas		2646

Residential Street Address	City	State	Zip Code
61 Copper Beech Dr	Rocky Hill	CT	06067-1836

Principal Occupation	Name of Employer
Attorney	Goldberg Segalla

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: $103.45

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: 08/10/2026

Aggregate Contributions: $103.45

Last Name	First	MI	Contribution ID #
Francis	Julia		2638

Residential Street Address	City	State	Zip Code
229 Leetes Island Rd	Guilford	CT	06437-3015

Principal Occupation	Name of Employer
Business Consultant	Self Employed

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: $103.45

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: 08/10/2026

Aggregate Contributions: $103.45

Last Name	First	MI	Contribution ID #
Trachtenberg	David		2662

Residential Street Address	City	State	Zip Code
28 Oak Trail Rd	Englewood	NJ	07631-5121

Principal Occupation	Name of Employer
Attorney	Trachtenberg & Arena

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: $100.00

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: 08/10/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): NED for CT

TYPE OF REPORT: 30 Days Following Primary - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Shaw	Michael		2659

Residential Street Address	City	State	Zip Code
255 Carriage Crossing Ln Bldg 13	Middletown	CT	06457-5864

Principal Occupation: Consultant

Name of Employer: The Stony Brook Foundation and Community Trust

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: $39.00

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: 08/10/2026

Aggregate Contributions: $1,122.51

Last Name	First	MI	Contribution ID #
Summers	Pamm		2658

Residential Street Address	City	State	Zip Code
105 Nagy Rd	Ashford	CT	06278-2329

Principal Occupation: Retired

Name of Employer: Not Employed

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: $8.00

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: 08/11/2026

Aggregate Contributions: $49.00

Last Name	First	MI	Contribution ID #
Walsh	Nancy	S	2663

Residential Street Address	City	State	Zip Code
7 N Main St Unit 712	Old Saybrook	CT	06475-4248

Principal Occupation: Retired

Name of Employer: Not Employed

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: $51.83

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: 08/11/2026

Aggregate Contributions: $139.18

Last Name	First	MI	Contribution ID #
Mudge	Grant		2670

Residential Street Address	City	State	Zip Code
340 Parker Hill Rd	Norfolk	CT	06058-5300

Principal Occupation: Retired

Name of Employer: Not Employed

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: $8.00

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: 08/11/2026

Aggregate Contributions: $193.30

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Alston	Michael		2643

Residential Street Address	City	State	Zip Code
25 Eagle Meadow Rd	Madison	CT	06443-8123

Principal Occupation	Name of Employer
Retired	Not Employed

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: $10.00

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: 08/11/2026

Aggregate Contributions: $80.00

Last Name	First	MI	Contribution ID #
Boghosian	Karlos		2605

Residential Street Address	City	State	Zip Code
1 Ryan Cir	Simsbury	CT	06070-1879

Principal Occupation	Name of Employer
Chiropractor	SoVita Chiropractic Centers

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: $250.00

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: 08/11/2026

Aggregate Contributions: $250.00

Last Name	First	MI	Contribution ID #
Berry	Don		2606

Residential Street Address	City	State	Zip Code
9 Smith St	Marblehead	MA	01945-2927

Principal Occupation	Name of Employer
Retired	Not Employed

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: $103.45

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: 08/11/2026

Aggregate Contributions: $103.45

Last Name	First	MI	Contribution ID #
Hoxie	Gail		2691

Residential Street Address	City	State	Zip Code
190 E Lake St	Winsted	CT	06098-1951

Principal Occupation	Name of Employer
Retired	Not Employed

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: $5.00

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: 08/11/2026

Aggregate Contributions: $80.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): NED for CT

TYPE OF REPORT: 30 Days Following Primary - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Hunt	William	E	2693

Residential Street Address	City	State	Zip Code
2210 Ashlar Vlg	Wallingford	CT	06492-3077

Principal Occupation: Executive

Name of Employer: Discount Trophy & Co., Inc.

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: $26.01

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: 08/12/2026

Aggregate Contributions: $232.07

Last Name	First	MI	Contribution ID #
Pendrys	David		2699

Residential Street Address	City	State	Zip Code
42 S Cherry St Apt 219	Wallingford	CT	06492-3577

Principal Occupation: Not Employed

Name of Employer: Not Employed

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: $26.01

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: 08/12/2026

Aggregate Contributions: $26.01

Last Name	First	MI	Contribution ID #
O'Neill	Theresa		2700

Residential Street Address	City	State	Zip Code
41 Lakes Ln	Bethlehem	CT	06751-1419

Principal Occupation: Transportation

Name of Employer: Self Employed

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: $26.01

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: 08/12/2026

Aggregate Contributions: $26.01

Last Name	First	MI	Contribution ID #
Tranquillo	Anne Marie		2701

Residential Street Address	City	State	Zip Code
111 Fox Run Dr	Southington	CT	06489-3415

Principal Occupation: Retired

Name of Employer: Not Employed

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: $25.00

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: 08/12/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
McCain	Diana		2669

Residential Street Address	City	State	Zip Code
262 Skeet Club Rd	Durham	CT	06422-1016

Principal Occupation	Name of Employer
Independent Historian	Self Employed

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

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	Amount of Contribution
08/12/2026	$250.00	$25.00

Last Name	First	MI	Contribution ID #
Frischer	Sara		2676

Residential Street Address	City	State	Zip Code
48 Route 55 W	Sherman	CT	06784-1025

Principal Occupation	Name of Employer
Retired	Not Employed

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

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	Amount of Contribution
08/12/2026	$70.00	$10.00

Last Name	First	MI	Contribution ID #
Zhu	Jian	M	2680

Residential Street Address	City	State	Zip Code
176 Clough Rd	Waterbury	CT	06708-1842

Principal Occupation	Name of Employer
Assistant Accountant	Naugatuck Valley Community College

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

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	Amount of Contribution
08/12/2026	$15.72	$5.36

Last Name	First	MI	Contribution ID #
Faulkner	Margie		2687

Residential Street Address	City	State	Zip Code
17 Folkstone Ct	Westbrook	CT	06498-2063

Principal Occupation	Name of Employer
Health Care	Self Employed

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

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	Amount of Contribution
08/12/2026	$10.00	$10.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Keady	Monica		2690

Residential Street Address	City	State	Zip Code
3 Hillside Ct	Darien	CT	06820-5016

Principal Occupation	Name of Employer
Teacher	Darien YMCA

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

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	Amount of Contribution
08/12/2026	$110.40	$10.00

Last Name	First	MI	Contribution ID #
Cooper	Wallis		2617

Residential Street Address	City	State	Zip Code
314 Hales Wood Rd	Chapel Hill	NC	27517-7227

Principal Occupation	Name of Employer
Retired	Not Employed

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

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	Amount of Contribution
08/12/2026	$20.00	$20.00

Last Name	First	MI	Contribution ID #
Collin	Joanne	C	2609

Residential Street Address	City	State	Zip Code
214 Westwoods Ter	Bristol	CT	06010-5525

Principal Occupation	Name of Employer
Retired	Not Employed

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

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	Amount of Contribution
08/12/2026	$434.81	$10.00

Last Name	First	MI	Contribution ID #
Kocum	Eileen		2614

Residential Street Address	City	State	Zip Code
374 Eastbury Hill Rd	Glastonbury	CT	06033-3914

Principal Occupation	Name of Employer
Retired	Not Employed

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

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	Amount of Contribution
08/13/2026	$187.35	$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): NED for CT

TYPE OF REPORT: 30 Days Following Primary - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Ellis	John		2618

Residential Street Address	City	State	Zip Code
21 Hulls Farm Rd	Southport	CT	06890-3000

Principal Occupation	Name of Employer
Editor	Self Employed

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: $30.00

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: 08/13/2026

Aggregate Contributions: $30.00

Last Name	First	MI	Contribution ID #
Tipert	Nicholas		2702

Residential Street Address	City	State	Zip Code
295 Cedar Rd	Southport	CT	06890-1004

Principal Occupation	Name of Employer
Not Employed	Not Employed

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: $100.00

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: 08/13/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Bennett	Zachary		2703

Residential Street Address	City	State	Zip Code
221 Grist Mill Dr E	Acworth	GA	30101-4721

Principal Occupation	Name of Employer
Retired	Not Employed

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: $5.00

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: 08/14/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Teitleman	Alan		2684

Residential Street Address	City	State	Zip Code
408 Whitney Ave Apt 1	New Haven	CT	06511-2357

Principal Occupation	Name of Employer
Professor	State of CT

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: $10.00

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: 08/14/2026

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): NED for CT

TYPE OF REPORT: 30 Days Following Primary - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Van Voorhees	Roger		2675

Residential Street Address	City	State	Zip Code
46 Parkway	Fairfield	CT	06824-5904

Principal Occupation	Name of Employer
Executive	Grupo Noboa, Inc.

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: $50.00

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: 08/14/2026

Aggregate Contributions: $550.00

Last Name	First	MI	Contribution ID #
Kenney	Patricia		2630

Residential Street Address	City	State	Zip Code
93 Orchard St	Meriden	CT	06450-3453

Principal Occupation	Name of Employer
Retired	Not Employed

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: $8.00

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: 08/14/2026

Aggregate Contributions: $24.00

Last Name	First	MI	Contribution ID #
Konandreas	Lukas		2621

Residential Street Address	City	State	Zip Code
34 Konandreas Dr	Stamford	CT	06903-2100

Principal Occupation	Name of Employer
Physician	Doctors Center

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: $8.00

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: 08/15/2026

Aggregate Contributions: $158.77

Last Name	First	MI	Contribution ID #
Collin	Joanne	C	2616

Residential Street Address	City	State	Zip Code
214 Westwoods Ter	Bristol	CT	06010-5525

Principal Occupation	Name of Employer
Retired	Not Employed

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: $15.69

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: 08/15/2026

Aggregate Contributions: $450.50

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): NED for CT

TYPE OF REPORT: 30 Days Following Primary - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Kincaid	Jeremy		2612

Residential Street Address	City	State	Zip Code
79 Lewis St	Torrington	CT	06790-6705

Principal Occupation	Name of Employer
Special Education Teacher	West Hartford Public Schools

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: $25.00

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: 08/15/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Schmid	Gary		2673

Residential Street Address	City	State	Zip Code
55 Route 27	Mystic	CT	06355-1225

Principal Occupation	Name of Employer
Retired	Not Employed

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: $8.00

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: 08/15/2026

Aggregate Contributions: $72.00

Last Name	First	MI	Contribution ID #
Austad	Carol		2668

Residential Street Address	City	State	Zip Code
38 Wellington St	New Britain	CT	06053-3240

Principal Occupation	Name of Employer
Retired	Not Employed

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: $10.00

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: 08/15/2026

Aggregate Contributions: $95.36

Last Name	First	MI	Contribution ID #
Zhu	Jian	M	2679

Residential Street Address	City	State	Zip Code
176 Clough Rd	Waterbury	CT	06708-1842

Principal Occupation	Name of Employer
Assistant Accountant	Naugatuck Valley Community College

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: $5.36

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: 08/15/2026

Aggregate Contributions: $21.08

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Hellman	Andrew		2704

Residential Street Address	City	State	Zip Code
108 Hecker Ave	Darien	CT	06820-5314

Principal Occupation	Name of Employer
Not Employed	Not Employed

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: $5.36

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: 08/15/2026

Aggregate Contributions: $5.36

Last Name	First	MI	Contribution ID #
Ritter	Anne		2685

Residential Street Address	City	State	Zip Code
126 Terry Rd	Hartford	CT	06105-1111

Principal Occupation	Name of Employer
Retired	Not Employed

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: $10.00

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: 08/16/2026

Aggregate Contributions: $80.00

Last Name	First	MI	Contribution ID #
Moran	Antonia	C	2667

Residential Street Address	City	State	Zip Code
778 Mansfield City Rd	Storrs	CT	06268-2737

Principal Occupation	Name of Employer
Retired	Not Employed

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: $10.00

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: 08/16/2026

Aggregate Contributions: $70.00

Last Name	First	MI	Contribution ID #
Hollander	Ross		2622

Residential Street Address	City	State	Zip Code
7 Kensington Park	Bloomfield	CT	06002-2146

Principal Occupation	Name of Employer
CEO	Hartford Distributors, Inc.

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: $258.32

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: 08/16/2026

Aggregate Contributions: $258.32

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Hsu	Jason		2611

Residential Street Address	City	State	Zip Code
13617 Chevy Chase Ln	Chantilly	VA	20151-3374

Principal Occupation	Name of Employer
Technician	Washington Metropolitan Area Transit Authority

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: $6.00

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: 08/17/2026

Aggregate Contributions: $64.53

Last Name	First	MI	Contribution ID #
Hansen	Martha		2633

Residential Street Address	City	State	Zip Code
56 Alexander Rd	Colchester	CT	06415-5317

Principal Occupation	Name of Employer
Administrative Assistant	Town of Old Lyme

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: $10.00

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: 08/18/2026

Aggregate Contributions: $174.24

Last Name	First	MI	Contribution ID #
McShane	Carol		2651

Residential Street Address	City	State	Zip Code
4 James Rd E	Durham	CT	06422-2502

Principal Occupation	Name of Employer
Retired	Not Employed

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: $10.00

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: 08/18/2026

Aggregate Contributions: $60.00

Last Name	First	MI	Contribution ID #
Smith	Paul		2647

Residential Street Address	City	State	Zip Code
135 Hillside Ave Apt 2C	Waterbury	CT	06710-2110

Principal Occupation	Name of Employer
Retired	Not Employed

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: $20.00

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: 08/19/2026

Aggregate Contributions: $30.53

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Gustafson	Guy		2627

Residential Street Address	City	State	Zip Code
17 P T Barnum Sq	Bethel	CT	06801-1838

Principal Occupation	Name of Employer
Shift Supervisor	CVS

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: $50.00

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: 08/19/2026

Aggregate Contributions: $450.00

Last Name	First	MI	Contribution ID #
Gustafson	Guy		2628

Residential Street Address	City	State	Zip Code
17 P T Barnum Sq	Bethel	CT	06801-1838

Principal Occupation	Name of Employer
Shift Supervisor	CVS

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: $5.00

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: 08/19/2026

Aggregate Contributions: $450.00

Last Name	First	MI	Contribution ID #
Hoffmann	Eva		2631

Residential Street Address	City	State	Zip Code
11 Regency Cir	Trumbull	CT	06611-1391

Principal Occupation	Name of Employer
Retired	Not Employed

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: $10.00

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: 08/19/2026

Aggregate Contributions: $95.00

Last Name	First	MI	Contribution ID #
Swenson	Carol		2648

Residential Street Address	City	State	Zip Code
108 Cedar Woods Ln	Fairfield	CT	06825-1308

Principal Occupation	Name of Employer
Psychologist	Self Employed

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: $15.00

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: 08/20/2026

Aggregate Contributions: $225.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Barry	Shawn		2705

Residential Street Address	City	State	Zip Code
3011 4th St	Santa Monica	CA	90405-5583

Principal Occupation	Name of Employer
Retired	Not Employed

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: $10.00

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: 08/20/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Voli	John		2655

Residential Street Address	City	State	Zip Code
2107 W 32nd St	Erie	PA	16508-1913

Principal Occupation	Name of Employer
Constituent Services Advisor	Pennsylvania House of Representatives

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: $15.69

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: 08/21/2026

Aggregate Contributions: $31.38

Last Name	First	MI	Contribution ID #
Hardin	Kay	J	2657

Residential Street Address	City	State	Zip Code
6 Galloping Hl	Brookfield	CT	06804-3611

Principal Occupation	Name of Employer
Retired	Not Employed

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: $15.00

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: 08/21/2026

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Levine	Dorothy		2626

Residential Street Address	City	State	Zip Code
54 Canfield Dr	Stamford	CT	06902-1325

Principal Occupation	Name of Employer
Physician	Self Employed

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: $15.69

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: 08/21/2026

Aggregate Contributions: $109.83

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Gogliettino	John	C	2613

Residential Street Address	City	State	Zip Code
PO Box 2598	Danbury	CT	06813-2598

Principal Occupation	Name of Employer
Insurance Broker	Self Employed

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	Amount of Contribution
08/22/2026	$72.00	$8.00

Last Name	First	MI	Contribution ID #
Napoli	Ronald		2694

Residential Street Address	City	State	Zip Code
28 Deer Park Cir	Waterbury	CT	06708-1826

Principal Occupation	Name of Employer
Teacher	Waterbury Public Schools

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	Amount of Contribution
08/22/2026	$80.00	$10.00

Last Name	First	MI	Contribution ID #
O'Brien	Karen		2695

Residential Street Address	City	State	Zip Code
94 Sunset Rd	Easton	CT	06612-1752

Principal Occupation	Name of Employer
Retired	Not Employed

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	Amount of Contribution
08/23/2026	$143.71	$10.00

Last Name	First	MI	Contribution ID #
Wemett	David		2635

Residential Street Address	City	State	Zip Code
42 Vivian St	Newington	CT	06111-3749

Principal Occupation	Name of Employer
Retired	Not Employed

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	Amount of Contribution
08/23/2026	$64.00	$8.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Gohn	Jon		2665

Residential Street Address	City	State	Zip Code
3801 Canterbury Rd Unit 610	Baltimore	MD	21218-2375

Principal Occupation	Name of Employer
Retired	Not Employed

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: $25.00

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: 08/23/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Gordon	Joshua		2664

Residential Street Address	City	State	Zip Code
10 West Ln Apt K	Bloomfield	CT	06002-3468

Principal Occupation	Name of Employer
Hospitality Worker	Schulte Hospitality

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: $10.53

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: 08/24/2026

Aggregate Contributions: $10.53

Last Name	First	MI	Contribution ID #
Kokoszka	Michael		2653

Residential Street Address	City	State	Zip Code
3 Brookview Rd	Cromwell	CT	06416-4507

Principal Occupation	Name of Employer
Retired	Not Employed

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: $8.00

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: 08/24/2026

Aggregate Contributions: $111.01

Last Name	First	MI	Contribution ID #
Sauer	Claire		2636

Residential Street Address	City	State	Zip Code
47 Mitchell Hill Rd	Lyme	CT	06371-3021

Principal Occupation	Name of Employer
Retired	Not Employed

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: $8.00

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: 08/24/2026

Aggregate Contributions: $72.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Lindor	Serge		2623

Residential Street Address	City	State	Zip Code
73 Vine St Apt D	Hartford	CT	06112-2227

Principal Occupation	Name of Employer
Security Guard	GSIS

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: $12.59

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: 08/25/2026

Aggregate Contributions: $83.19

Last Name	First	MI	Contribution ID #
Kocum	Eileen		2607

Residential Street Address	City	State	Zip Code
374 Eastbury Hill Rd	Glastonbury	CT	06033-3914

Principal Occupation	Name of Employer
Retired	Not Employed

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: $5.36

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: 08/25/2026

Aggregate Contributions: $192.71

Last Name	First	MI	Contribution ID #
Lesser	Robert		2666

Residential Street Address	City	State	Zip Code
205 Rimmon Rd	Woodbridge	CT	06525-1919

Principal Occupation	Name of Employer
Retired	Not Employed

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: $150.00

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: 08/25/2026

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Adler	P.	J	2671

Residential Street Address	City	State	Zip Code
6 Hillside Ave	Darien	CT	06820-5010

Principal Occupation	Name of Employer
Retired	Not Employed

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: $6.00

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: 08/25/2026

Aggregate Contributions: $32.01

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Flynn	Robert		2689

Residential Street Address	City	State	Zip Code
5 East Ln	New Fairfield	CT	06812-2913

Principal Occupation	Name of Employer
Retired	Not Employed

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: $103.45

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
08/25/2026	$255.28

Last Name	First	MI	Contribution ID #
Chase	Frank		2686

Residential Street Address	City	State	Zip Code
24 Roxbury Rd	New Britain	CT	06053-3218

Principal Occupation	Name of Employer
Retired	Not Employed

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: $103.45

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
08/26/2026	$206.90

Last Name	First	MI	Contribution ID #
Giraldo	Willy		2682

Residential Street Address	City	State	Zip Code
56 Blachley Rd # A	Stamford	CT	06902-4320

Principal Occupation	Name of Employer
Retired	Retired

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: $10.53

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
08/26/2026	$10.53

Last Name	First	MI	Contribution ID #
Vance	J.	P	2692

Residential Street Address	City	State	Zip Code
24 Summit Rdg	Watertown	CT	06795-1562

Principal Occupation	Name of Employer
Attorney	Self Employed

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: $10.00

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
08/26/2026	$60.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): NED for CT

TYPE OF REPORT: 30 Days Following Primary - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Cunningham	Elisabeth		2672

Residential Street Address	City	State	Zip Code
397 Newton St	Chestnut Hill	MA	02467-2716

Principal Occupation	Name of Employer
Architect	Warner + Cunningham, Inc.

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: $15.00

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: 08/26/2026

Aggregate Contributions: $135.00

Last Name	First	MI	Contribution ID #
Streifer	Philip		2642

Residential Street Address	City	State	Zip Code
1923 SE 27th St	Battle Ground	WA	98604-3163

Principal Occupation	Name of Employer
Retired	Not Employed

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: $8.00

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: 08/26/2026

Aggregate Contributions: $72.00

Last Name	First	MI	Contribution ID #
Gomes	Ray		2624

Residential Street Address	City	State	Zip Code
26 Edgewood Dr	Wallingford	CT	06492-2133

Principal Occupation	Name of Employer
Retired	Not Employed

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: $50.00

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: 08/26/2026

Aggregate Contributions: $228.66

Last Name	First	MI	Contribution ID #
Beauchemin	David		2678

Residential Street Address	City	State	Zip Code
338 Plaza Dr	Middletown	CT	06457-2598

Principal Occupation	Name of Employer
Retired	Not Employed

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: $5.00

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: 08/27/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): NED for CT

TYPE OF REPORT: 30 Days Following Primary - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Flynn	Robert		2688

Residential Street Address	City	State	Zip Code
5 East Ln	New Fairfield	CT	06812-2913

Principal Occupation	Name of Employer
Retired	Not Employed

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: $50.00

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: 08/28/2026

Aggregate Contributions: $305.28

Last Name	First	MI	Contribution ID #
Lynch	Joyce		2620

Residential Street Address	City	State	Zip Code
7 Clearview Dr	Wallingford	CT	06492-3352

Principal Occupation	Name of Employer
Retired	Not Employed

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: $5.00

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: 08/28/2026

Aggregate Contributions: $15.53

Last Name	First	MI	Contribution ID #
Collin	Joanne	C	2615

Residential Street Address	City	State	Zip Code
214 Westwoods Ter	Bristol	CT	06010-5525

Principal Occupation	Name of Employer
Retired	Not Employed

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: $15.69

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: 08/29/2026

Aggregate Contributions: $466.19

Last Name	First	MI	Contribution ID #
Shaw	Michael		2698

Residential Street Address	City	State	Zip Code
255 Carriage Crossing Ln Bldg 13	Middletown	CT	06457-5864

Principal Occupation	Name of Employer
Consultant	The Stony Brook Foundation and Community Trust

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: $17.00

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: 08/29/2026

Aggregate Contributions: $1,139.51

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
O'Brien	Karen		2696

Residential Street Address	City	State	Zip Code
94 Sunset Rd	Easton	CT	06612-1752

Principal Occupation	Name of Employer
Retired	Not Employed

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: $10.53

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: 08/29/2026

Aggregate Contributions: $154.24

Last Name	First	MI	Contribution ID #
Ashabranner	Melissa		2697

Residential Street Address	City	State	Zip Code
1025 1st St SE	Washington	DC	20003-5318

Principal Occupation	Name of Employer
Editor	Capital Community News

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: $8.00

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: 08/30/2026

Aggregate Contributions: $64.00

Last Name	First	MI	Contribution ID #
Bruccoleri	Robert		2681

Residential Street Address	City	State	Zip Code
60 Gates Farm Rd	Glastonbury	CT	06033-3219

Principal Occupation	Name of Employer
Business Consultant	Congenomics, LLC

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: $15.00

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: 08/30/2026

Aggregate Contributions: $135.00

Last Name	First	MI	Contribution ID #
Eastman	Susan		2608

Residential Street Address	City	State	Zip Code
15 Lockwood Cir	Westport	CT	06880-1640

Principal Occupation	Name of Employer
Retired	Not Employed

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: $50.00

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: 08/30/2026

Aggregate Contributions: $425.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): NED for CT

TYPE OF REPORT: 30 Days Following Primary - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Luers	Wendy	W	2637

Residential Street Address	City	State	Zip Code
44 Upper Church Hill Rd	Washington Depot	CT	06794-1415

Principal Occupation	Name of Employer
President	Foundation for a Civil Society

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: $8.00

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: 08/30/2026

Aggregate Contributions: $77.36

Last Name	First	MI	Contribution ID #
Stover	Dwight		2639

Residential Street Address	City	State	Zip Code
72 Kings Hwy	North Haven	CT	06473-1208

Principal Occupation	Name of Employer
Office Assistant	State of CT

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: $8.00

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: 08/30/2026

Aggregate Contributions: $64.00

Last Name	First	MI	Contribution ID #
Moayed-Amini	June		2645

Residential Street Address	City	State	Zip Code
9 S Forest Cir	West Haven	CT	06516-7940

Principal Occupation	Name of Employer
Retired	Not Employed

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: $10.00

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: 08/30/2026

Aggregate Contributions: $80.00

Last Name	First	MI	Contribution ID #
Samela	Joseph		2652

Residential Street Address	City	State	Zip Code
143 Lindberg St	Torrington	CT	06790-3434

Principal Occupation	Name of Employer
Retired	Not Employed

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: $10.00

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: 08/30/2026

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): NED for CT

TYPE OF REPORT: 30 Days Following Primary - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Nixon	Art		2654

Residential Street Address	City	State	Zip Code
14 Washburn Rd	New London	CT	06320-2931

Principal Occupation	Name of Employer
Retired	Not Employed

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: $25.00

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: 08/31/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Lyons	Leslie		2640

Residential Street Address	City	State	Zip Code
941 Greenway Rd	Woodbridge	CT	06525-2412

Principal Occupation	Name of Employer
Speech Pathologist	Whitney Rehabilitation

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: $8.00

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: 08/31/2026

Aggregate Contributions: $129.01

Last Name	First	MI	Contribution ID #
Giacomo	Lynn	M	2674

Residential Street Address	City	State	Zip Code
1 Circle Dr	Greenwich	CT	06830-6737

Principal Occupation	Name of Employer
Assistant Registrar of Voters	Town of Greenwich, CT

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: $25.00

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: 08/31/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Hollen	Nancy		2625

Residential Street Address	City	State	Zip Code
19 Cavendish Pl	Avon	CT	06001-5100

Principal Occupation	Name of Employer
Retired	Not Employed

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: $50.00

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: 08/31/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): NED for CT

TYPE OF REPORT: 30 Days Following Primary - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Hansen	Martha		2632

Residential Street Address	City	State	Zip Code
56 Alexander Rd	Colchester	CT	06415-5317

Principal Occupation	Name of Employer
Administrative Assistant	Town of Old Lyme

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: $10.53

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: 08/31/2026

Aggregate Contributions: $184.77

Last Name	First	MI	Contribution ID #
Bynum	Terrell		2683

Residential Street Address	City	State	Zip Code
96 Glen View Ter	New Haven	CT	06515-1517

Principal Occupation	Name of Employer
Retired	Not Employed

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: $10.00

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: 08/31/2026

Aggregate Contributions: $135.00

Last Name	First	MI	Contribution ID #
Minot Bell	Carrie		2706

Residential Street Address	City	State	Zip Code
1244 Pelican Ln	Delray Beach	FL	33483-7235

Principal Occupation	Name of Employer
Retired	Not Employed

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: $103.45

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: 08/31/2026

Aggregate Contributions: $103.45

Last Name	First	MI	Contribution ID #
Wood	Christopher		2707

Residential Street Address	City	State	Zip Code
6 Orton Ln	Woodbury	CT	06798-2710

Principal Occupation	Name of Employer
Retired	Not Employed

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: $25.00

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: 08/31/2026

Aggregate Contributions: $50.00

Total of Section B	**$3,338.92**
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Total on Line 14, Column A of Summary Page)*	**$3,338.92**

I. MONETARY RECEIPTS (Section A-I)

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

D. Loans Received this Period

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
NED 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
08/14/2026	☐ Cash ☐ Personal Check ☒ Credit/Debit Card	$200,000.00
08/21/2026	☐ Cash ☐ Personal Check ☒ Credit/Debit Card	$500,000.00
	Total of Section E	**$700,000.00**

I. Monetary Receipts (Section A-I)

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

I. Miscellaneous Monetary Receipts not Considered Contributions

Name	Date of Transaction	Amount Received
30 Arbor Street LLC	08/11/2026	
Street Address	**City**	**State**	**Zip Code**
30 Arbor St	Hartford	CT	06106-1215
Description		
Void of 7/8 Office Space		$6,250.00

Name	Date of Transaction	Amount Received
Walid A. Jaziri	08/26/2026	
Street Address	**City**	**State**	**Zip Code**
108 New London Tpke	Norwich	CT	06360-2645
Description		
Void of 7/22/26 Office Space		$4,400.00

Name	Date of Transaction	Amount Received
Fantastik Home Improv.	08/31/2026	
Street Address	**City**	**State**	**Zip Code**
63 Hoadly Rd	Amston	CT	06231-1510
Description		
Void of 8/1/2026 Cleaning Services		$425.40

Total of Section I	**$11,075.40**

II. EVENT ACTIVITY (Sections J1 - J4)

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

J1. Event Information

Event # | **Date of Event** 08/07/2026 | **Letter** a | **Description** Meet and Greet Event | **Was this a fundraising event?** ☐ Yes ☒ No

Location: Street Address 52 Main St | **City** Torrington | **State** CT | **Zip Code** 06790-5303

Was this event hosted at a personal residence? ☐ Yes ☒ No — if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations.

Did this fundraiser include items donated by a business entity of up to $200 or items donated by an individual of up to $100? ☐ Yes ☒ No — If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.

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 ☒ No — (If yes, enter Total Receipts here.) $0.00

Event # | **Date of Event** 08/09/2026 | **Letter** a | **Description** Concert Event | **Was this a fundraising event?** ☐ Yes ☒ No

Location: Street Address 609 Dixwell Ave | **City** New Haven | **State** CT | **Zip Code** 06511-1722

Was this event hosted at a personal residence? ☐ Yes ☒ No — if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations.

Did this fundraiser include items donated by a business entity of up to $200 or items donated by an individual of up to $100? ☐ Yes ☒ No — If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.

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 ☒ No — (If yes, enter Total Receipts here.) $0.00

Event # | **Date of Event** 08/10/2026 | **Letter** a | **Description** Meet and Greet Event | **Was this a fundraising event?** ☐ Yes ☒ No

Location: Street Address 6 Harbor Point Rd | **City** Stamford | **State** CT | **Zip Code** 06902-0740

Was this event hosted at a personal residence? ☐ Yes ☒ No — if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations.

Did this fundraiser include items donated by a business entity of up to $200 or items donated by an individual of up to $100? ☐ Yes ☒ No — If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.

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 ☒ No — (If yes, enter Total Receipts here.) $0.00

II. EVENT ACTIVITY (Sections J1 - J4)

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

J1. Event Information

Event # / Date of Event	Letter	Description	Was this a fundraising event?
08/11/2026	a	Victory/Thank you Event	☐ Yes ☒ No

Location: Street Address	City	State	Zip Code
85 Arch St	Hartford	CT	06103-2832

Was this event hosted at a personal residence?	☐ Yes ☒ No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations.
Did this fundraiser include items donated by a business entity of up to $200 or items donated by an individual of up to $100?	☐ Yes ☒ No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
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 ☒ No	(If yes, enter Total Receipts here.) $0.00

Total of Section J1	$0.00

II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED 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:	Description of Donation			Fair Market Value of Donation
Individual / Business Entity / Sole Proprietorship	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
NED 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
NED 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 If yes, list Event#	Description of In-Kind Contribution		
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
NED 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
NED for CT	30 Days Following Primary - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Bozzuto Bros. Refuse Services	08/05/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
1002 Middletown Ave	Northford	CT	06472-1376

Purpose of Expendit	Description	Amount
OVHD	Trash Removal	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$271.71

Name of Payee	Date of Payment	Method of Payment
Canva	08/05/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
3212 E Cesar Chavez St Bldg 1	Austin	TX	78702-4938

Purpose of Expendit	Description	Amount
OVHD	Software Subscription	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$202.00

Name of Payee	Date of Payment	Method of Payment
Dennis Carnelli	08/05/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
11 E Bearhouse Hill Rd	Guilford	CT	06437-4709

Purpose of Expendit	Description	Amount
CNSLT	Compliance Services & Postage Reimbursement - See Below if Itemized	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$5,042.52

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Elias Law Group	08/05/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
10 G St NE Ste 600	Washington	DC	20002-4253

Purpose of Expendit	Description	Amount
CNSLT	Legal Services	$4,666.35

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	Date of Payment	Method of Payment
Global Strategy Group	08/05/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
215 Park Ave S Fl 15	New York	NY	10003-1612

Purpose of Expendit	Description	Amount
POLLS	Polling	$44,000.00

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	Date of Payment	Method of Payment
Harland Clarke	08/05/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
10931 Laureate Dr	San Antonio	TX	78249-3475

Purpose of Expendit	Description	Amount
OVHD	Office Supplies	$107.70

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
NED for CT	30 Days Following Primary - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
MBA Consulting Group	08/05/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
611 Pennsylvania Ave SE Ste 143	Washington	DC	20003-4303

Purpose of Expendit	Description	Amount
CNSLT	Compliance Services	$9,200.00

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	Date of Payment	Method of Payment
Orchestra Group, LLC	08/05/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
195 Broadway Fl 26	New York	NY	10007-3257

Purpose of Expendit	Description	Amount
CNSLT	Communications Consulting	$100,000.00

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	Date of Payment	Method of Payment
UnitedHealthcare	08/05/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
PO Box 94017	Palatine	IL	60094-4017

Purpose of Expendit	Description	Amount
WAGE	Health Insurance	$24,155.77

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
NED for CT	30 Days Following Primary - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Robert Zapor	08/05/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
PO Box 457	Ridgefield	CT	06877-0457

Purpose of Expendit	Description	Amount
RMB	Travel	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$719.67

Name of Payee	Date of Payment	Method of Payment
AlphaGraphics	08/05/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
16 Dyke Ln	Stamford	CT	06902-7313

Purpose of Expendit	Description	Amount
PRNT	Printing	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$156.27

Name of Payee	Date of Payment	Method of Payment
Ashley's	08/05/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
221 Main St , Fl 1-3	Hartford	CT	06106-1878

Purpose of Expendit	Description	Amount
FOOD	Meals	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$651.36

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anthropic	08/06/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
500 Howard St	San Francisco	CA	94105-3000

Purpose of Expendit	Description	Amount
OVHD	Software Subscription	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$21.27

Name of Payee	Date of Payment	Method of Payment
Primo Brands Corporation	08/06/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
900 Long Ridge Rd Bldg 2	Stamford	CT	06902-1140

Purpose of Expendit	Description	Amount
FOOD	Office Supplies	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$103.66

Name of Payee	Date of Payment	Method of Payment
Primo Brands Corporation	08/06/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
900 Long Ridge Rd Bldg 2	Stamford	CT	06902-1140

Purpose of Expendit	Description	Amount
FOOD	Office Supplies	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$105.44

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Starlink	08/06/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
1 Rocket Rd	Hawthorne	CA	90250-6844

Purpose of Expendit	Description	Amount
WEB	Internet Service	$55.00

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	Date of Payment	Method of Payment
Comcast	08/06/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
676 Island Pond Rd	Manchester	NH	03109-5420

Purpose of Expendit	Description	Amount
WEB	Internet Service	$428.21

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	Date of Payment	Method of Payment
Brakah Center For The Arts	08/07/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
245 Rye St	Broad Brook	CT	06016-9561

Purpose of Expendit	Description	Amount
Misc *	Entertainment	$10,000.00

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 #: 08092026a

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Bonterra	08/07/2026	[ ] Check # [ ] Debit Card [x] EFT

Street Address	City	State	Zip Code
10801 N Mopac Expy Ste 300	Austin	TX	78759-5459

Purpose of Expendit	Description	Amount
CCP	Credit Card Processing Fee	$1.41

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [x] No

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Citadel of Love	08/08/2026	[x] Check # 220 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
PO Box 1932	Hartford	CT	06144-1932

Purpose of Expendit	Description	Amount
CHAR	Charitable Contribution	$3,000.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [x] No

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
The First Cathedral	08/08/2026	[x] Check # 219 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1151 Blue Hills Ave	Bloomfield	CT	06002-2721

Purpose of Expendit	Description	Amount
CHAR	Charitable Contribution	$1,500.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [x] 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
NED for CT	30 Days Following Primary - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Sundae Ice Cream Truck	08/10/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
S Main St	Bloomfield	CT	06002

Purpose of Expendit	Description	Amount
FOOD	Catering	$458.90

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Sasso's Coal Fired Pizza	08/10/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
52 Main St	Torrington	CT	06790-5303

Purpose of Expendit	Description	Amount
FOOD	Catering	$359.10

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		08072026a

Name of Payee	Date of Payment	Method of Payment
Primo Brands Corporation	08/10/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
900 Long Ridge Rd Bldg 2	Stamford	CT	06902-1140

Purpose of Expendit	Description	Amount
OFFICE	Office Supplies	$70.21

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Lowe's	08/10/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
50 Boston Post Rd	Orange	CT	06477-3201

Purpose of Expendit	Description	Amount
OFFICE	Office Supplies	$138.21

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Campos Hampton	08/10/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
71 Tavern Rock Rd	Stratford	CT	06614-1534

Purpose of Expendit	Description	Amount
CNSLT	GOTV Consulting	$7,600.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
John Cattan	08/10/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
PO Box 457	Ridgefield	CT	06877-0457

Purpose of Expendit	Description	Amount
RMB	Office Supplies & Software Subscription Reimbursement - See Below if Itemized	$155.87

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Bonterra	08/10/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
10801 N Mopac Expy Ste 300	Austin	TX	78759-5459

Purpose of Expendit	Description	Amount
CCP	Credit Card Processing Fee	$0.82

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	Date of Payment	Method of Payment
Peter Hinkle	08/10/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
PO Box 457	Ridgefield	CT	06877-0457

Purpose of Expendit	Description	Amount
RMB	Mileage	$364.21

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	Date of Payment	Method of Payment
Jesse Camille's Restaurant	08/10/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
615 N Church St	Naugatuck	CT	06770-2808

Purpose of Expendit	Description	Amount
FOOD	Catering	$318.38

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
NED for CT	30 Days Following Primary - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Bonterra	08/11/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
10801 N Mopac Expy Ste 300	Austin	TX	78759-5459

Purpose of Expendit	Description	Amount
CCP	Credit Card Processing Fee	$11.98

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 #:

Name of Payee	Date of Payment	Method of Payment
Mark Nielsen	08/11/2026	☒ Check # 196 ☐ Debit Card ☐ EFT

Street Address	City	State	Zip Code
3 Parley Ln	Ridgefield	CT	06877-4903

Purpose of Expendit	Description	Amount
REF	Contribution Refund	$32.70

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	Date of Payment	Method of Payment
Scale to Win	08/11/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
13742 Harper St	Santa Ana	CA	92703-1419

Purpose of Expendit	Description	Amount
A-PH-BNK	Software Subscription	$19,164.40

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
NED for CT	30 Days Following Primary - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Sign of the Whale	08/11/2026	[ ] Check # [x] Debit Card [ ] EFT

Street Address	City	State	Zip Code
6 Harbor Point Rd	Stamford	CT	06902-0740

Purpose of Expendit	Description	Amount
FOOD	Catering	$1,742.77

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [x] No

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

Expenditure # (if applicable):

Event #: 08102026a

Name of Payee	Date of Payment	Method of Payment
30 Arbor Street LLC	08/11/2026	[x] Check # 195 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
30 Arbor St	Hartford	CT	06106-1215

Purpose of Expendit	Description	Amount
OVHD	Recut of 7/8 Office Space	$6,250.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [x] No

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Payroll Data Processing	08/12/2026	[ ] Check # [ ] Debit Card [x] EFT

Street Address	City	State	Zip Code
3501 E Frontage Rd Ste 350	Tampa	FL	33607-1723

Purpose of Expendit	Description	Amount
CCP	Payroll - See Below if Itemized	$6,034.78

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [x] 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
NED for CT	30 Days Following Primary - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Michael's	08/12/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
2233 Summer St	Stamford	CT	06905-4502

Purpose of Expendit	Description	Amount
OFFICE	Office Supplies	$106.53

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	Date of Payment	Method of Payment
Bonterra	08/12/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
10801 N Mopac Expy Ste 300	Austin	TX	78759-5459

Purpose of Expendit	Description	Amount
CCP	Credit Card Processing Fee	$16.75

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	Date of Payment	Method of Payment
DoorDash	08/12/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
303 2nd St Fl 8	San Francisco	CA	94107-1366

Purpose of Expendit	Description	Amount
FOOD	Catering	$209.83

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
NED for CT	30 Days Following Primary - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
DoorDash	08/12/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
303 2nd St Fl 8	San Francisco	CA	94107-1366

Purpose of Expendit	Description	Amount
FOOD	Catering	$49.81

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
DoorDash	08/12/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
303 2nd St Fl 8	San Francisco	CA	94107-1366

Purpose of Expendit	Description	Amount
FOOD	Catering	$79.28

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
DoorDash	08/13/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
303 2nd St Fl 8	San Francisco	CA	94107-1366

Purpose of Expendit	Description	Amount
FOOD	Catering	$106.76

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
DoorDash	08/13/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
303 2nd St Fl 8	San Francisco	CA	94107-1366

Purpose of Expendit	Description	Amount
FOOD	Catering	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$78.77

Name of Payee	Date of Payment	Method of Payment
Dwight Depina	08/13/2026	☒ Check # 197 ☐ Debit Card ☐ EFT

Street Address	City	State	Zip Code
21 Richmond Pl	Stamford	CT	06902-5641

Purpose of Expendit	Description	Amount
Misc *	GOTV Canvassing	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$325.00

Name of Payee	Date of Payment	Method of Payment
Gloria Depina	08/13/2026	☒ Check # 199 ☐ Debit Card ☐ EFT

Street Address	City	State	Zip Code
21 Richmond Pl	Stamford	CT	06902-5641

Purpose of Expendit	Description	Amount
Misc *	GOTV Canvassing	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$350.00

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Greater Hartford National Pan-Hellenic Council	08/13/2026	[X] Check # 202 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
PO Box 1295	Hartford	CT	06143-1295

Purpose of Expendit	Description	Amount
CHAR	Charitable Contribution	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$7,500.00

Name of Payee	Date of Payment	Method of Payment
Bonterra	08/13/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
10801 N Mopac Expy Ste 300	Austin	TX	78759-5459

Purpose of Expendit	Description	Amount
CCP	Credit Card Processing Fee	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$2.71

Name of Payee	Date of Payment	Method of Payment
BSL Education Fund	08/13/2026	[X] Check # 206 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
PO Box 891	Hartford	CT	06143-0891

Purpose of Expendit	Description	Amount
CHAR	Charitable Contribution	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$5,000.00

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Mt. Hebron Baptist Church	08/13/2026	[X] Check # 204 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
84 Franklin St	Meriden	CT	06450-3305

Purpose of Expendit	Description	Amount
CHAR	Charitable Contribution	$1,000.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Ana Nieves	08/13/2026	[X] Check # 200 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
132 Myano Ln	Stamford	CT	06902-2122

Purpose of Expendit	Description	Amount
Misc *	GOTV Canvassing	$125.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
New Haven DTC	08/13/2026	[X] Check # 201 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1510 Ella T Grasso Blvd	New Haven	CT	06511-2920

Purpose of Expendit	Description	Amount
POC	Reimbursement per Gen. Stat. § 9-610(b)	$45,292.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] 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
NED for CT	30 Days Following Primary - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Scale to Win	08/13/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
13742 Harper St	Santa Ana	CA	92703-1419

Purpose of Expendit	Description	Amount
A-PH-BNK	Software Subscription	$29,792.09

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	Date of Payment	Method of Payment
The Fairfield County Chapter of The Links	08/13/2026	☒ Check # 205 ☐ Debit Card ☐ EFT

Street Address	City	State	Zip Code
65 High Ridge Rd # 113	Stamford	CT	06905-3800

Purpose of Expendit	Description	Amount
CHAR	Charitable Contribution	$5,000.00

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	Date of Payment	Method of Payment
Staples	08/13/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
80 Boston Post Rd	Orange	CT	06477-3219

Purpose of Expendit	Description	Amount
OFFICE	Office Supplies	$177.13

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
NED for CT	30 Days Following Primary - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Wake Up Wednesday	08/13/2026	[X] Check # 207 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
PO Box 1012	Hartford	CT	06143-1012

Purpose of Expendit	Description	Amount
CHAR	Charitable Contribution	$2,500.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):
Event #:

Name of Payee	Date of Payment	Method of Payment
Amazon	08/13/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
410 Terry Ave N	Seattle	WA	98109-5210

Purpose of Expendit	Description	Amount
OFFICE	Office Supplies	$38.64

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):
Event #:

Name of Payee	Date of Payment	Method of Payment
Abba's House International Fellowship	08/13/2026	[X] Check # 203 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
77 Foxon Rd	North Branford	CT	06471-1000

Purpose of Expendit	Description	Amount
CHAR	Charitable Contribution	$1,000.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] 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
NED for CT	30 Days Following Primary - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Jhamar Atkinson	08/13/2026	[X] Check # 198 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
136 Ursula Pl Apt 7	Stamford	CT	06902-4239

Purpose of Expendit	Description	Amount
Misc *	GOTV Canvassing	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$250.00

Name of Payee	Date of Payment	Method of Payment
Arch Street Tavern	08/13/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
85 Arch St	Hartford	CT	06103-2832

Purpose of Expendit	Description	Amount
FOOD	Catering	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N		08112026a	$2,269.82

Name of Payee	Date of Payment	Method of Payment
Payroll Data Processing	08/14/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
3501 E Frontage Rd Ste 350	Tampa	FL	33607-1723

Purpose of Expendit	Description	Amount
CCP	Payroll - See Below if Itemized	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$212,790.87

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Network Solutions, LLC	08/14/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
5335 Gate Pkwy	Jacksonville	FL	32256-3070

Purpose of Expendit	Description	Amount
WEB	Web Hosting	$2.75

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Eddie Camp	08/14/2026	☒ Check # 218 ☐ Debit Card ☐ EFT

Street Address	City	State	Zip Code
PO Box 457	Ridgefield	CT	06877-0457

Purpose of Expendit	Description	Amount
RMB	Event Supplies Reimbursement - See Below if Itemized	$634.16

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		07272026a

Name of Payee	Date of Payment	Method of Payment
Bonterra	08/14/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
10801 N Mopac Expy Ste 300	Austin	TX	78759-5459

Purpose of Expendit	Description	Amount
CCP	Credit Card Processing Fee	$17.84

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Dawg House	08/14/2026	[ ] Check # [x] Debit Card [ ] EFT

Street Address	City	State	Zip Code
999 Broad St	Meriden	CT	06450-3481

Purpose of Expendit	Description	Amount
FOOD	Catering	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [x] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$250.00

Name of Payee	Date of Payment	Method of Payment
Christian Dattolo	08/15/2026	[x] Check # 210 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
5 Barholm Ave	Stamford	CT	06907-1302

Purpose of Expendit	Description	Amount
Misc *	GOTV Canvassing	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [x] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$500.00

Name of Payee	Date of Payment	Method of Payment
Sharon Facondini	08/15/2026	[x] Check # 216 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
59 Robinwood Rd	Waterbury	CT	06708-2407

Purpose of Expendit	Description	Amount
Misc *	GOTV Canvassing	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [x] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$860.25

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Future Now, Inc.	08/15/2026	[X] Check # 214 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
80 Mountain Laurel Rd	Fairfield	CT	06824-2423

Purpose of Expendit	Description	Amount
CHAR	Charitable Contribution	$3,483.51

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):
Event #:

Name of Payee	Date of Payment	Method of Payment
Cathy Genua	08/15/2026	[X] Check # 217 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
127 Russell St	Waterbury	CT	06708-6114

Purpose of Expendit	Description	Amount
Misc *	GOTV Canvassing	$851.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):
Event #:

Name of Payee	Date of Payment	Method of Payment
Rosalinda Kennerly	08/15/2026	[X] Check # 212 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
41 Fullin Rd	Norwalk	CT	06851-3416

Purpose of Expendit	Description	Amount
Misc *	GOTV Canvassing	$150.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] 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
NED for CT	30 Days Following Primary - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Austin Bennett Janssen	08/15/2026	[X] Check # 211 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
101 Burwood Ave Apt 2	Stamford	CT	06902-7702

Purpose of Expendit	Description	Amount
Misc *	GOTV Canvassing	$950.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Janice Marino	08/15/2026	[X] Check # 215 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1585 Highland Ave Apt 12	Waterbury	CT	06708-4954

Purpose of Expendit	Description	Amount
Misc *	GOTV Canvassing	$647.50

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Puerto Rican Parade of Fairfield County, Inc.	08/15/2026	[X] Check # 213 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
PO Box 447	Bridgeport	CT	06601-0447

Purpose of Expendit	Description	Amount
A-OTH	Charitable Contribution	$2,400.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] 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
NED for CT	30 Days Following Primary - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Kenneth Aviles	08/15/2026	[X] Check # 209 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
18 Avenue B Apt 2	Norwalk	CT	06854-2624

Purpose of Expendit	Description	Amount
Misc *	GOTV Canvassing	$1,150.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):
Event #:

Name of Payee	Date of Payment	Method of Payment
Horberth Alvarado	08/15/2026	[X] Check # 208 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
49 Sherman St	Stamford	CT	06902-4105

Purpose of Expendit	Description	Amount
Misc *	GOTV Canvassing	$1,505.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):
Event #:

Name of Payee	Date of Payment	Method of Payment
Amazon	08/17/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
410 Terry Ave N	Seattle	WA	98109-5210

Purpose of Expendit	Description	Amount
OFFICE	Office Supplies	$40.19

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] 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
NED for CT	30 Days Following Primary - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Amazon	08/17/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
410 Terry Ave N	Seattle	WA	98109-5210

Purpose of Expendit	Description	Amount
OFFICE	Office Supplies	$9.99

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	Date of Payment	Method of Payment
The United Illuminating Company	08/17/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
PO Box 847818	Boston	MA	02284-7818

Purpose of Expendit	Description	Amount
OVHD	Utilities	$108.33

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	Date of Payment	Method of Payment
SKDKnickerbocker	08/17/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1150 18th St NW Ste 800	Washington	DC	20036-3845

Purpose of Expendit	Description	Amount
A-TV	Ad Buy	$198,339.00

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
NED for CT	30 Days Following Primary - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Network Solutions, LLC	08/17/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
5335 Gate Pkwy	Jacksonville	FL	32256-3070

Purpose of Expendit	Description	Amount
WEB	Web Hosting	$2.75

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	Date of Payment	Method of Payment
Bonterra	08/17/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
10801 N Mopac Expy Ste 300	Austin	TX	78759-5459

Purpose of Expendit	Description	Amount
CCP	Credit Card Processing Fee	$1.15

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	Date of Payment	Method of Payment
Bonterra	08/18/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
10801 N Mopac Expy Ste 300	Austin	TX	78759-5459

Purpose of Expendit	Description	Amount
CCP	Credit Card Processing Fee	$2.39

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 #:

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
AT&T	08/18/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
208 S Akard St	Dallas	TX	75202-4206

Purpose of Expendit	Description	Amount
OVHD	Wireless Service	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$167.77

Name of Payee	Date of Payment	Method of Payment
AMF Circle Lanes	08/19/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
525 Main St	East Haven	CT	06512-2701

Purpose of Expendit	Description	Amount
Misc *	Campaign Staff Meeting	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1,794.19

Name of Payee	Date of Payment	Method of Payment
AMF Circle Lanes	08/19/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
525 Main St	East Haven	CT	06512-2701

Purpose of Expendit	Description	Amount
FOOD	Catering	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$893.93

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Amazon	08/19/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
410 Terry Ave N	Seattle	WA	98109-5210

Purpose of Expendit	Description	Amount
OFFICE	Office Supplies	$674.35

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	Date of Payment	Method of Payment
Riva on The Water	08/19/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
183 Beach St	West Haven	CT	06516-5463

Purpose of Expendit	Description	Amount
FOOD	Catering	$219.00

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	Date of Payment	Method of Payment
Bonterra	08/19/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
10801 N Mopac Expy Ste 300	Austin	TX	78759-5459

Purpose of Expendit	Description	Amount
CCP	Credit Card Processing Fee	$11.80

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
NED for CT	30 Days Following Primary - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Joseph Jones	08/19/2026	[X] Check # 221 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
26 Sleeping Giant Dr	Hamden	CT	06518-2121

Purpose of Expendit	Description	Amount
RMB	Cleaning Services	$127.62

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):
Event #:

Name of Payee	Date of Payment	Method of Payment
DoorDash	08/19/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
303 2nd St Fl 8	San Francisco	CA	94107-1366

Purpose of Expendit	Description	Amount
FOOD	Catering	$186.66

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):
Event #:

Name of Payee	Date of Payment	Method of Payment
Duck Donuts	08/20/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
6230 Carlisle Pike	Mechanicsburg	PA	17050-2305

Purpose of Expendit	Description	Amount
FOOD	Catering	$213.45

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] 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
NED for CT	30 Days Following Primary - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Bonterra	08/20/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
10801 N Mopac Expy Ste 300	Austin	TX	78759-5459

Purpose of Expendit	Description	Amount
CCP	Credit Card Processing Fee	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.66

Name of Payee	Date of Payment	Method of Payment
Comcast	08/20/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
676 Island Pond Rd	Manchester	NH	03109-5420

Purpose of Expendit	Description	Amount
WEB	Internet Service	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$465.57

Name of Payee	Date of Payment	Method of Payment
Bonterra	08/21/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
10801 N Mopac Expy Ste 300	Austin	TX	78759-5459

Purpose of Expendit	Description	Amount
CCP	Credit Card Processing Fee	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$2.78

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Deliver Strategies, LLC	08/21/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
PO Box 100970	Arlington	VA	22210-3970

Purpose of Expendit	Description	Amount
A-OTH	Printing	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$62,513.19

Name of Payee	Date of Payment	Method of Payment
Amazon	08/21/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
410 Terry Ave N	Seattle	WA	98109-5210

Purpose of Expendit	Description	Amount
OFFICE	Office Supplies	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$17.36

Name of Payee	Date of Payment	Method of Payment
Amazon	08/24/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
410 Terry Ave N	Seattle	WA	98109-5210

Purpose of Expendit	Description	Amount
OFFICE	Office Supplies	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$131.43

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Julia Vos	08/24/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
PO Box 457	Ridgefield	CT	06877-0457

Purpose of Expendit	Description	Amount
RMB	Postage & Event Space Reimbursement - See Below if Itemized	$1,499.57

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	Date of Payment	Method of Payment
Primo Brands Corporation	08/24/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
900 Long Ridge Rd Bldg 2	Stamford	CT	06902-1140

Purpose of Expendit	Description	Amount
FOOD	Office Supplies	$53.21

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	Date of Payment	Method of Payment
DoorDash	08/24/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
303 2nd St Fl 8	San Francisco	CA	94107-1366

Purpose of Expendit	Description	Amount
FOOD	Catering	$139.78

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
NED for CT	30 Days Following Primary - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
El Sol News	08/24/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
17 Relay Pl	Stamford	CT	06901-2821

Purpose of Expendit	Description	Amount
A-NEWS	Print Advertising	$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	Date of Payment	Method of Payment
Bonterra	08/24/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
10801 N Mopac Expy Ste 300	Austin	TX	78759-5459

Purpose of Expendit	Description	Amount
CCP	Credit Card Processing Fee	$0.82

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	Date of Payment	Method of Payment
Bonterra	08/25/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
10801 N Mopac Expy Ste 300	Austin	TX	78759-5459

Purpose of Expendit	Description	Amount
CCP	Credit Card Processing Fee	$1.51

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 #:

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Bonterra	08/26/2026	[ ] Check # [ ] Debit Card [x] EFT

Street Address	City	State	Zip Code
10801 N Mopac Expy Ste 300	Austin	TX	78759-5459

Purpose of Expendit	Description	Amount
CCP	Credit Card Processing Fee	$2.87

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [x] No

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Walid A. Jaziri	08/26/2026	[x] Check # 225 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
108 New London Tpke	Norwich	CT	06360-2645

Purpose of Expendit	Description	Amount
OVHD	Office Space	$2,200.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [x] No

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Walid A. Jaziri	08/26/2026	[x] Check # 224 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
108 New London Tpke	Norwich	CT	06360-2645

Purpose of Expendit	Description	Amount
OVHD	Recut of 7/22/26 Office Space	$4,400.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [x] 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
NED for CT	30 Days Following Primary - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Hartford Democratic Town Committee	08/26/2026	[X] Check # 223 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
823 Wethersfield Ave	Hartford	CT	06114-4703

Purpose of Expendit	Description	Amount
POC	Reimbursement per Gen. Stat. § 9-610(b)	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$5,000.00

Name of Payee	Date of Payment	Method of Payment
Greisers LLC	08/26/2026	[X] Check # 222 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
299 Center Rd	Easton	CT	06612-1603

Purpose of Expendit	Description	Amount
FOOD	Catering	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$197.78

Name of Payee	Date of Payment	Method of Payment
Groton Democratic Town Committee	08/26/2026	[X] Check # 226 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
55 Brook St	Groton	CT	06340-5500

Purpose of Expendit	Description	Amount
OVHD	Office Space	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$3,000.00

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
30 Arbor Street LLC	08/26/2026	[X] Check # 227 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
30 Arbor St	Hartford	CT	06106-1215

Purpose of Expendit	Description	Amount
OVHD	Office Space	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$2,500.00

Name of Payee	Date of Payment	Method of Payment
Molly Poulos	08/27/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
PO Box 457	Ridgefield	CT	06877-0457

Purpose of Expendit	Description	Amount
RMB	Office Supplies Reimbursement - See Below if Itemized	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$42.52

Name of Payee	Date of Payment	Method of Payment
Miranda Creative Inc.	08/27/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
18 Elm Ave	Norwich	CT	06360-2302

Purpose of Expendit	Description	Amount
A-OTH	Digital Strategy Consulting	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$15,817.50

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Daniel Morrocco	08/27/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
PO Box 457	Ridgefield	CT	06877-0457

Purpose of Expendit	Description	Amount
RMB	Postage, Software Subscription, & Travel Reimbursement - See Below if Itemized	$6,312.63

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	Date of Payment	Method of Payment
MBA Consulting Group	08/27/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
611 Pennsylvania Ave SE Ste 143	Washington	DC	20003-4303

Purpose of Expendit	Description	Amount
CNSLT	Compliance Services	$10,700.00

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	Date of Payment	Method of Payment
NGP VAN	08/27/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
10801 N Mopac Expy Ste 300	Austin	TX	78759-5459

Purpose of Expendit	Description	Amount
OVHD	Software Subscription	$3,533.99

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
NED for CT	30 Days Following Primary - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Open Labs	08/27/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1800 M St NW Frnt # 1	Washington	DC	20036-5828

Purpose of Expendit	Description	Amount
POLLS	Ad Testing	$27,105.00

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	Date of Payment	Method of Payment
LexisNexis	08/27/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
PO Box 9584	New York	NY	10087-4584

Purpose of Expendit	Description	Amount
OVHD	Software Subscription	$398.95

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	Date of Payment	Method of Payment
Bonterra	08/27/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
10801 N Mopac Expy Ste 300	Austin	TX	78759-5459

Purpose of Expendit	Description	Amount
CCP	Credit Card Processing Fee	$10.04

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
NED for CT	30 Days Following Primary - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Central Connecticut State University	08/27/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1615 Stanley St	New Britain	CT	06050-2439

Purpose of Expendit	Description	Amount
OVHD	Event Space	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$211.00

Name of Payee	Date of Payment	Method of Payment
Bob's Discount Furniture	08/27/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
428 Tolland Tpke	Manchester	CT	06042-1765

Purpose of Expendit	Description	Amount
EFV *	Office Supplies	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$498.77

Name of Payee	Date of Payment	Method of Payment
Cafe Real School Street	08/27/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
156 School St	Bristol	CT	06010-6043

Purpose of Expendit	Description	Amount
FOOD	Meals	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$446.50

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Break Something Inc.	08/27/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1802 Vernon St NW # 562	Washington	DC	20009-1217

Purpose of Expendit	Description	Amount
CNSLT	Digital Consulting	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$5,300.00

Name of Payee	Date of Payment	Method of Payment
Break Something Inc.	08/27/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1802 Vernon St NW # 562	Washington	DC	20009-1217

Purpose of Expendit	Description	Amount
CNSLT	Digital Consulting	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$6,150.00

Name of Payee	Date of Payment	Method of Payment
Brushfire, LLC	08/27/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3050 K St NW Ste 210	Washington	DC	20007-5177

Purpose of Expendit	Description	Amount
A-PH-BNK	Digital Strategy Consulting	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1,311.14

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Brushfire, LLC	08/27/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3050 K St NW Ste 210	Washington	DC	20007-5177

Purpose of Expendit	Description	Amount
A-PH-BNK	Phone Banking	$86,738.66

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	Date of Payment	Method of Payment
Bonterra	08/28/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
10801 N Mopac Expy Ste 300	Austin	TX	78759-5459

Purpose of Expendit	Description	Amount
CCP	Credit Card Processing Fee	$3.06

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	Date of Payment	Method of Payment
EM Consulting Group LLC	08/28/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1035 Adams Cir Apt D219	Boulder	CO	80303-1884

Purpose of Expendit	Description	Amount
CNSLT	GOTV Consulting	$14,040.43

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 #:

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Podchaser	08/28/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
2326 SW 122nd St	Oklahoma City	OK	73170-4800

Purpose of Expendit	Description	Amount
OVHD	Software Subscription	$30.00

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	Date of Payment	Method of Payment
Robert Zapor	08/28/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
PO Box 457	Ridgefield	CT	06877-0457

Purpose of Expendit	Description	Amount
RMB	Mileage	$897.54

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	Date of Payment	Method of Payment
AlphaGraphics	08/28/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
16 Dyke Ln	Stamford	CT	06902-7313

Purpose of Expendit	Description	Amount
PRNT	Printing	$172.00

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
NED for CT	30 Days Following Primary - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anthropic	08/31/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
500 Howard St	San Francisco	CA	94105-3000

Purpose of Expendit	Description	Amount
OVHD	Software Subscription	$21.27

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Amazon	08/31/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
410 Terry Ave N	Seattle	WA	98109-5210

Purpose of Expendit	Description	Amount
OFFICE	Office Supplies	$26.64

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Amazon	08/31/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
410 Terry Ave N	Seattle	WA	98109-5210

Purpose of Expendit	Description	Amount
OFFICE	Office Supplies	$57.54

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Payroll Data Processing	08/31/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3501 E Frontage Rd Ste 350	Tampa	FL	33607-1723

Purpose of Expendit	Description	Amount
CCP	Payroll - See Below if Itemized	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$199,399.56

Name of Payee	Date of Payment	Method of Payment
Fantastik Home Improv.	08/31/2026	☒ Check # 229 ☐ Debit Card ☐ EFT

Street Address	City	State	Zip Code
63 Hoadly Rd	Amston	CT	06231-1510

Purpose of Expendit	Description	Amount
OVHD	Cleaning Services	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$850.80

Name of Payee	Date of Payment	Method of Payment
Christian Dattolo	08/31/2026	☒ Check # 210 ☐ Debit Card ☐ EFT

Street Address	City	State	Zip Code
5 Barholm Ave	Stamford	CT	06907-1302

Purpose of Expendit	Description	Amount
Misc *	GOTV Canvassing	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$175.00

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Bonterra	08/31/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
10801 N Mopac Expy Ste 300	Austin	TX	78759-5459

Purpose of Expendit	Description	Amount
CCP	Credit Card Processing Fee	$0.82

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Bonterra	08/31/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
10801 N Mopac Expy Ste 300	Austin	TX	78759-5459

Purpose of Expendit	Description	Amount
CCP	Credit Card Processing Fee	$1.80

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Bonterra	08/31/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
10801 N Mopac Expy Ste 300	Austin	TX	78759-5459

Purpose of Expendit	Description	Amount
CCP	Credit Card Processing Fee	$12.56

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Bonterra	08/31/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
10801 N Mopac Expy Ste 300	Austin	TX	78759-5459

Purpose of Expendit	Description	Amount
CCP	Credit Card Processing Fee	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$3.54

Total of Section N	$1,240,242.03

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Danica Brice

Date of Transaction: 08/12/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,248.60

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Krystal Myers

Date of Transaction: 08/12/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,074.98

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Krystal Myers

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,614.75

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Nathim Mughal

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Kay Munoz

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,164.62

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Henry Minot

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,879.28

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Daniel Morrocco

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $6,577.34

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Isabella Marocchini

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Olivia McAndrew

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,279.86

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Alexander McGinnis

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Matthew McKinnis

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Alan McNeely

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Bronwyn Metz

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $737.42

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Evan Mills

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,024.68

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Olin Jenner

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $3,199.59

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Mia Khan

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $165.33

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Sophie Khanna

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,325.50

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: William Kibbey

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Derek Lagano

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,478.07

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Carroll LaMantia

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,973.29

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Cole Lieberman

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Jordan Mancuso-Cermola

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Phoebe Mann

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $275.55

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Justin Lamoureux

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,673.05

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Mitchell Marks

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,164.62

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Ana Norato

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: John O'Leary

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,673.05

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Thomas O'Sullivan

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,250.25

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Kaleigh Olsen

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Griffin Olshan

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,673.05

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Allison Ouellette

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,673.05

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Leah Owusu

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Maanya Pande

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,024.68

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Morris Patton

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,000.83

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Tiffany Pippins

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,664.75

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: William Poling

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,164.62

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Molly Poulos

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $997.26

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Abigail Prospere

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,904.88

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Ryan Rosario

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,673.05

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Ella Ryerson

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,673.05

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Xavier Santos

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,024.68

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Elanina Scolnik

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,012.74

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Roger Senserrich

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $3,640.30

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Danica Brice

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,747.71

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Matthew Brokman

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $9,336.53

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Aaron Butler

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Francesca Capodilupo

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $5,268.92

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Palakjot Bedi

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Kweku Biney

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Robert Blanchard

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $4,734.80

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: James Angelopoulos

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,804.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Markel Bond

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,673.05

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Dalton Bury

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,024.73

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Benjamin Card

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: John Cattan

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,485.34

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: India Cicero

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,964.13

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Ciara Cieniawski

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,591.75

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Jonah Cone

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Jennifer Croughwell

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,990.41

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: John Crowley

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $352.75

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Alan Cunningham

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,805.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Robert De Carli

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,164.62

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Nathalia De La Cruz

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,164.62

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Salem Didato

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,012.74

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Anders Domke

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Caroline Doyle

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $982.50

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Jayri Engram

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Caeden Fabas

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Stevilynn Fox

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Abigail Friend

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Adam Gerena

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,653.05

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Ryan Engels

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,747.71

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Thomas Gilbertie

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,673.05

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Logan Granfield

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,673.05

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Lauren Gray

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $4,560.16

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: John Guthrie

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,673.05

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Oscar Hammarlund

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: William Haskell

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $583.92

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: John Higgins

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,673.05

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Peter Hinkle

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,990.41

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Joshua Holton

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $4,331.04

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Layan Jahaf

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,024.73

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: John Jannotta

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Andjela Starcevic

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,772.76

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Walker Stollenwerck

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Grace Strawley

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,673.05

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Liam Stroup

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,024.73

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Sabrina Tomei Gonzalez

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Matt Trainor

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,301.54

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Gabreil Villalba

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,024.73

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Julia Vos

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $3,690.30

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Steven Sheinberg

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,804.75

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Megan Wallett

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,990.41

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Alexandria Winkler

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $322.39

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Mary Wirpel

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,485.34

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Abigail Zamir

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Robert Zapor

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,485.34

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Kyle Zingler

Date of Transaction: 08/14/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Robert Zapor

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,485.34

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Abigail Zamir

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $162.85

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Mary Wirpel

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,485.34

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Megan Wallett

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,164.62

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Steven Sheinberg

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,990.62

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Julia Vos

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $3,903.87

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Grace Strawley

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,860.38

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: John Jannotta

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $162.85

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Layan Jahaf

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $488.55

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Peter Hinkle

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,990.41

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: John Higgins

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,860.38

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: William Haskell

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $583.92

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: John Guthrie

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,860.38

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Lauren Gray

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $4,718.75

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Logan Granfield

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $834.93

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Thomas Gilbertie

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,860.38

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Alexandra Gillespie

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $3,191.18

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Ryan Engels

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,947.34

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Adam Gerena

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,840.38

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Caroline Doyle

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $159.30

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Dajon Dort

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $620.34

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Salem Didato

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $162.85

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Nathalia De La Cruz

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,325.50

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Robert De Carli

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,325.50

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Alan Cunningham

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,805.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Jennifer Croughwell

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,164.62

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Jonah Cone

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $162.85

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Ciara Cieniawski

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,751.59

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Owen Collins

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,166.65

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: India Cicero

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $3,122.70

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: John Cattan

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,645.17

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Dalton Bury

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $162.85

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Markel Bond

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,860.38

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: James Angelopoulos

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,990.41

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Axel Arevalo

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,166.65

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Robert Blanchard

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $4,734.80

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Francesca Capodilupo

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $3,423.12

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Francesca Capodilupo

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $5,476.74

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Matthew Brokman

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $9,336.53

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Danica Brice

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,947.34

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Roger Senserrich

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $3,853.87

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Elanina Scolnik

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $162.85

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Xavier Santos

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $162.85

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Ella Ryerson

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,860.38

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Ryan Rosario

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,860.38

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Abigail Prospere

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,104.51

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Aaron Ramos

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,142.26

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Molly Poulos

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $480.51

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: William Poling

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,325.50

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Tiffany Pippins

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,847.59

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Morris Patton

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,190.32

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Leah Owusu

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $162.85

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Allison Ouellette

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,860.38

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Griffin Olshan

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,860.38

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Kaleigh Olsen

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $162.85

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Thomas O'Sullivan

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,434.04

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: John O'Leary

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,860.38

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Mitchell Marks

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,325.50

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Justin Lamoureux

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,860.38

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Phoebe Mann

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $125.25

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Carroll LaMantia

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,127.08

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: William Kibbey

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $162.85

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Sophie Khanna

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,325.50

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Olin Jenner

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $3,199.59

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Evan Mills

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $162.85

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Daniel Morrocco

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $6,577.34

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Henry Minot

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,087.10

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Kay Munoz

Date of Transaction: 08/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,325.50

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card:
Payroll Data Processing	☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor	Date of Transaction
Krystal Myers	08/31/2026

Street Address	City	State	Zip Code
PO Box 457	Ridgefield	CT	06877-0457

Purpose of Expenditure (by code)	Description	Amount
WAGE	Salary	$1,797.59

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Total of Section P	$296,152.60

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED 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):

Event #:

Total of Section Q	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED 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:
Carnelli	Dennis		08/05/2026	[X] Check # [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: UPS

Street Address of Vendor	City	State	Zip Code
55 Glenlake Pkwy	Atlanta	GA	30328-3474

Purpose of Expenditure (by code)	Description
POST	Postage

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$42.52

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Cattan	John		08/10/2026	[X] Check # [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Asana

Street Address of Vendor	City	State	Zip Code
633 Folsom St	San Francisco	CA	94107-3600

Purpose of Expenditure (by code)	Description
OVHD	Software Subscription

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$27.25

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED 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:
Cattan	John		08/10/2026	[X] Check # [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant			
Asana			
Street Address of Vendor	**City**	**State**	**Zip Code**
633 Folsom St	San Francisco	CA	94107-3600

Purpose of Expenditure (by code)	Description
OVHD	Software Subscription

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$27.25

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Cattan	John		08/10/2026	[X] Check # [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant			
Asana			
Street Address of Vendor	**City**	**State**	**Zip Code**
633 Folsom St	San Francisco	CA	94107-3600

Purpose of Expenditure (by code)	Description
OVHD	Software Subscription

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$27.25

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED 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:
Cattan	John		08/10/2026	[X] Check # [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: CVS Pharmacy

Street Address of Vendor	City	State	Zip Code
1228 Main St	Willimantic	CT	06226-1908

Purpose of Expenditure (by code)	Description
OFFICE	Office Supplies

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$74.12

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Camp	Eddie		08/14/2026	[X] Check # [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Bella Vista

Street Address of Vendor	City	State	Zip Code
339 Eastern St	New Haven	CT	06513-2463

Purpose of Expenditure (by code)	Description
OVHD	Event Space

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$100.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED 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:
Camp	Eddie		08/14/2026	[X] Check # [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Stop & Shop

Street Address of Vendor	City	State	Zip Code
44 Fenn Rd	Newington	CT	06111-2212

Purpose of Expenditure (by code)	Description
FOOD	Event Supplies

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$20.00

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Camp	Eddie		08/14/2026	[X] Check # [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Triple A Pizza

Street Address of Vendor	City	State	Zip Code
339 Whalley Ave	New Haven	CT	06511-3140

Purpose of Expenditure (by code)	Description
FOOD	Catering

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$514.16

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED 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:
Vos	Julia		08/24/2026	[X] Check # [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Third Place

Street Address of Vendor	City	State	Zip Code
575 Pacific St	Stamford	CT	06902-5814

Purpose of Expenditure (by code)	Description
FOOD	Event Space

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$187.22

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Vos	Julia		08/24/2026	[X] Check # [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: USPS

Street Address of Vendor	City	State	Zip Code
26 Catoonah St	Ridgefield	CT	06877-9992

Purpose of Expenditure (by code)	Description
POST	Postage

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$103.35

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED 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:
Vos	Julia		08/24/2026	[X] Check # [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant			
USPS			
Street Address of Vendor	**City**	**State**	**Zip Code**
26 Catoonah St	Ridgefield	CT	06877-9992

Purpose of Expenditure (by code)	Description
POST	Postage

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$1,040.00

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Vos	Julia		08/24/2026	[X] Check # [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant			
USPS			
Street Address of Vendor	**City**	**State**	**Zip Code**
26 Catoonah St	Ridgefield	CT	06877-9992

Purpose of Expenditure (by code)	Description
POST	Postage

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$169.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED 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:
Morrocco	Daniel		08/27/2026	[X] Check # [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: USPS

Street Address of Vendor	City	State	Zip Code
26 Catoonah St	Ridgefield	CT	06877-9992

Purpose of Expenditure (by code)	Description
POST	Postage

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$652.85

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Poulos	Molly		08/27/2026	[X] Check # [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Trader Joes

Street Address of Vendor	City	State	Zip Code
400 Hebron Ave	Glastonbury	CT	06033-2177

Purpose of Expenditure (by code)	Description
OFFICE	Office Supplies

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$42.52

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED 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:
Morrocco	Daniel		08/27/2026	[X] Check # [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Otter.AI

Street Address of Vendor	City	State	Zip Code
800 W El Camino Real Ste 170	Mountain View	CA	94040-2592

Purpose of Expenditure (by code)	Description
OVHD	Software Subscription

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$31.88

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Morrocco	Daniel		08/27/2026	[X] Check # [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Sappir Management

Street Address of Vendor	City	State	Zip Code
129 Church St Fl 2	New Haven	CT	06510-2026

Purpose of Expenditure (by code)	Description
TRVL	Travel

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$3,600.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED 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:
Morrocco	Daniel		08/27/2026	[X] Check # [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Airbnb

Street Address of Vendor	City	State	Zip Code
888 Brannan St	San Francisco	CA	94103-4928

Purpose of Expenditure (by code)	Description
TRVL	Travel

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$1,098.25

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Morrocco	Daniel		08/27/2026	[X] Check # [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Airbnb

Street Address of Vendor	City	State	Zip Code
888 Brannan St	San Francisco	CA	94103-4928

Purpose of Expenditure (by code)	Description
TRVL	Travel

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$929.65

Total of Section R	**$8,687.27**

IV. EXPENDITURES (Sectuibs N - S)

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