



COVER PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE			
Committee to Re-Elect Senator John Kissel				<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee			
3. TREASURER NAME							
First Scott		MI R	Last Kaupin			Suffix	
4. TREASURER ADDRESS							
Street Address 186 Field Rd			City Somers		State CT	Zip Code 06071	
5. ELECTION DATE		6. OFFICE SOUGHT (Complete only if Candidate Committee)				7. DISTRICT NUMBER (if applicable)	
11/03/2026		State Senator				S007	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)							
First John		MI A	Last Kissel			Suffix	
9. TYPE OF REPORT							
April 10 Filing - Original							
10. PERIOD COVERED							
		Beginning Date		thru		Ending Date	
		01/01/2026				03/31/2026	
11. CERTIFICATION							
<input checked="" type="checkbox"/> 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		Scott Kaupin			04/03/2026 10:45:46AM		
SIGNATURE		PRINT NAME OF THE SIGNER			DATE CERTIFIED		
<p>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.</p>							

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
Committee to Re-Elect Senator John Kissel	April 10 Filing - 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	\$204.30	
14. Contributions received from Individuals (Section A and B)	\$11,965.00	\$12,220.00
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$0.04	\$0.04
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)	\$11,965.04	\$12,220.04
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$12,169.34	\$12,220.04
20. Expenses Paid by Committee (Section N)	\$4,581.06	\$4,631.76
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	\$7,588.28	\$7,588.28
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	\$0.00	\$0.00
24. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
25. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Committee to Re-Elect Senator John Kissel	April 10 Filing - Original

A. Total Contributions from Small Contributors-Received this Period ONLYFor Nonparticipating Candidates ONLY
\$0.00**B. Itemized Contributions from Individuals**

Last Name Gallo	First Peter	MI	Contribution ID # 0005
Residential Street Address 438 Northwood Dr	City Orange	State CT	Zip Code 06477
Principal Occupation Vice President	Name of Employer Star Distributors Inc.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01082026A</u>		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/02/2026
		Aggregate Contributions \$250.00	Amount of Contribution \$250.00

Last Name Campion	First Brooks	MI	Contribution ID # 0006
Residential Street Address 42 Macintosh Ln	City Glastonbury	State CT	Zip Code 06033
Principal Occupation Co-Principal / Lobbyist	Name of Employer CT Government Relations Group of Robinson & Cole		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01082026A</u>		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/03/2026
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Malone	First Jude	MI	Contribution ID # 0007
Residential Street Address 200 River Rd	City Mystic	State CT	Zip Code 06355
Principal Occupation Government Relations	Name of Employer CT Beer Wholesalers Assoc.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01082026A</u>		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/05/2026
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Committee to Re-Elect Senator John Kissel	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Mancini	First Ken	MI	Contribution ID # 0008
Residential Street Address 104 Old Beach Rd	City Newport	State RI	Zip Code 02840
Principal Occupation CEO	Name of Employer Mancini Beverage - Levine Distributing Co.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01082026A</u>		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/05/2026
		Aggregate Contributions \$250.00	Amount of Contribution \$250.00

Last Name Healy	First Christopher	MI	Contribution ID # 0009
Residential Street Address 27 Dorchester Rd	City Wethersfield	State CT	Zip Code 06109
Principal Occupation Executive Director	Name of Employer CT Catholic Conference		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01082026A</u>		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/05/2026
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name McCabe	First Patrick	MI	Contribution ID # 0010
Residential Street Address 11 Forest Rd	City West Hartford	State CT	Zip Code 06119
Principal Occupation Government Relations	Name of Employer Capitol Strategies Group		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01082026A</u>		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/05/2026
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Corey	First Arthur	MI	Contribution ID # 0011
Residential Street Address 24 Valley View Rd	City Glastonbury	State CT	Zip Code 06033
Principal Occupation Senior VP & General Counsel	Name of Employer Connecticut Bankers Assoc.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01082026A</u>		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/05/2026
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Committee to Re-Elect Senator John Kissel	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Mongellow	First Tom	MI	Contribution ID # 0012	
Residential Street Address 257 Adrian Ave	City Newington	State CT	Zip Code 06111	
Principal Occupation President & CEO	Name of Employer Connecticut Bankers Assoc.			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01082026A</u>		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/05/2026	Aggregate Contributions \$100.00
Amount of Contribution \$100.00				

Last Name Levin	First Jay	MI B	Contribution ID # 0013	
Residential Street Address 23 Worthington Rd	City New London	State CT	Zip Code 06320	
Principal Occupation Attorney / Lobbyist	Name of Employer Levin, Paolino & Christ			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01082026A</u>		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/05/2026	Aggregate Contributions \$100.00
Amount of Contribution \$100.00				

Last Name Filardi	First Eric	MI	Contribution ID # 0050	
Residential Street Address 12 Club House Point Rd	City Groton	State CT	Zip Code 06340	
Principal Occupation Beer Distributor	Name of Employer F&F Distributors			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/05/2026	Aggregate Contributions \$250.00
Amount of Contribution \$250.00				

Last Name Biggs	First Melissa	MI	Contribution ID # 0014	
Residential Street Address 562 Litchfield Ave	City Dayville	State CT	Zip Code 06241	
Principal Occupation Government Relations	Name of Employer DePino, Nunez, & Biggs			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01082026A</u>		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/06/2026	Aggregate Contributions \$100.00
Amount of Contribution \$100.00				

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Committee to Re-Elect Senator John Kissel	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Felton-Reid	First Hilary	MI	Contribution ID # 0015
Residential Street Address 24 Center St # 1/2	City Wethersfield	State CT	Zip Code 06109
Principal Occupation Lobbyist	Name of Employer Robinson & Cole		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01082026A</u>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/06/2026	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Bailey	First John	MI	Contribution ID # 0016
Residential Street Address 17 Glenbrook Rd	City West Hartford	State CT	Zip Code 06107-3413
Principal Occupation Lobbyist	Name of Employer TCORS Capitol Group		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01082026A</u>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/06/2026	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name O'Keefe	First Timothy	MI	Contribution ID # 0017
Residential Street Address 29 Stratford Rd	City West Hartford	State CT	Zip Code 06117
Principal Occupation Trial Lawyer	Name of Employer Kenny, O'Keefe & Usseglio, P.C.		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01082026A</u>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/07/2026	Aggregate Contributions \$250.00
		Amount of Contribution \$250.00	

Last Name Zyjeski	First Jeffrey	MI	Contribution ID # 0018
Residential Street Address 1176 N Main St	City West Hartford	State CT	Zip Code 06117
Principal Occupation Lobbyist	Name of Employer Gaffney, Bennett & Associates		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01082026A</u>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/07/2026	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Committee to Re-Elect Senator John Kissel	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Malczynsky	First Jay	MI	Contribution ID # 0019
Residential Street Address 25 Parkers Point Rd	City Chester	State CT	Zip Code 06412
Principal Occupation Attorney / Lobbyist	Name of Employer Gaffney, Bennett & Associates		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01082026A</u>		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/07/2026
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Conway	First Richard	MI	Contribution ID # 0020
Residential Street Address 80 Blue Ridge Rd	City Berlin	State CT	Zip Code 06037
Principal Occupation Lobbyist	Name of Employer Gaffney, Bennett & Associates		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01082026A</u>		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/07/2026
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Luchina	First Jacquelyn	MI M	Contribution ID # 0051
Residential Street Address 16 Coppergate Rd	City East Granby	State CT	Zip Code 06026
Principal Occupation Veterinarian	Name of Employer Vetcorp		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 01/07/2026
		Aggregate Contributions \$20.00	Amount of Contribution \$20.00

Last Name Luchina	First James	MI R	Contribution ID # 0052
Residential Street Address 16 Coppergate Rd	City East Granby	State CT	Zip Code 06026
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 01/07/2026
		Aggregate Contributions \$20.00	Amount of Contribution \$20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Committee to Re-Elect Senator John Kissel	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Luchina	First Reagan	MI A	Contribution ID # 0053
Residential Street Address 16 Coppergate Rd	City East Granby	State CT	Zip Code 06026
Principal Occupation Student	Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/07/2026	Aggregate Contributions \$10.00
		Amount of Contribution \$10.00	

Last Name Gingras	First Margaux	MI	Contribution ID # 0021
Residential Street Address 154 Cheshire Rd	City Wallingford	State CT	Zip Code 06492
Principal Occupation Beverage Distributor	Name of Employer G&G Beverage Distributor		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01082026A</u>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/08/2026	Aggregate Contributions \$250.00
		Amount of Contribution \$250.00	

Last Name Bingham	First Ryan	MI	Contribution ID # 0022
Residential Street Address 20 Spencer Brook Rd	City New Hartford	State CT	Zip Code 06057
Principal Occupation Lobbyist	Name of Employer Sullivan & LeShane, Inc.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01082026A</u>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/08/2026	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Keenan	First Daniel	MI	Contribution ID # 0023
Residential Street Address 7 Wintergreen Cir	City Southwick	State MA	Zip Code 01077
Principal Occupation Lawyer Lobbyist	Name of Employer Trinity Health		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01082026A</u>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/08/2026	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Committee to Re-Elect Senator John Kissel	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Dendas	First Zachary	MI	Contribution ID # 0024
Residential Street Address 2 Curiosity Ln	City Essex	State CT	Zip Code 06426
Principal Occupation Government Affairs	Name of Employer Sullivan & LeShane		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01082026A</u>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/08/2026	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Harkins	First John	MI	Contribution ID # 0025
Residential Street Address 633B Old Knife Ln	City Stratford	State CT	Zip Code 06614
Principal Occupation Lobbyist	Name of Employer Rome, Smith & Kowalski Government Relations		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01082026A</u>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/08/2026	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Houlihan	First Christopher	MI	Contribution ID # 0026
Residential Street Address 90 Fallview Dr	City Glastonbury	State CT	Zip Code 06033
Principal Occupation Trial Lawyer	Name of Employer RisCassi & Davis		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01082026A</u>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/08/2026	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Halloran	First Bart	MI	Contribution ID # 0027
Residential Street Address 791 Prospect Ave Apt Phs	City West Hartford	State CT	Zip Code 06105
Principal Occupation Lawyer	Name of Employer BBB Attorneys		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01082026A</u>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/08/2026	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Committee to Re-Elect Senator John Kissel	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Dugan	First Michael	MI	Contribution ID # 0028
Residential Street Address 23 Viola Dr	City East Hampton	State CT	Zip Code 06424
Principal Occupation Lobbyist	Name of Employer Capitol Consulting LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01082026A</u>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/08/2026	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Paolino	First James	MI	Contribution ID # 0029
Residential Street Address 29 S Colman Rd	City Wolcott	State CT	Zip Code 06716
Principal Occupation Lobbyist	Name of Employer FOCUS Government Affairs		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01082026A</u>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/08/2026	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name D'Amico	First Michael	MI	Contribution ID # 0030
Residential Street Address 56 Hazel Woods Dr	City Woodbury	State CT	Zip Code 06798
Principal Occupation Trial Lawyer	Name of Employer D'Amico Pettinicchi Injury Lawyers		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01082026A</u>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/08/2026	Aggregate Contributions \$320.00
		Amount of Contribution \$320.00	

Last Name Malitsky	First William	MI	Contribution ID # 0031
Residential Street Address 98 Coleman Rd	City Glastonbury	State CT	Zip Code 06033
Principal Occupation Lobbyist	Name of Employer FOCUS Government Affairs		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01082026A</u>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/08/2026	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Committee to Re-Elect Senator John Kissel	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Weeks	First Brad	MI	Contribution ID # 0032
Residential Street Address 5 Twin Pines Dr	City Wallingford	State CT	Zip Code 06492
Principal Occupation Government Relations	Name of Employer Rome Smith Kowalski		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01082026A</u>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/08/2026	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Roberge	First Stephanie	MI	Contribution ID # 0033
Residential Street Address 416 Old Oaks Rd	City Fairfield	State CT	Zip Code 06825
Principal Occupation Trial Lawyer	Name of Employer Kennedy, Johnson, Schwab & Roberge, PC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01082026A</u>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/08/2026	Aggregate Contributions \$250.00
		Amount of Contribution \$250.00	

Last Name Kinney	First Stephen	MI	Contribution ID # 0034
Residential Street Address 20 Cromwell Pl	City Old Saybrook	State CT	Zip Code 06475
Principal Occupation Lobbyist	Name of Employer Gaffney, Bennett & Associates		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01082026A</u>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/08/2026	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Kowalski Weeks	First Karen	MI	Contribution ID # 0035
Residential Street Address 5 Twin Pines Dr	City Wallingford	State CT	Zip Code 06492
Principal Occupation Government Relations	Name of Employer Rome Smith Kowalski		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01082026A</u>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/08/2026	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Committee to Re-Elect Senator John Kissel	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Maloney	First Joan	MI	Contribution ID # 0036
Residential Street Address 100 Pearl St # Fl-10	City Hartford	State CT	Zip Code 06103
Principal Occupation CEO	Name of Employer CT Trial Lawyers Association		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01082026A</u>		Date Received 01/08/2026	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Doyle	First Michael	MI	Contribution ID # 0037
Residential Street Address 92 Summit Rd	City Storrs	State CT	Zip Code 06268
Principal Occupation Lobbyist	Name of Employer Gaffney, Bennett & Associates		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01082026A</u>		Date Received 01/08/2026	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Spinella	First Kevin	MI	Contribution ID # 0038
Residential Street Address 70 Pioneer Dr	City West Hartford	State CT	Zip Code 06117
Principal Occupation Lobbyist	Name of Employer Gaffney, Bennett & Associates		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01082026A</u>		Date Received 01/08/2026	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Vance	First J. Paul	MI	Contribution ID # 0039
Residential Street Address 24 Summit Rdg	City Watertown	State CT	Zip Code 06795
Principal Occupation Attorney	Name of Employer LVSJ		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01082026A</u>		Date Received 01/08/2026	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Committee to Re-Elect Senator John Kissel	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Bellair	First Marisa	MI	Contribution ID # 0040
Residential Street Address 115 Birch Dr	City Cheshire	State CT	Zip Code 06410
Principal Occupation Trial Lawyer	Name of Employer LTKE Law		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01082026A</u>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/08/2026	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Bzdyra	First Michael	MI	Contribution ID # 0041
Residential Street Address 11 Timberwood Rd	City West Hartford	State CT	Zip Code 06117
Principal Occupation Lobbyist	Name of Employer FOCUS Government Affairs		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01082026A</u>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/08/2026	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Barnes	First Joseph	MI	Contribution ID # 0042
Residential Street Address 10-1 Cord Grass Ln	City Old Lyme	State CT	Zip Code 06371
Principal Occupation Attorney	Name of Employer The Reardon Law Firm PC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01082026A</u>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/08/2026	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

Last Name Madry	First Joaquin	MI	Contribution ID # 0043
Residential Street Address 211 Coventry Ln	City Fairfield	State CT	Zip Code 06824
Principal Occupation Trial Lawyer	Name of Employer Slager Madry LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01082026A</u>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/08/2026	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Committee to Re-Elect Senator John Kissel	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Przybysz	First Kenneth	MI	Contribution ID # 0044
Residential Street Address 50 Goodwin Cir	City Hartford	State CT	Zip Code 06105
Principal Occupation Consultant / Lobbyist	Name of Employer Przybysz & Associates Government Affairs		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01082026A</u>		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/08/2026
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Hallisey	First Matthew	MI	Contribution ID # 0045
Residential Street Address 13 Stancliff Rd	City Glastonbury	State CT	Zip Code 06033
Principal Occupation Lobbyist	Name of Employer Matthew Hallisey Government Affairs, LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01082026A</u>		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/08/2026
		Aggregate Contributions \$40.00	Amount of Contribution \$40.00

Last Name Dreyer	First Peter	MI	Contribution ID # 0046
Residential Street Address 263 Barncroft Rd	City Stamford	State CT	Zip Code 06902
Principal Occupation Trial Lawyer	Name of Employer Silver Golub & Teitell LLP		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01082026A</u>		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/08/2026
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Woodard	First D. Lincoln	MI	Contribution ID # 0047
Residential Street Address 525 Chestnut Hill Rd	City Glastonbury	State CT	Zip Code 06033
Principal Occupation Trial Lawyer	Name of Employer Walsh Woodard, LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01082026A</u>		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/08/2026
		Aggregate Contributions \$250.00	Amount of Contribution \$250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Committee to Re-Elect Senator John Kissel	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Gousse	First Dean	MI	Contribution ID # 0048
Residential Street Address 151 Spring St	City Enfield	State CT	Zip Code 06082
Principal Occupation Network Engineer	Name of Employer Big Y Foods, Inc.		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/09/2026	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Swanger	First Tony	MI	Contribution ID # 0049
Residential Street Address 30 Ganny Ter	City Enfield	State CT	Zip Code 06082
Principal Occupation Lead Pastor	Name of Employer Cornerstone Church of CT		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/09/2026	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Handley	First Keith	MI P	Contribution ID # 0054
Residential Street Address 14 Wyncairne	City East Granby	State CT	Zip Code 06026
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 01/09/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Miller	First Jane	MI C	Contribution ID # 0058
Residential Street Address 79 Hunt Glen Dr	City Granby	State CT	Zip Code 06035
Principal Occupation Educational Consultant	Name of Employer Adecco		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 01/11/2026	Aggregate Contributions \$20.00
			Amount of Contribution \$20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Committee to Re-Elect Senator John Kissel	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Chamberlin	First Brian	MI	Contribution ID # 0055
Residential Street Address 22 Hillsdale Dr	City Ellington	State CT	Zip Code 06029
Principal Occupation Structural Engineer	Name of Employer Jacobs		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/15/2026
		Aggregate Contributions \$25.00	Amount of Contribution \$25.00

Last Name Cimini	First PJ	MI	Contribution ID # 0056
Residential Street Address 71 Hunters Rdg	City Rocky Hill	State CT	Zip Code 06067
Principal Occupation Attorney / Lobbyist	Name of Employer Capitol Strategies Group, LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/15/2026
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Bosch	First Brian	MI	Contribution ID # 0057
Residential Street Address 34 Buckland Way	City Windsor	State CT	Zip Code 06095
Principal Occupation IT Manager	Name of Employer Pfizer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/15/2026
		Aggregate Contributions \$25.00	Amount of Contribution \$25.00

Last Name Woodruff	First Ronald	MI L	Contribution ID # 0066
Residential Street Address 132 East St	City North Granby	State CT	Zip Code 06060
Principal Occupation Plumbing & Heating Contractor	Name of Employer CJ Plumbing & Heating		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 01/16/2026
		Aggregate Contributions \$300.00	Amount of Contribution \$300.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Committee to Re-Elect Senator John Kissel	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Krzykowski	First Paul	MI	Contribution ID # 0059
Residential Street Address 6 Waverly Way	City East Granby	State CT	Zip Code 06026
Principal Occupation Owner	Name of Employer PTM Additive LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 01/17/2026	Aggregate Contributions \$25.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name Zawistowski	First Tami	MI	Contribution ID # 0068
Residential Street Address 11 Seymour Rd	City East Granby	State CT	Zip Code 06026
Principal Occupation Bookseller	Name of Employer Resource Books LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 01/17/2026	Aggregate Contributions \$25.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name Lindeyer	First Robert	MI M	Contribution ID # 0069
Residential Street Address 367 N Granby Rd	City North Granby	State CT	Zip Code 06060
Principal Occupation Clinical Engineer	Name of Employer Hartford Healthcare		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 01/18/2026	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Turner	First Mary Ann	MI	Contribution ID # 0060
Residential Street Address 7 Meadow Rd	City Enfield	State CT	Zip Code 06082
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 01/18/2026	Aggregate Contributions \$25.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Committee to Re-Elect Senator John Kissel	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Turner	First Ed	MI	Contribution ID # 0061
Residential Street Address 7 Meadow Rd	City Enfield	State CT	Zip Code 06082
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/18/2026	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Hemmeler	First Kelly	MI	Contribution ID # 0062
Residential Street Address 10 Hartford Ave	City Enfield	State CT	Zip Code 06082
Principal Occupation Bookkeeper	Name of Employer KH Bookkeeping		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/18/2026	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name McCaffrey	First Carolyn	MI	Contribution ID # 0063
Residential Street Address 10 1/2 Shaker Rd	City Enfield	State CT	Zip Code 06082
Principal Occupation Judge of Probate	Name of Employer North Central CT Probate Court		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/18/2026	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Hendrickson	First Kathleen	MI	Contribution ID # 0064
Residential Street Address 23 Harvest Rd	City Enfield	State CT	Zip Code 06082
Principal Occupation Compliance Supervisor	Name of Employer Guida Dairy		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/19/2026	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Committee to Re-Elect Senator John Kissel	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Ballard	First Elizabeth	MI	Contribution ID # 0065
Residential Street Address 23 Windsor St	City Enfield	State CT	Zip Code 06082
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/19/2026	Aggregate Contributions \$10.00
		Amount of Contribution \$10.00	

Last Name Zawistowski	First Edward	MI R	Contribution ID # 0070
Residential Street Address 11 Seymour Rd	City East Granby	State CT	Zip Code 06026
Principal Occupation Estate Jeweler	Name of Employer Gallery One		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 01/19/2026	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Pyznar	First Marie	MI	Contribution ID # 0067
Residential Street Address 25 Roy St	City Enfield	State CT	Zip Code 06082
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/21/2026	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Falk	First Peter	MI	Contribution ID # 0071
Residential Street Address 53 Neelans Rd	City Enfield	State CT	Zip Code 06082
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/26/2026	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Committee to Re-Elect Senator John Kissel	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Carrier		First Grace		MI K	Contribution ID # 0078
Residential Street Address 30 Saint Thomas St		City Enfield		State CT	Zip Code 06082
Principal Occupation Student			Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution \$5.00
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 01/26/2026 Aggregate Contributions \$5.00	

Last Name Carrier		First Matthew		MI J	Contribution ID # 0079
Residential Street Address 30 Saint Thomas St		City Enfield		State CT	Zip Code 06082
Principal Occupation Director of Operations			Name of Employer Connecticut GOP		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution \$5.00
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 01/26/2026 Aggregate Contributions \$5.00	

Last Name Carrier		First Shannon		MI A	Contribution ID # 0080
Residential Street Address 30 Saint Thomas St		City Enfield		State CT	Zip Code 06082
Principal Occupation Operations Manager			Name of Employer Lange Information Systems, LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution \$5.00
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 01/26/2026 Aggregate Contributions \$5.00	

Last Name Carrier		First Sophia		MI C	Contribution ID # 0081
Residential Street Address 30 Saint Thomas St		City Enfield		State CT	Zip Code 06082
Principal Occupation Student			Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution \$5.00
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 01/26/2026 Aggregate Contributions \$5.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Committee to Re-Elect Senator John Kissel	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Carrier	First Steve	MI	Contribution ID # 0082
Residential Street Address 30 Saint Thomas St	City Enfield	State CT	Zip Code 06082
Principal Occupation Autobody Technician	Name of Employer Blasius Chevrolet		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/26/2026
		Aggregate Contributions \$5.00	Amount of Contribution \$5.00

Last Name Sandora	First Lee	MI	Contribution ID # 0072
Residential Street Address 130 N Main St	City East Granby	State CT	Zip Code 06026
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/27/2026
		Aggregate Contributions \$50.00	Amount of Contribution \$50.00

Last Name Hall	First James	MI O	Contribution ID # 0090
Residential Street Address 7 Intervale Rd	City Granby	State CT	Zip Code 06035
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/29/2026
		Aggregate Contributions \$50.00	Amount of Contribution \$50.00

Last Name Barone	First Charles	MI S	Contribution ID # 0091
Residential Street Address 32 Carol St	City Enfield	State CT	Zip Code 06082
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/30/2026
		Aggregate Contributions \$20.00	Amount of Contribution \$20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Committee to Re-Elect Senator John Kissel	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Zlotnick	First Mary	MI C	Contribution ID # 0092
Residential Street Address 177 Notch Rd	City Granby	State CT	Zip Code 06035
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/30/2026	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Zlotnick	First Richard	MI K	Contribution ID # 0093
Residential Street Address 177 Notch Rd	City Granby	State CT	Zip Code 06035
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/30/2026	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Lee	First Bill	MI	Contribution ID # 0073
Residential Street Address 6 Stony Brook Rd	City Enfield	State CT	Zip Code 06082
Principal Occupation Contract Specialist	Name of Employer Air Force Material Command		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/30/2026	Aggregate Contributions \$10.00
		Amount of Contribution \$10.00	

Last Name Lee	First Katherine	MI	Contribution ID # 0074
Residential Street Address 6 Stony Brook Rd	City Enfield	State CT	Zip Code 06082
Principal Occupation Writer	Name of Employer Katherine Lee		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/30/2026	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Committee to Re-Elect Senator John Kissel	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Lee	First Briana	MI	Contribution ID # 0075
Residential Street Address 6 Stony Brook Rd	City Enfield	State CT	Zip Code 06082
Principal Occupation Shipping	Name of Employer Turf Products		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/31/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Zessin	First Todd	MI	Contribution ID # 0076
Residential Street Address 38 Wynding Hills Rd	City East Granby	State CT	Zip Code 06026
Principal Occupation Manager	Name of Employer Brignole Vineyards		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/31/2026	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Barile	First Jim	MI	Contribution ID # 0077
Residential Street Address 111 Highlandview Dr	City Somers	State CT	Zip Code 06071
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/31/2026	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Hemmeler	First Clifford	MI	Contribution ID # 0083
Residential Street Address 10 Hartford Ave	City Enfield	State CT	Zip Code 06082
Principal Occupation Laborer	Name of Employer Southern Auto		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/01/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Committee to Re-Elect Senator John Kissel	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Pike	First Veronica	MI	Contribution ID # 0084
Residential Street Address 10 Hartford Ave	City Enfield	State CT	Zip Code 06082
Principal Occupation Desk Clerk	Name of Employer Stop & Shop		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 02/01/2026	Aggregate Contributions \$5.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name Grenon-Francoline	First Carol	MI	Contribution ID # 0094
Residential Street Address 20 Heather Ln	City East Granby	State CT	Zip Code 06026
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 02/01/2026	Aggregate Contributions \$10.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$10.00	

Last Name Grenon-Francoline	First James	MI	Contribution ID # 0095
Residential Street Address 20 Heather Ln	City East Granby	State CT	Zip Code 06026
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 02/01/2026	Aggregate Contributions \$25.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name Aloe Sobin	First Linda	MI	Contribution ID # 0085
Residential Street Address 16 Straddle HI	City Wethersfield	State CT	Zip Code 06109
Principal Occupation Lobbyist	Name of Employer Linda Aloe Sobin Government Relations		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 02/02/2026	Aggregate Contributions \$75.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$75.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Committee to Re-Elect Senator John Kissel	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name McAnaney	First Deborah	MI R	Contribution ID # 0098
Residential Street Address 85 Wren Dr	City Suffield	State CT	Zip Code 06078
Principal Occupation Paralegal	Name of Employer McAnaney & McAnaney		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 02/03/2026	Aggregate Contributions \$50.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name McAnaney	First Edward	MI G	Contribution ID # 0099
Residential Street Address 85 Wren Dr	City Suffield	State CT	Zip Code 06078
Principal Occupation Attorney	Name of Employer McAnaney & McAnaney		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 02/03/2026	Aggregate Contributions \$50.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Cowles	First Marilyn	MI	Contribution ID # 0100
Residential Street Address 26 Fletcher Rd	City Enfield	State CT	Zip Code 06082
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 02/05/2026	Aggregate Contributions \$10.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$10.00	

Last Name DeGray	First Linda	MI L	Contribution ID # 0101
Residential Street Address 3 Theresa St	City Enfield	State CT	Zip Code 06082
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 02/05/2026	Aggregate Contributions \$5.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Committee to Re-Elect Senator John Kissel	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Johnson	First Connie	MI	Contribution ID # 0102
Residential Street Address 25 Central St Apt 6D	City Enfield	State CT	Zip Code 06082
Principal Occupation Teacher Aid	Name of Employer Bright Beginnings		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/05/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Kruzel	First Walter	MI J	Contribution ID # 0103
Residential Street Address 21 Charnley Rd	City Enfield	State CT	Zip Code 06082
Principal Occupation Accountant	Name of Employer Carlyle Johnson Machine Co.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/05/2026	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name Niemann	First Rosemary	MI	Contribution ID # 0104
Residential Street Address 25 Central St Apt 8B	City Enfield	State CT	Zip Code 06082
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/05/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Pysnar	First Jacob	MI A	Contribution ID # 0105
Residential Street Address 25 Roy St	City Enfield	State CT	Zip Code 06082
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/05/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Committee to Re-Elect Senator John Kissel	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Natale	First Joyce	MI M	Contribution ID # 0096
Residential Street Address 30 Arrow St	City Enfield	State CT	Zip Code 06082
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/05/2026	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Gill	First Marval	MI M	Contribution ID # 0106
Residential Street Address 11B Scitico St	City Enfield	State CT	Zip Code 06082
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/06/2026	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Downes	First Michael	MI	Contribution ID # 0086
Residential Street Address 32 Farmington Dr	City Northford	State CT	Zip Code 06472
Principal Occupation Chief of Staff, Senate Republicans	Name of Employer State of Connecticut		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/06/2026	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Anderson	First Kim	MI	Contribution ID # 0087
Residential Street Address 34 Bass Dr	City Enfield	State CT	Zip Code 06082
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/06/2026	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Committee to Re-Elect Senator John Kissel	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Nelson	First Jo-Marie	MI	Contribution ID # 0088
Residential Street Address 17 Louise Dr	City Enfield	State CT	Zip Code 06082
Principal Occupation Domestic Operations Manager	Name of Employer JonJoy Logistics		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/06/2026	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Pasha	First Pamela	MI	Contribution ID # 0089
Residential Street Address 8 Weymouth Rd	City Enfield	State CT	Zip Code 06082
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/06/2026	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name Barile	First Sandra	MI	Contribution ID # 0097
Residential Street Address 111 Highland View Dr	City Somers	State CT	Zip Code 06071
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/09/2026	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name Villanova	First Rhonda	MI C	Contribution ID # 0109
Residential Street Address 34 Buff Cap Rd	City Ellington	State CT	Zip Code 06029
Principal Occupation Bookkeeper	Name of Employer Hall Memorial Library / Town of Ellington		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/09/2026	Aggregate Contributions \$40.00
			Amount of Contribution \$40.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Committee to Re-Elect Senator John Kissel	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Croteau	First Mary	MI W	Contribution ID # 0110
Residential Street Address 61 Sword Ave	City Enfield	State CT	Zip Code 06082
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/10/2026	Aggregate Contributions \$10.00
		Amount of Contribution \$10.00	

Last Name Harding	First Douglas	MI	Contribution ID # 0107
Residential Street Address 22 Cherrywood Dr	City Ellington	State CT	Zip Code 06029
Principal Occupation Tax Corrections Principal Examiner	Name of Employer State of Connecticut		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/10/2026	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name Martin	First Henri	MI	Contribution ID # 0108
Residential Street Address 7 Ipswitch Rd	City Bristol	State CT	Zip Code 06010
Principal Occupation Broker	Name of Employer Henri Martin Real Estate		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/11/2026	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Neumann	First Mark	MI	Contribution ID # 0111
Residential Street Address 26 Buttles Rd	City Granby	State CT	Zip Code 06035
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/12/2026	Aggregate Contributions \$30.00
		Amount of Contribution \$30.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Committee to Re-Elect Senator John Kissel	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Antonucci	First Michael	MI	Contribution ID # 0112
Residential Street Address 70 Creamery Hill Rd	City Granby	State CT	Zip Code 06035
Principal Occupation Electrician	Name of Employer Michael Antonucci		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/13/2026
		Aggregate Contributions \$20.00	Amount of Contribution \$20.00

Last Name Antonucci	First Karen	MI B	Contribution ID # 0113
Residential Street Address 70 Creamery Hill Rd	City Granby	State CT	Zip Code 06035
Principal Occupation Registrar of Voters	Name of Employer Town of Granby		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/13/2026
		Aggregate Contributions \$20.00	Amount of Contribution \$20.00

Last Name Brown	First Peter	MI B	Contribution ID # 0114
Residential Street Address 93 Baileyville Rd	City Middlefield	State CT	Zip Code 06455
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/13/2026
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name May	First Michele	MI	Contribution ID # 0115
Residential Street Address 94 Cone Rd	City Hebron	State CT	Zip Code 06248
Principal Occupation Clinician	Name of Employer Michele R May, LMFT PC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/17/2026
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Committee to Re-Elect Senator John Kissel	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Kaufman	First Kenneth	MI	Contribution ID # 0116
Residential Street Address 4 Ellis Rd	City Enfield	State CT	Zip Code 06082
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/18/2026	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Chai	First Amy	MI	Contribution ID # 0117
Residential Street Address 144 Blue Hills Rd	City North Haven	State CT	Zip Code 06473
Principal Occupation Physician	Name of Employer Amy Chai		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/18/2026	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Downes	First Michael	MI	Contribution ID # 0118
Residential Street Address 32 Farmington Dr	City Northford	State CT	Zip Code 06472
Principal Occupation Chief of Staff, Senate Republicans	Name of Employer State of Connecticut		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/21/2026	Aggregate Contributions \$200.00
			Amount of Contribution \$100.00

Last Name McAvoy	First Kate	MI	Contribution ID # 0119
Residential Street Address 107 N Beacon St	City Hartford	State CT	Zip Code 06105
Principal Occupation Legislative Aide	Name of Employer State of Connecticut		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/21/2026	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Committee to Re-Elect Senator John Kissel	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Tyler	First Marilyn	MI J	Contribution ID # 0127
Residential Street Address 18 Bridge Ln	City Enfield	State CT	Zip Code 06082
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/21/2026	Aggregate Contributions \$340.00
			Amount of Contribution \$340.00

Last Name McCaffrey	First Richard	MI C	Contribution ID # 0128
Residential Street Address 10 1/2 Shaker Rd	City Enfield	State CT	Zip Code 06082
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/22/2026	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Hendrickson	First Robert	MI	Contribution ID # 0120
Residential Street Address 23 Harvest Rd	City Enfield	State CT	Zip Code 06082
Principal Occupation Retail Sales	Name of Employer Del Distributors		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/23/2026	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name McCaffrey	First David	MI	Contribution ID # 0121
Residential Street Address 249 9th District Rd	City Somers	State CT	Zip Code 06071
Principal Occupation Director	Name of Employer Department of Veterans Affairs		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/24/2026	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Committee to Re-Elect Senator John Kissel	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Frantz	First Scott	MI	Contribution ID # 0122
Residential Street Address 123 Meadow Rd	City Riverside	State CT	Zip Code 06878
Principal Occupation President	Name of Employer Haebler Capital		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/24/2026
		Aggregate Contributions \$320.00	Amount of Contribution \$320.00

Last Name Pelkey	First William	MI	Contribution ID # 0123
Residential Street Address 133 Portman St	City Windsor	State CT	Zip Code 06095
Principal Occupation Quality Engineer	Name of Employer Jet Industries		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/24/2026
		Aggregate Contributions \$10.00	Amount of Contribution \$10.00

Last Name Longhi	First Lori	MI	Contribution ID # 0124
Residential Street Address 1427 Enfield St	City Enfield	State CT	Zip Code 06082
Principal Occupation Real Estate Appraiser & Agent	Name of Employer Lilys LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/24/2026
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Szewczak	First Richard	MI	Contribution ID # 0125
Residential Street Address 35 South Rd	City Enfield	State CT	Zip Code 06082
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/25/2026
		Aggregate Contributions \$20.00	Amount of Contribution \$20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Committee to Re-Elect Senator John Kissel	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Muller	First Joe	MI	Contribution ID # 0126
Residential Street Address 28 Broad Brook Rd	City Enfield	State CT	Zip Code 06082
Principal Occupation Building Maintenance Supervisor	Name of Employer Howell Cheney Technical High School		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/25/2026	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Szewczak	First Donna	MI	Contribution ID # 0137
Residential Street Address 35 South Rd	City Enfield	State CT	Zip Code 06082
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 02/25/2026	Aggregate Contributions \$20.00
			Amount of Contribution \$20.00

Last Name Hulbert	First Carol	MI	Contribution ID # 0129
Residential Street Address 168 Hungary Rd	City Granby	State CT	Zip Code 06035
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/27/2026	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Margolis	First Robert	MI	Contribution ID # 0130
Residential Street Address 6 Copper Hill Ter	City East Granby	State CT	Zip Code 06026
Principal Occupation Manager	Name of Employer Hartford Gun Club		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/27/2026	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Committee to Re-Elect Senator John Kissel	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Anderson	First Rob	MI	Contribution ID # 0131
Residential Street Address 34 Bass Dr	City Enfield	State CT	Zip Code 06082
Principal Occupation Manager	Name of Employer Silas Deane Auto		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/27/2026	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Galdenzi	First Ann Marie	MI	Contribution ID # 0132
Residential Street Address 1330 Enfield St	City Enfield	State CT	Zip Code 06082
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 02/27/2026	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Smith	First Paul	MI	Contribution ID # 0133
Residential Street Address 43 John St	City Windsor Locks	State CT	Zip Code 06096
Principal Occupation Attorney	Name of Employer Smith Bishop LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/28/2026	Aggregate Contributions \$320.00
		Amount of Contribution \$320.00	

Last Name Nasuta	First James	MI	Contribution ID # 0134
Residential Street Address 44 Play Rd	City Enfield	State CT	Zip Code 06082
Principal Occupation Estimator	Name of Employer EESC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/28/2026	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Committee to Re-Elect Senator John Kissel	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Klase	First Seth	MI	Contribution ID # 0135
Residential Street Address 26 Jackson Rd	City Enfield	State CT	Zip Code 06082
Principal Occupation Auto Shop Owner	Name of Employer Stateline Auto & Truck LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/01/2026	Aggregate Contributions \$340.00
			Amount of Contribution \$340.00

Last Name Klase	First Sarah	MI	Contribution ID # 0136
Residential Street Address 26 Jackson Rd	City Enfield	State CT	Zip Code 06082
Principal Occupation Dental Hygenist	Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/01/2026	Aggregate Contributions \$340.00
			Amount of Contribution \$340.00

Last Name Norris	First Robert	MI J	Contribution ID # 0138
Residential Street Address 31 Fernwood Dr	City Windsor Locks	State CT	Zip Code 06096
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/02/2026	Aggregate Contributions \$40.00
			Amount of Contribution \$40.00

Last Name Jones	First Jason	MI	Contribution ID # 0139
Residential Street Address 18 Debbie Ln	City Enfield	State CT	Zip Code 06082
Principal Occupation Field Training Manager	Name of Employer Travelers		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/02/2026	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Committee to Re-Elect Senator John Kissel	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Stokes	First Greg	MI	Contribution ID # 0140
Residential Street Address 10 Steele Rd	City Enfield	State CT	Zip Code 06082
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/09/2026	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Hemmeler	First Kelly	MI	Contribution ID # 0141
Residential Street Address 10 Hartford Ave	City Enfield	State CT	Zip Code 06082
Principal Occupation Bookkeeper	Name of Employer KH Bookkeeping		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/09/2026	Aggregate Contributions \$125.00
			Amount of Contribution \$100.00

Last Name Salva	First Paul	MI S	Contribution ID # 0142
Residential Street Address 17 Twinbrook Dr	City Somers	State CT	Zip Code 06071
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/10/2026	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name Salva	First Ann	MI D	Contribution ID # 0143
Residential Street Address 17 Twinbrook Rd	City Somers	State CT	Zip Code 06071
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/10/2026	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Committee to Re-Elect Senator John Kissel	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Stavens	First David	MI	Contribution ID # 0144
Residential Street Address 35 Pinnacle Rd	City Ellington	State CT	Zip Code 06029
Principal Occupation Construction	Name of Employer Barber Utilities		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/10/2026	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Harrington	First Eric	MI	Contribution ID # 0145
Residential Street Address 700 North St	City Suffield	State CT	Zip Code 06078
Principal Occupation Accountant	Name of Employer First Hartford Corporation		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/10/2026	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name Noel	First Norman	MI	Contribution ID # 0146
Residential Street Address 67 Chestnut St	City West Suffield	State CT	Zip Code 06093
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/10/2026	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Streeter	First Mike	MI	Contribution ID # 0147
Residential Street Address 52 Scully Rd	City Somers	State CT	Zip Code 06071
Principal Occupation Sales	Name of Employer Aiphone		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/10/2026	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Committee to Re-Elect Senator John Kissel	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Dembek	First Zygmunt	MI	Contribution ID # 0148
Residential Street Address 50 Woodbridge Dr	City Suffield	State CT	Zip Code 06078
Principal Occupation Scientific Journal Director	Name of Employer HHS		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 03/10/2026	Aggregate Contributions \$200.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$200.00	

Last Name Hulbert	First Carol	MI	Contribution ID # 0149
Residential Street Address 168 Hungary Rd	City Granby	State CT	Zip Code 06035
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 03/10/2026	Aggregate Contributions \$35.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$10.00	

Last Name Hulbert	First Herb	MI	Contribution ID # 0150
Residential Street Address 168 Hungary Rd	City Granby	State CT	Zip Code 06035
Principal Occupation Healthcare Broker	Name of Employer Herb Hulbert		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 03/10/2026	Aggregate Contributions \$10.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$10.00	

Last Name Miller	First Jane	MI C	Contribution ID # 0163
Residential Street Address 79 Hunt Glen Dr	City Granby	State CT	Zip Code 06035
Principal Occupation Educational Consultant	Name of Employer Adecco		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 03/10/2026	Aggregate Contributions \$30.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$10.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Committee to Re-Elect Senator John Kissel	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Moryto	First William	MI	Contribution ID # 0151
Residential Street Address 50 Hunters Xing	City Suffield	State CT	Zip Code 06078
Principal Occupation Airline Pilot	Name of Employer United Airlines		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/11/2026	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Meyer	First Theresa	MI	Contribution ID # 0152
Residential Street Address 18 Thomas St	City Enfield	State CT	Zip Code 06082
Principal Occupation Accountant	Name of Employer T. Meyer Associates LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/11/2026	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Fiorentino	First Mark	MI	Contribution ID # 0153
Residential Street Address 296R Loomis St	City North Granby	State CT	Zip Code 06060
Principal Occupation Attorney	Name of Employer Kaempfer Crowell		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/11/2026	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Jepsen	First Donald	MI	Contribution ID # 0154
Residential Street Address 495 Palisado Ave	City Windsor	State CT	Zip Code 06095
Principal Occupation IT Consultant	Name of Employer Donald Jepsen		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/11/2026	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Committee to Re-Elect Senator John Kissel	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Wilke	First Alfred	MI G	Contribution ID # 0155
Residential Street Address 124 Higley Rd	City West Granby	State CT	Zip Code 06090
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/12/2026	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Wilke	First Helen	MI M	Contribution ID # 0156
Residential Street Address 124 Higley Rd	City West Granby	State CT	Zip Code 06090
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/12/2026	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Cafero	First Lawrence	MI	Contribution ID # 0157
Residential Street Address 119 Gregory Blvd # 33	City Norwalk	State CT	Zip Code 06855
Principal Occupation Attorney	Name of Employer Cafero Law & Strategies, LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/12/2026	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Sandora	First Marie	MI	Contribution ID # 0158
Residential Street Address 130 N Main St	City East Granby	State CT	Zip Code 06026
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/12/2026	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Committee to Re-Elect Senator John Kissel	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Alaimo	First Frank	MI	Contribution ID # 0159
Residential Street Address 9 Valley View Cir	City Enfield	State CT	Zip Code 06082
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/13/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Kurowski	First C. Marcella	MI	Contribution ID # 0160
Residential Street Address 37 W Ridgeland Rd	City Wallingford	State CT	Zip Code 06492
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/14/2026	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name McLaughlin	First Sharon	MI	Contribution ID # 0161
Residential Street Address 15 Kibbe Rd	City Ellington	State CT	Zip Code 06029
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/15/2026	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Wieliczka	First Janet	MI	Contribution ID # 0162
Residential Street Address 106 Snipsic Lake Rd	City Ellington	State CT	Zip Code 06029
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/15/2026	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Committee to Re-Elect Senator John Kissel	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Dowling	First Grace	MI	Contribution ID # 0164
Residential Street Address 423 Reed Ave	City Windsor Locks	State CT	Zip Code 06096
Principal Occupation Student	Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/19/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Remington	First Eric	MI	Contribution ID # 0165
Residential Street Address 953 River Blvd	City Suffield	State CT	Zip Code 06078
Principal Occupation Business Manager	Name of Employer Town of Suffield		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/20/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Nelson	First Ken	MI	Contribution ID # 0166
Residential Street Address 17 Louise Dr	City Enfield	State CT	Zip Code 06082
Principal Occupation Associate Broker	Name of Employer Coldwell Banker Realty		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/20/2026	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Remington	First Dianne	MI	Contribution ID # 0167
Residential Street Address 953 River Blvd	City Suffield	State CT	Zip Code 06078
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/20/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Committee to Re-Elect Senator John Kissel	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Marshall	First Kara	MI R	Contribution ID # 0168
Residential Street Address 45 Bushy Hill Rd	City Granby	State CT	Zip Code 06035
Principal Occupation Manager, Energy Efficiency Business Intelligence	Name of Employer Eversource		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 03/20/2026	Aggregate Contributions \$10.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$10.00	

Last Name Mathieu	First Victor	MI G	Contribution ID # 0171
Residential Street Address 1133 N Grand St	City West Suffield	State CT	Zip Code 06093
Principal Occupation Driver	Name of Employer Carmon Funeral Home		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 03/20/2026	Aggregate Contributions \$20.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$20.00	

Last Name Malone	First Brendan	MI M	Contribution ID # 0172
Residential Street Address 104 Third St	City Suffield	State CT	Zip Code 06078
Principal Occupation Mechanic	Name of Employer Southern Auto Auction		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 03/20/2026	Aggregate Contributions \$5.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name Malone	First Gena	MI F	Contribution ID # 0173
Residential Street Address 241 N Grand St	City West Suffield	State CT	Zip Code 06093
Principal Occupation Project Manager	Name of Employer Cigna		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 03/20/2026	Aggregate Contributions \$5.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Committee to Re-Elect Senator John Kissel	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Gervais	First Mark	MI	Contribution ID # 0169
Residential Street Address 597 Hill St	City Suffield	State CT	Zip Code 06078
Principal Occupation Steel Erector	Name of Employer Stellar Steel Erectors LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/21/2026	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Simanski	First William	MI	Contribution ID # 0170
Residential Street Address 12 Kilmer Ln	City Granby	State CT	Zip Code 06035
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/22/2026	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Davis	First Martha	MI J	Contribution ID # 0174
Residential Street Address 75 Battle St Apt 107	City Somers	State CT	Zip Code 06071
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/22/2026	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name Haines	First Michael	MI S	Contribution ID # 0175
Residential Street Address 50 Sunset Dr	City West Suffield	State CT	Zip Code 06093
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/23/2026	Aggregate Contributions \$20.00
		Amount of Contribution \$20.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Committee to Re-Elect Senator John Kissel	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Sharon	First Jean	MI R	Contribution ID # 0176
Residential Street Address 3 Spring Garden Rd	City Enfield	State CT	Zip Code 06082
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/23/2026
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Sharon	First John	MI A	Contribution ID # 0177
Residential Street Address 3 Spring Garden Rd	City Enfield	State CT	Zip Code 06082
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/23/2026
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Brady	First Laura	MI M	Contribution ID # 0178
Residential Street Address 290 S Grand St	City West Suffield	State CT	Zip Code 06093
Principal Occupation Registrar of Voters	Name of Employer Town of Suffield		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/24/2026
		Aggregate Contributions \$20.00	Amount of Contribution \$20.00

Last Name Mathis	First Carol	MI L	Contribution ID # 0179
Residential Street Address 61 Cider Mill Hts	City North Granby	State CT	Zip Code 06060
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/25/2026
		Aggregate Contributions \$25.00	Amount of Contribution \$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Committee to Re-Elect Senator John Kissel	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Mathis	First J. Ward	MI	Contribution ID # 0180
Residential Street Address 61 Cider Mill Hts	City North Granby	State CT	Zip Code 06060
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/25/2026
		Aggregate Contributions \$25.00	Amount of Contribution \$25.00

Last Name Rousseau	First Jeffrey	MI	Contribution ID # 0181
Residential Street Address 12 Bellwood Dr	City Enfield	State CT	Zip Code 06082
Principal Occupation Police Captain	Name of Employer City of Hartford Police Department		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/25/2026
		Aggregate Contributions \$50.00	Amount of Contribution \$50.00

Last Name Kaplan	First Alexandria	MI M	Contribution ID # 0189
Residential Street Address 300 East St N	City Suffield	State CT	Zip Code 06078
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/25/2026
		Aggregate Contributions \$5.00	Amount of Contribution \$5.00

Last Name Kaplan	First Geoffrey	MI B	Contribution ID # 0190
Residential Street Address 300 East St N	City Suffield	State CT	Zip Code 06078
Principal Occupation Operating Manager	Name of Employer Rushkap FLP		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/25/2026
		Aggregate Contributions \$5.00	Amount of Contribution \$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Committee to Re-Elect Senator John Kissel	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Prentiss	First Granville	MI	Contribution ID # 0182
Residential Street Address 40 Hartford Ave	City Enfield	State CT	Zip Code 06082
Principal Occupation Unemployed	Name of Employer Unemployed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/28/2026	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name DeLorge	First Scott	MI	Contribution ID # 0183
Residential Street Address 336 George Washington Rd	City Enfield	State CT	Zip Code 06082
Principal Occupation Corrections Officer	Name of Employer State of Connecticut DOC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/29/2026	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Keune	First Christina	MI M	Contribution ID # 0191
Residential Street Address 335 Somers Rd	City Ellington	State CT	Zip Code 06029
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/29/2026	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Socha	First Chris	MI	Contribution ID # 0184
Residential Street Address 12 Justin Dr	City Ellington	State CT	Zip Code 06029
Principal Occupation Sales	Name of Employer TEM and Associates		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/31/2026	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Committee to Re-Elect Senator John Kissel	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Socha	First Kerry	MI	Contribution ID # 0185
Residential Street Address 12 Justin Dr	City Ellington	State CT	Zip Code 06029
Principal Occupation Attorney	Name of Employer Law Offices of Kerry A Socha		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 03/31/2026	Aggregate Contributions \$5.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name Munroe	First Sheila	MI	Contribution ID # 0186
Residential Street Address 3 Stacey Ln	City Enfield	State CT	Zip Code 06082
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 03/31/2026	Aggregate Contributions \$20.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$20.00	

Last Name Hart	First Paul	MI	Contribution ID # 0187
Residential Street Address 59 Somerset Ln	City Somers	State CT	Zip Code 06071
Principal Occupation Accountant	Name of Employer Sun Life Financial		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 03/31/2026	Aggregate Contributions \$25.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name Lockwood	First Mark	MI	Contribution ID # 0188
Residential Street Address 15 Heather Ln	City Granby	State CT	Zip Code 06060
Principal Occupation Logistics	Name of Employer Fracht		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 03/31/2026	Aggregate Contributions \$20.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$20.00	

Total of Section B		\$11,965.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS	(Sections A + B) (Total on Line 14, Column A of Summary Page)	\$11,965.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Committee to Re-Elect Senator John Kissel	April 10 Filing - 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	Amount of Contribution
		If yes, list Event #				
City	State	Zip Code	Date Received	Aggregate Contributions		

Total of Section C1

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Committee to Re-Elect Senator John Kissel	April 10 Filing - 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
Committee to Re-Elect Senator John Kissel	April 10 Filing - Original

D. Loans Received this Period

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Committee to Re-Elect Senator John Kissel	April 10 Filing - Original

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

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

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Committee to Re-Elect Senator John Kissel	April 10 Filing - 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
Committee to Re-Elect Senator John Kissel	April 10 Filing - 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
Committee to Re-Elect Senator John Kissel	April 10 Filing - Original

I. Miscellaneous Monetary Receipts not Considered Contributions

Name	Date of Transaction	Amount Received
CEF	02/19/2026	
Street Address	City	State
55 Farmington Ave Fl 8	Hartford	CT
Zip Code		
		06105-3730
Description		
Test transaction		\$0.04
Total of Section I		\$0.04

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Committee to Re-Elect Senator John Kissel			April 10 Filing - Original		
J1. Event Information					
Event # Date of Event 01/08/2026	Letter A	Description Reception Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Location: Street Address 100 Allyn St			City Hartford	State CT	Zip Code 06103
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.		
		<input checked="" type="checkbox"/> No			
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.		
		<input checked="" type="checkbox"/> No			
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes	(If yes, enter Total Receipts here.)		\$0.00
		<input checked="" type="checkbox"/> No			
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		
Committee to Re-Elect Senator John Kissel			April 10 Filing - 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	Date Received	Event #	Aggregate value for this event		
Sole Proprietorship					
Total of Section J3					

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Committee to Re-Elect Senator John Kissel	April 10 Filing - 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
Committee to Re-Elect Senator John Kissel	April 10 Filing - Original

K. In-Kind Contributions

Name			
Street Address		City	State Zip Code
Is this contribution associated with an event reported in Section J1?	Yes No	Description of In-Kind Contribution	
If yes, list Event#			
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	Yes No Executive Legislative
Type of Contributor:		Date Received	Aggregate contributions
Individual	Committee	Sole Proprietorship	

Total of Section K

III. Non Monetary Receipts (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Committee to Re-Elect Senator John Kissel	April 10 Filing - 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
Committee to Re-Elect Senator John Kissel	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Katelyn Liegeot		Date of Payment 01/13/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>101</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 110 Lincoln St		City Berlin	State CT	Zip Code 06037
Purpose of Expend RMB	Description Agave Grill Fundraiser - Food & Beverage			Amount \$570.48
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee United States Postal Service		Date of Payment 01/20/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1430 Enfield St		City Enfield	State CT	Zip Code 06082-9992
Purpose of Expend POST	Description Postage for fundraising mailer.			Amount \$234.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Scott Kaupin		Date of Payment 01/21/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>102</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 186 Field Rd		City Somers	State CT	Zip Code 06071
Purpose of Expend RMB	Description Office Supplies - Paper			Amount \$60.61
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Committee to Re-Elect Senator John Kissel	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Convertizing LTD		Date of Payment 01/24/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 407 Cubes 1 Beacon S Quarter		City Dublin Ir	State	Zip Code
Purpose of Expend WEB	Description QR Code creation for campaign.		Amount \$186.96	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		

Name of Payee KeyBank		Date of Payment 01/26/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 73 Hazard Ave		City Enfield	State CT	Zip Code 06082
Purpose of Expend BNK	Description Foreign transaction fee for Convertizing LTD payment.		Amount \$5.61	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		

Name of Payee Staples		Date of Payment 02/10/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 14 Hazard Ave		City Enfield	State CT	Zip Code 06082
Purpose of Expend OFFICE	Description Toner for printer		Amount \$89.32	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Committee to Re-Elect Senator John Kissel	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Right Insight		Date of Payment 02/25/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 421		City Boise	State ID	Zip Code 83701
Purpose of Expend WEB	Description Fundraising text message			Amount \$218.90
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Letterpress Arts		Date of Payment 02/25/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>104</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 13 Rockland Dr		City Enfield	State CT	Zip Code 06082
Purpose of Expend PRNT	Description Printing for campaign fundraising letter.			Amount \$286.68
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Anedot Inc.		Date of Payment 03/19/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206
Purpose of Expend REF	Description Refund to Lawrence Cafero			Amount \$100.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Committee to Re-Elect Senator John Kissel	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee United States Postal Service		Date of Payment 03/20/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 26 Battle St		City Somers	State CT	Zip Code 06071-9998
Purpose of Expend POST	Description Postage for fundraising letter.			Amount \$156.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Kelly Hemmeler		Date of Payment 03/29/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>105</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 10 Hartford Ave		City Enfield	State CT	Zip Code 06082
Purpose of Expend CNSLT	Description Monthly Consulting Fee March 2026 - Campaign Manager			Amount \$750.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Mary Ann Turner		Date of Payment 03/29/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>106</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 7 Meadow Rd		City Enfield	State CT	Zip Code 06082
Purpose of Expend CNSLT	Description Monthly Consulting Fee March 2026 - Assistant Campaign Manager			Amount \$750.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Committee to Re-Elect Senator John Kissel	April 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Scott Kaupin	03/29/2026	<input checked="" type="checkbox"/> Check # <u>107</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT

Street Address	City	State	Zip Code
186 Field Rd	Somers	CT	06071

Purpose of Expend	Description	Amount
CNSLT	Monthly Consulting Fee March 2026 - Campaign Treasurer	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	\$750.00
If yes, assign an Expenditure # and complete Itemization in Addendum				

Name of Payee	Date of Payment	Method of Payment
Anedot Inc.	03/31/2026	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206

Purpose of Expend	Description	Amount
WEB	Anedot Transaction Fees for the Reporting Period	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	\$422.50
If yes, assign an Expenditure # and complete Itemization in Addendum				

Total of Section N**\$4,581.06**

IV. EXPENDITURES (Sections N - S)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT
					April 10 Filing - 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
Committee to Re-Elect Senator John Kissel					April 10 Filing - Original
P. Expenses Incurred on Committee Credit Card					
Name of Issuing Institution			Type of Credit Card: Visa Master Card Discover American Express Other		
Name of Vendor				Date of Transaction	
Street Address			City	State	Zip Code
Purpose of Expenditure (by code)	Description				Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Yes No	Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum					
Total of Section P					

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Committee to Re-Elect Senator John Kissel	April 10 Filing - 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 (bv code)	Description		Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Yes No	Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			

Total of Section Q

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Committee to Re-Elect Senator John Kissel	April 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Liegeot	First Katelyn	MI	Date of Payment to Vendor 01/08/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 101 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant

Agave Grill

Street Address of Vendor 100 Allyn St	City Hartford	State CT	Zip Code 06103
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Purpose of Expenditure (by code) FNDR *	Description Food and beverage expense for fundraising reception.
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event # 01082026A	Amount \$570.48
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Kaupin	First Scott	MI R	Date of Payment to Vendor 01/20/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 102 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant

Staples

Street Address of Vendor 14 Hazard Ave Ste 23	City Enfield	State CT	Zip Code 06082
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Purpose of Expenditure (by code) OFFICE	Description One box of paper.
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$60.61
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Total of Section R

\$631.09

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Committee to Re-Elect Senator John Kissel	April 10 Filing - 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