



COVER PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE			
ERIN FOR CONNECTICUT				<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee			
3. TREASURER NAME							
First Valerie		MI R	Last Marino			Suffix	
4. TREASURER ADDRESS							
Street Address 432 Lakeside Blvd W			City Waterbury		State CT	Zip Code 06708	
5. ELECTION DATE		6. OFFICE SOUGHT (Complete only if Candidate Committee)				7. DISTRICT NUMBER (if applicable)	
11/03/2026		Governor					
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)							
First Erin		MI E	Last Stewart			Suffix	
9. TYPE OF REPORT							
April 10 Filing - Original							
10. PERIOD COVERED							
		Beginning Date		Ending Date			
		01/01/2026		thru		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		Valerie Marino			04/10/2026 12:46:30PM		
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	
ERIN FOR CONNECTICUT	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	\$116,543.54	
14. Contributions received from Individuals (Section A and B)	\$0.00	\$11,415.00
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$202,115.28
16. Other Monetary Receipts (Section D through I)	\$828,255.00	\$828,255.00
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$828,255.00	\$1,041,785.28
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$944,798.54	\$1,041,785.28
20. Expenses Paid by Committee (Section N)	\$458,035.41	\$555,022.15
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	\$486,763.13	\$486,763.13
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	\$0.00	\$0.00
24. In-Kind Contributions Received (Section K)	\$0.00	\$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	
ERIN FOR CONNECTICUT		April 10 Filing - Original	
A. Total Contributions from Small Contributors-Received this Period ONLY		For Nonparticipating Candidates ONLY	
B. Itemized Contributions from Individuals			

Last Name		First		MI	Contribution ID #
Residential Street Address		City		State	Zip Code
Principal Occupation			Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor?				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	
Yes No If yes, indicate which branch or branches of government the contract is with: Executive Legislative				Yes No Amount of Contribution	
Is this contribution associated with an event reported in Section J1?		Method of contribution:		Date Received	Aggregate Contributions
Yes		Cash Personal Check			
No		Money Order Credit/Debit Card			
If yes, list Event #					

Total of Section B				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Total on Line 14, Column A of Summary Page)</i>				

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
ERIN FOR CONNECTICUT				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?		Amount of Contribution
			Yes No If yes, list Event #		
City	State	Zip Code	Date Received	Aggregate Contributions	
Total of Section C1					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
ERIN FOR CONNECTICUT				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	
ERIN FOR CONNECTICUT				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)					
Street Address				City	State Zip Code
Total of Section D					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
ERIN FOR CONNECTICUT	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
ERIN FOR CONNECTICUT	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
ERIN FOR CONNECTICUT	April 10 Filing - Original

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

Purpose of Grant:	Grant Cycle:	Date Received	Amount
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Grant Adjustment <input type="checkbox"/> Supplemental/Post Election Deficit	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Election <input type="checkbox"/> Special Election	01/12/2026	\$806,875.00
<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Grant Adjustment <input type="checkbox"/> Supplemental/Post Election Deficit	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Election <input type="checkbox"/> Special Election	01/12/2026	\$21,380.00
Total of Section H			\$828,255.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
ERIN FOR CONNECTICUT	April 10 Filing - Original

I. Miscellaneous Monetary Receipts not Considered Contributions

Name	Date of Transaction	Amount Received	
Street Address	City	State	Zip Code
Description			
Total of Section I			

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	April 10 Filing - Original

J1. Event Information

Event # Date of Event	Letter	Description	Was this a fundraising event? Yes No	
Location: Street Address		City	State	Zip Code
Was this event hosted at a personal residence?	Yes	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.		
	No			
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.		
	No			
Subpart 1:				
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	Yes	(If yes, enter Total Receipts here.)		
	No			
Total of Section J1				

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	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	Date Received	Event #	Aggregate value for this event	
Business Entity				
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
ERIN FOR CONNECTICUT	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		
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III. NONMONETARY RECEIPTS (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	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:	Fair Market Value of this Contribution
Type of Contributor:		Date Received	Aggregate contributions
Individual Committee Sole Proprietorship			
		Executive	Legislative

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	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
Name of Telephone company			
Street Address	City	State	Zip Code
Amount of Deposit			

Total of Section L

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Desiree Rivera		Date of Payment 01/12/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1031</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 17 Pike St		City New Britain	State CT	Zip Code 06051
Purpose of Expend CNSLT	Description Fee for January 2026			Amount
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)	Event #
				\$5,000.00

Name of Payee Liberty Square, LLC		Date of Payment 01/12/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1032</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1 Liberty Sq P.O Box 3040		City New Britain	State CT	Zip Code 06050
Purpose of Expend Misc *	Description Campaign HQ Rent January 2026			Amount
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)	Event #
				\$2,400.00

Name of Payee Gregg Hannan		Date of Payment 01/12/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1033</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 246 Reed's Gap Rd # 3A		City Northford	State CT	Zip Code 06492
Purpose of Expend CNSLT	Description Fee January 2026			Amount
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)	Event #
				\$3,000.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Brock Weber		Date of Payment 01/12/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1034</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 17 Lancewood Ln		City Wolcott	State CT	Zip Code 06716
Purpose of Expend CNSLT	Description Fees January 2026			Amount
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)	Event #
				\$8,100.00

Name of Payee Brock Weber		Date of Payment 01/12/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1035</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 17 Lancewood Ln		City Wolcott	State CT	Zip Code 06716
Purpose of Expend RMB	Description Coffee And for Meet and Greet 1/10/2026			Amount
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)	Event #
				\$492.30

Name of Payee Nathan Vieira		Date of Payment 01/12/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1036</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 580 N Main St Apt 1		City Thomaston	State CT	Zip Code 06787
Purpose of Expend CNSLT	Description Fee January 2026			Amount
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)	Event #
				\$3,000.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Desiree Rivera		Date of Payment 01/12/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1037</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 17 Pike St		City New Britain	State CT	Zip Code 06051
Purpose of Expend RMB	Description Table for HQ			Amount
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 #	\$85.07

Name of Payee Mohegan Sun		Date of Payment 01/12/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1 Mohegan Blvd		City Uncasville	State CT	Zip Code 06382
Purpose of Expend Misc *	Description Mohegan Sun Room Reservation GOP Convention Mayor			Amount
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 #	\$343.85

Name of Payee Mohegan Sun		Date of Payment 01/12/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1 Mohegan Blvd		City Uncasville	State CT	Zip Code 06382
Purpose of Expend Misc *	Description Mohegan Sun Hotel Room Reservation GOP Convention			Amount
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 #	\$343.85

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Valerie R. Marino		Date of Payment 01/13/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1038</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 432 Lakeside Blvd W		City Waterbury	State CT	Zip Code 06708
Purpose of Expend CNSLT	Description Treasurer			Amount
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)	Event #
				\$3,000.00

Name of Payee Four Biz Graphics		Date of Payment 01/21/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1039</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 5 Cassidy Dr		City Plainville	State CT	Zip Code 06062
Purpose of Expend Misc *	Description Photos Meet and Greet 12/9,1/10, 1/15			Amount
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)	Event #
				\$850.00

Name of Payee Lakeview Restaurant		Date of Payment 01/21/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1040</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 50 Lake St		City Coventry	State CT	Zip Code 06238
Purpose of Expend FOOD	Description Meet and Greet Jan 15th			Amount
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)	Event #
				\$1,250.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Spectrum Marketing Companies		Date of Payment 01/21/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1041</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 95 Eddy Rd Ste 101		City Manchester	State NH	Zip Code 03102
Purpose of Expend Misc *	Description Lapel Strickers			Amount
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)	Event #
				\$705.00

Name of Payee On Message Inc		Date of Payment 01/21/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1046</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 716 Giddings Ave # 41		City Annapolis	State MD	Zip Code 21401
Purpose of Expend CNSLT	Description Travel			Amount
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)	Event #
				\$2,291.46

Name of Payee Desiree Rivera		Date of Payment 01/21/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1045</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 17 Pike St		City New Britain	State CT	Zip Code 06051
Purpose of Expend RMB	Description VistaPrint Travel Banners			Amount
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)	Event #
				\$611.46

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Christopher Peritore		Date of Payment 01/23/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1047</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 38 Birch Dr		City Easton	State CT	Zip Code 06612
Purpose of Expend CNSLT	Description Services Dec 2025 and Jan 2026			Amount
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)	Event #
				\$5,000.00

Name of Payee Jeffrey Rogers		Date of Payment 01/23/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1048</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 146 Forsyth Rd		City Oakdale	State CT	Zip Code 06370
Purpose of Expend CNSLT	Description Services Dec 2025 and Jan 2026			Amount
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)	Event #
				\$5,000.00

Name of Payee Holiday Inn Norwch		Date of Payment 01/30/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1049</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 10 Laura Blvd .		City Norwich	State CT	Zip Code 06360
Purpose of Expend FOOD	Description Meet and Greet Norwich Jan 29			Amount
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)	Event #
				\$194.03

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Jeffrey Caggiano		Date of Payment 01/30/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1050</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 100 N Main St Apt 306		City Bristol	State CT	Zip Code 06010
Purpose of Expend CNSLT	Description Services Jan 2026			Amount
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)	Event #
				\$2,000.00

Name of Payee Elite Strategic Communications		Date of Payment 01/30/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1051</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 360-BQueen Street #176		City Southington	State CT	Zip Code 06489
Purpose of Expend CNSLT	Description Services Jan 2026			Amount
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)	Event #
				\$3,000.00

Name of Payee On Message Inc		Date of Payment 01/30/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1052</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 716 Giddings Ave # 41		City Annapolis	State MD	Zip Code 21401
Purpose of Expend A-OTH	Description Digital Buy			Amount
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)	Event #
				\$297.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Spectrum Marketing Companies		Date of Payment 01/30/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1053</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 95 Eddy Rd Ste 101		City Manchester	State NH	Zip Code 03102
Purpose of Expend PRNT	Description Note Cards and Envelopes			Amount \$596.49
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 Thomaston Savings Bank		Date of Payment 01/31/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1655 Straits Tpke		City Middlebury	State CT	Zip Code 06762
Purpose of Expend BNK	Description Paper Statement Fee January 2026			Amount \$5.00
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 Spectrum Marketing Companies		Date of Payment 02/02/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1054</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 95 Eddy Rd Ste 101		City Manchester	State NH	Zip Code 03102
Purpose of Expend PRNT	Description Erin Governor Mailer			Amount \$8,326.30
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
ERIN FOR CONNECTICUT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Desiree Rivera		Date of Payment 02/04/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1055</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 17 Pike St		City New Britain	State CT	Zip Code 06051
Purpose of Expend RMB	Description Media Room Equip			Amount \$283.35
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 Axim		Date of Payment 02/04/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1056</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 300 New Britain Ave Ste 4B		City Berlin	State CT	Zip Code 06037
Purpose of Expend Misc *	Description Data Storage and Videography			Amount \$4,600.00
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 Brock Weber		Date of Payment 02/04/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1057</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 17 Lancewood Ln		City Wolcott	State CT	Zip Code 06716
Purpose of Expend CNSLT	Description February2026 Consulting Fee plus medical			Amount \$8,100.00
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)	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Liberty Square, LLC		Date of Payment 02/04/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1058</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1 Liberty Sq P.O Box 3040		City New Britain	State CT	Zip Code 06050
Purpose of Expend Misc *	Description Campaign HQ Rent February 2026		Amount \$2,400.00	
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)		

Name of Payee Desiree Rivera		Date of Payment 02/04/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1059</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 17 Pike St		City New Britain	State CT	Zip Code 06051
Purpose of Expend CNSLT	Description Consultant Fee February 2026		Amount \$5,000.00	
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)		

Name of Payee Nathan Vieira		Date of Payment 02/04/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1060</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 580 N Main St Apt 1		City Thomaston	State CT	Zip Code 06787
Purpose of Expend CNSLT	Description Consulting Fee February 2026		Amount \$3,000.00	
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)		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Gregg Hannan		Date of Payment 02/04/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1061</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 246 Reed's Gap Rd # 3A		City Northford	State CT	Zip Code 06492
Purpose of Expend CNSLT	Description Consulting Fee February 2026			Amount
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)	Event #
				\$3,000.00

Name of Payee Erin E. Stewart		Date of Payment 02/04/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1085</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 134 Oakwood Dr		City New Britain	State CT	Zip Code 06052
Purpose of Expend RMB	Description Child Care Weeks 2/16, 2/23, 3/2, 3/9			Amount
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)	Event #
				\$998.08

Name of Payee Joseph Capodiferro		Date of Payment 02/05/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1062</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 101 Woodruff Rd		City Farmington	State CT	Zip Code 06032
Purpose of Expend Misc *	Description Security-Newtown, Coventry, Norwich Meet and Greet			Amount
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)	Event #
				\$195.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Sir Speedy		Date of Payment 02/05/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1063</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 210 Main St		City New Britain	State CT	Zip Code 06051
Purpose of Expend Misc *	Description Business Cards			Amount \$105.29
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 Spectrum Marketing Companies		Date of Payment 02/05/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1064</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 95 Eddy Rd Ste 101		City Manchester	State NH	Zip Code 03102
Purpose of Expend Misc *	Description Bumper Stickers			Amount \$968.00
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 Valerie R. Marino		Date of Payment 02/05/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1065</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 432 Lakeside Blvd W		City Waterbury	State CT	Zip Code 06708
Purpose of Expend CNSLT	Description Fee for February 2026			Amount \$3,000.00
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
ERIN FOR CONNECTICUT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee The Back Nine		Date of Payment 02/05/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1066</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 150 Savage St		City Plantsville	State CT	Zip Code 06479
Purpose of Expend FOOD	Description Meet & Greet February 5 2026			Amount \$902.91
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 Erin E. Stewart		Date of Payment 02/10/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1067</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 134 Oakwood Dr		City New Britain	State CT	Zip Code 06052
Purpose of Expend RMB	Description Reimbursement Childcare Weeks 1/26, 2/2 & 2/9			Amount \$748.56
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 On Message Inc		Date of Payment 02/10/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1068</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 716 Giddings Ave # 41		City Annapolis	State MD	Zip Code 21401
Purpose of Expend A-OTH	Description Digital Buy Boost			Amount \$1,500.00
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)	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Brendan Connery		Date of Payment 02/12/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1069</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 206 Highland Ave		City Wallingford	State CT	Zip Code 06492
Purpose of Expend CNSLT	Description Fee for February 2026			Amount
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 #	\$2,000.00

Name of Payee Four Biz Graphics		Date of Payment 02/12/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1070</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 5 Cassidy Dr		City Plainville	State CT	Zip Code 06062
Purpose of Expend Misc *	Description Meet & Greet Southington 2/5/2026 Photos			Amount
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 #	\$300.00

Name of Payee Mohegan Sun		Date of Payment 02/13/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1071</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1 Mohegan Blvd		City Uncasville	State CT	Zip Code 06382
Purpose of Expend Misc *	Description Deposit GOP Convention Catering Contract			Amount
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 #	\$4,940.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Brock Weber		Date of Payment 02/18/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1073</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 17 Lancewood Ln		City Wolcott	State CT	Zip Code 06716
Purpose of Expend RMB	Description Meet and Greet Glastonbury Feb 12 Hall Rental			Amount \$840.00
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 Four Biz Graphics		Date of Payment 02/18/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1074</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 5 Cassidy Dr		City Plainville	State CT	Zip Code 06062
Purpose of Expend Misc *	Description Meet and Greet Glastonbury 2-12-2026 Photos			Amount \$300.00
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 Jeffrey Caggiano		Date of Payment 02/20/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1075</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 100 N Main St Apt 306		City Bristol	State CT	Zip Code 06010
Purpose of Expend RMB	Description Food fo Meet and Greet Glastonbury Feb 12-2026			Amount \$497.27
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
ERIN FOR CONNECTICUT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee On Message Inc		Date of Payment 02/20/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1076</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 716 Giddings Ave # 41		City Annapolis	State MD	Zip Code 21401
Purpose of Expend POLLS	Description CT Statewide Survey Feb 2-5 2026			Amount
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)	Event #
				\$61,125.00

Name of Payee Axim Creative		Date of Payment 02/20/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1077</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 300 New Britain Ave Ste 4B		City Berlin	State CT	Zip Code 06037
Purpose of Expend Misc *	Description Videography Norwich Grassroots East			Amount
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)	Event #
				\$3,500.00

Name of Payee Brock L.Weber		Date of Payment 02/20/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1078</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 17 Lancewood Ln		City Wolcott	State CT	Zip Code 06716
Purpose of Expend RMB	Description Food Meet and Greet Torrington 2-19-2026			Amount
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)	Event #
				\$965.13

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Numinar Inc		Date of Payment 02/23/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1201 Wilson Blvd		City Arlington	State VA	Zip Code 22209
Purpose of Expend Misc *	Description Field and Relational Subscription -			Amount
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)	Event #
				\$3,500.00

Name of Payee Elite Strategic Communications		Date of Payment 02/26/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1079</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 360-BQueen Street #176		City Southington	State CT	Zip Code 06489
Purpose of Expend CNSLT	Description Consultant Fee for February 2026			Amount
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)	Event #
				\$3,000.00

Name of Payee On Message Inc		Date of Payment 02/26/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1080</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 716 Giddings Ave # 41		City Annapolis	State MD	Zip Code 21401
Purpose of Expend A-OTH	Description Digital Boost Buy Feb 18-19 2026 OMI 15749			Amount
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)	Event #
				\$515.46

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Jeffrey Caggiano		Date of Payment 02/26/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1081</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 100 N Main St Apt 306		City Bristol	State CT	Zip Code 06010
Purpose of Expend CNSLT	Description Consultant Fee February 2026			Amount
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 #	\$2,000.00

Name of Payee Thomaston Savings Bank		Date of Payment 02/27/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1655 Straits Tpke		City Middlebury	State CT	Zip Code 06762
Purpose of Expend BNK	Description Paper Statement Fee for February 2026			Amount
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 #	\$5.00

Name of Payee Mohegan Sun		Date of Payment 03/04/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1 Mohegan Blvd		City Uncasville	State CT	Zip Code 06382
Purpose of Expend TRVL	Description Suite for the Convention			Amount
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 #	\$783.60

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Testo's Restaurant		Date of Payment 03/04/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1082</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 505 Main St		City Monroe	State CT	Zip Code 06468
Purpose of Expend FOOD	Description Meet and Greet March 4			Amount
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)	Event #
				\$2,000.00

Name of Payee Spectrum Marketing Companies		Date of Payment 03/04/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1083</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 95 Eddy Rd Ste 101		City Manchester	State NH	Zip Code 03102
Purpose of Expend A-SIGN	Description Poly Bag Lawn Signs and Wires			Amount
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)	Event #
				\$3,866.00

Name of Payee Liberty Square, LLC		Date of Payment 03/04/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1084</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1 Liberty Sq P.O Box 3040		City New Britain	State CT	Zip Code 06050
Purpose of Expend Misc *	Description Campaign HQ Rent March			Amount
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)	Event #
				\$2,400.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee On Message Inc		Date of Payment 03/04/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1086</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 716 Giddings Ave # 41		City Annapolis	State MD	Zip Code 21401
Purpose of Expend A-OTH	Description Digital Buy Boost Feb 28-March 2			Amount
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)	Event #
				\$1,030.93

Name of Payee Desiree Rivera		Date of Payment 03/04/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1087</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 17 Pike St		City New Britain	State CT	Zip Code 06051
Purpose of Expend CNSLT	Description March Consulting Fee			Amount
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)	Event #
				\$5,000.00

Name of Payee CT GOP		Date of Payment 03/04/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1088</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 98 Washington St		City Middletown	State CT	Zip Code 06457
Purpose of Expend Misc *	Description Exhibitor Registration Fee GOP Convention May 15 & 16 2026			Amount
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)	Event #
				\$250.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Desiree Rivera		Date of Payment 03/04/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1089</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 17 Pike St		City New Britain	State CT	Zip Code 06051
Purpose of Expend RMB	Description Food for Filming Event			Amount
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)	Event #
				\$79.34

Name of Payee Christopher Peritore		Date of Payment 03/05/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1092</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 38 Birch Dr		City Easton	State CT	Zip Code 06612
Purpose of Expend CNSLT	Description Fee for March 2026			Amount
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)	Event #
				\$4,000.00

Name of Payee Nathan Vieira		Date of Payment 03/05/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1093</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 580 N Main St Apt 1		City Thomaston	State CT	Zip Code 06787
Purpose of Expend CNSLT	Description Fee for March 2026			Amount
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)	Event #
				\$3,500.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Brendan Connery		Date of Payment 03/05/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1094</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 206 Highland Ave		City Wallingford	State CT	Zip Code 06492
Purpose of Expend CNSLT	Description Fee for March 2026			Amount
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)	Event #
				\$2,000.00

Name of Payee Valerie R. Marino		Date of Payment 03/05/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1095</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 432 Lakeside Blvd W		City Waterbury	State CT	Zip Code 06708
Purpose of Expend CNSLT	Description Fee March 2026			Amount
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)	Event #
				\$3,000.00

Name of Payee Valerie R. Marino		Date of Payment 03/05/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1096</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 432 Lakeside Blvd W		City Waterbury	State CT	Zip Code 06708
Purpose of Expend RMB	Description Office Supplies-Printer Ink, File Folders, Pens			Amount
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)	Event #
				\$253.37

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Brock L. Weber		Date of Payment 03/09/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1097</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 17 Lancewood Ln		City Wolcott	State CT	Zip Code 06716
Purpose of Expend CNSLT	Description Consultant Fee March 2026			Amount
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)	Event #
				\$8,100.00

Name of Payee Jeffrey Rogers		Date of Payment 03/09/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1098</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 146 Forsyth Rd		City Oakdale	State CT	Zip Code 06370
Purpose of Expend CNSLT	Description Consultant Fee February 2026			Amount
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)	Event #
				\$2,500.00

Name of Payee Erin E. Stewart		Date of Payment 03/09/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1099</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 134 Oakwood Dr		City New Britain	State CT	Zip Code 06052
Purpose of Expend RMB	Description Payment for Social Media Platform Apps to promote candidacy			Amount
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)	Event #
				\$169.05

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Erin E. Stewart		Date of Payment 03/09/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1100</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 134 Oakwood Dr		City New Britain	State CT	Zip Code 06052
Purpose of Expend RMB	Description Social Medial Platform Management Program to promote candidacy			Amount
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)	Event #
				\$588.00

Name of Payee Gregg Hannan		Date of Payment 03/09/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1101</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 246 Reed's Gap Rd # 3A		City Northford	State CT	Zip Code 06492
Purpose of Expend CNSLT	Description Consultant Fee March 2026			Amount
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)	Event #
				\$3,000.00

Name of Payee Joseph Capodiferro		Date of Payment 03/11/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1102</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 101 Woodruff Rd		City Farmington	State CT	Zip Code 06032
Purpose of Expend Misc *	Description Security Meet and Greets 2/5 Southington 2/12 Glastonbury 2/19 Torrington			Amount
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)	Event #
				\$195.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Four Biz Graphics		Date of Payment 03/11/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1103</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 5 Cassidy Dr		City Plainville	State CT	Zip Code 06062
Purpose of Expend Misc *	Description Photos Meet and Greet 2/19 Torrington			Amount \$300.00
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 NCM Embroidery		Date of Payment 03/11/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1104</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 426 S Main St		City New Britain	State CT	Zip Code 06051
Purpose of Expend Misc *	Description Logo Embroidery			Amount \$180.00
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 SBC Restaurant		Date of Payment 03/11/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1105</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 33 New Haven Ave		City Milford	State CT	Zip Code 06460
Purpose of Expend FOOD	Description Meet and Greet 3/11 Milford			Amount \$1,399.58
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
ERIN FOR CONNECTICUT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee On Message Inc		Date of Payment 03/13/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1107</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 716 Giddings Ave # 41		City Annapolis	State MD	Zip Code 21401
Purpose of Expend A-OTH	Description Digital Media Boost March 5-7			Amount
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)	Event #
				\$500.00

Name of Payee Spectrum Marketing Companies		Date of Payment 03/13/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1106</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 95 Eddy Rd Ste 101		City Manchester	State NH	Zip Code 03102
Purpose of Expend A-DM	Description Newsprint Tabloid Mailer			Amount
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)	Event #
				\$9,059.05

Name of Payee Demers Exposition Services		Date of Payment 03/17/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1108</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 151A Park Ave		City East Hartford	State CT	Zip Code 06108
Purpose of Expend Misc *	Description Convention costs for Video and Speaking May 15 & 16			Amount
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)	Event #
				\$10,000.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Numinar Inc		Date of Payment 03/23/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1201 Wilson Blvd		City Arlington	State VA	Zip Code 22209
Purpose of Expend Misc *	Description Monthly voter contact files			Amount
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 #	\$1,500.00

Name of Payee The Norwalk Inn and Conference Center		Date of Payment 03/24/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1109</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 99 East Ave		City Norwalk	State CT	Zip Code 06851
Purpose of Expend FOOD	Description Meet and Greet Norwalk 3/24/2026			Amount
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 #	\$772.92

Name of Payee Four Biz Graphics		Date of Payment 03/24/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1110</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 5 Cassidy Dr		City Plainville	State CT	Zip Code 06062
Purpose of Expend Misc *	Description Photos Meet and Greet 3-11-26 Milford			Amount
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 #	\$300.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee On Message Inc		Date of Payment 03/24/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1111</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 716 Giddings Ave # 41		City Annapolis	State MD	Zip Code 21401
Purpose of Expend A-TV	Description Media Buy Cable TV March 19-22-2026			Amount \$3,980.79
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 Desiree Rivera		Date of Payment 03/24/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1112</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 17 Pike St		City New Britain	State CT	Zip Code 06051
Purpose of Expend Misc *	Description Field Staff Campaign Jackets			Amount \$708.72
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 Four Biz Graphics		Date of Payment 03/30/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1113</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 5 Cassidy Dr		City Plainville	State CT	Zip Code 06062
Purpose of Expend Misc *	Description Photos Meet & Greet Monroe 3-4-2026			Amount \$300.00
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
ERIN FOR CONNECTICUT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Jeffrey Caggiano		Date of Payment 03/30/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1114</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 100 N Main St Apt 306		City Bristol	State CT	Zip Code 06010
Purpose of Expend CNSLT	Description March Fee			Amount
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)	Event #
				\$2,000.00

Name of Payee On Message Inc		Date of Payment 03/31/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1115</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 716 Giddings Ave # 41		City Annapolis	State MD	Zip Code 21401
Purpose of Expend A-TV	Description Media Buy Fox News April 1-7			Amount
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)	Event #
				\$6,345.90

Name of Payee Jeffrey Rogers		Date of Payment 03/31/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1116</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 146 Forsyth Rd		City Oakdale	State CT	Zip Code 06370
Purpose of Expend CNSLT	Description March 2026 Fee			Amount
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)	Event #
				\$2,500.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Thomaston Savings Bank	Date of Payment 03/31/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1655 Straits Tpke	City Middlebury	State CT	Zip Code 06762
Purpose of Expend BNK	Description Paper Statement March 2026	Amount	
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)	Event # \$5.00
Total of Section N			\$458,035.41

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
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
ERIN FOR CONNECTICUT	April 10 Filing - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> 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
ERIN FOR CONNECTICUT	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 (by 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
ERIN FOR CONNECTICUT	April 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N: Check # Debit Card EFT
Name of Vendor Paid by Committee Worker/Consultant				
Street Address of Vendor		City	State	Zip Code
Purpose of Expenditure (by code)	Description			
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Yes No	Expenditure # (if applicable)	Event #	Amount
If yes, assign an Expenditure # and completes Itemization in Addendum R				
Total of Section R				

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	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 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 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 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