



COVER PAGE

| | | | | | | | |
|---|--|---|---------------------------|---|-----------------------------|------------------------------------|--|
| 1. NAME OF COMMITTEE | | | | 2. TYPE OF COMMITTEE | | | |
| Aundre 2026 | | | | <input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee | | | |
| 3. TREASURER NAME | | | | | | | |
| First Priscilla | | MI B | Last Wells | | | Suffix | |
| 4. TREASURER ADDRESS | | | | | | | |
| Street Address 56 Denison Ave | | | City Mystic | | State CT | Zip Code 06355 | |
| 5. ELECTION DATE | | 6. OFFICE SOUGHT (Complete only if Candidate Committee) | | | | 7. DISTRICT NUMBER (if applicable) | |
| 11/03/2026 | | State Representative | | | | R041 | |
| 8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee) | | | | | | | |
| First Aundre | | MI P | Last Bumgardner | | | Suffix | |
| 9. TYPE OF REPORT | | | | | | | |
| April 10 Filing - Original | | | | | | | |
| 10. PERIOD COVERED | | | | | | | |
| | | Beginning Date | | Ending Date | | | |
| | | 01/03/2026 | | 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 | | Priscilla Wells | | | 04/06/2026 5:51:45PM | | |
| 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 | |
|---|----------------------------|-----------------------|
| Aundre 2026 | 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 | \$0.00 | |
| 14. Contributions received from Individuals (Section A and B) | \$5,705.00 | \$5,705.00 |
| 15. Receipts from Other Committees (Sections C1 and C2) | \$0.00 | \$0.00 |
| 16. Other Monetary Receipts (Section D through I) | \$0.00 | \$0.00 |
| 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) | \$5,705.00 | \$5,705.00 |
| 19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B) | \$5,705.00 | \$5,705.00 |
| 20. Expenses Paid by Committee (Section N) | \$354.06 | \$354.06 |
| 21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns) | \$5,350.94 | \$5,350.94 |
| 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) Aundre 2026 | TYPE OF REPORT April 10 Filing - Original |
| A. Total Contributions from Small Contributors-Received this Period ONLY | For Nonparticipating Candidates ONLY \$0.00 |
| B. Itemized Contributions from Individuals | |

| | | | |
|--|--|---|------------------------------------|
| Last Name Wells | First Timothy | MI R | Contribution ID # 0001 |
| Residential Street Address 56 Denison Ave | City Mystic | State CT | Zip Code 06355 |
| 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 01/16/2026 | Aggregate Contributions \$25.00 |
| | | Amount of Contribution \$25.00 | |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Reasco | First Kayla | MI CT | Contribution ID # 0055 |
| Residential Street Address 162 Daniel Brown Dr | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Vice President | Name of Employer Intersect Public Solutions | | |
| 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 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 01/22/2026 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|--|---|------------------------------------|
| Last Name Roper | First Peter | MI CT | Contribution ID # 0049 |
| Residential Street Address 210 Pequot Ave . | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Carpenter | 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 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 \$20.00 |
| | | Amount of Contribution \$10.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Aundre 2026 | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|------------------------------------|
| Last Name Roper | First Peter | MI | Contribution ID # 0050 |
| Residential Street Address 210 Pequot Ave . | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Carpenter | 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 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 \$20.00 |
| | | | Amount of Contribution \$10.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Johnstone | First Pam | MI | Contribution ID # 0051 |
| Residential Street Address 137 Water St | City Stonington | State CT | Zip Code 06378 |
| Principal Occupation Real Estate Broker | Name of Employer Self | | |
| 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 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 \$60.00 |
| | | | Amount of Contribution \$60.00 |

| | | | |
|--|--|---|-------------------------------------|
| Last Name Crum | First Martha J | MI | Contribution ID # 0052 |
| Residential Street Address 6 Willow St | City Mystic | State CT | Zip Code 06355 |
| 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 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 Wirzbicki | First John | MI | Contribution ID # 0053 |
| Residential Street Address 355 Brook St | City Noank | State CT | Zip Code 06340 |
| 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 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 \$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 |
| Aundre 2026 | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|-----------------------------|--|-----------------------------------|
| Last Name Vondorster | First Mary | MI | Contribution ID # 0054 |
| Residential Street Address 355 Brook St | City Groton | State CT | Zip Code 06340 |
| 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 checked="" type="checkbox"/> Credit/Debit Card | Date Received 02/06/2026 |
| | | Aggregate Contributions \$50.00 | Amount of Contribution \$50.00 |

| | | | |
|--|--------------------------------------|---|------------------------------------|
| Last Name Pyrke-Fairchild | First Lyndsey | MI | Contribution ID # 0002 |
| Residential Street Address 37 Greenmanville Ave | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Policy Analyst | Name of Employer Empire Fisheries | | |
| 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 02/06/2026 |
| | | Aggregate Contributions \$100.00 | Amount of Contribution \$100.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Klein | First David | MI | Contribution ID # 0003 |
| Residential Street Address 5 Borodell Ave | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Manager | Name of Employer Klein Properties 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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card | Date Received 02/06/2026 |
| | | Aggregate Contributions \$200.00 | Amount of Contribution \$200.00 |

| | | | |
|--|-----------------------------|---|-----------------------------------|
| Last Name Reasco | First Awilda | MI | Contribution ID # 0045 |
| Residential Street Address 51 Miriam | City New Britain | State CT | Zip Code 06053 |
| Principal Occupation Retired | Name of Employer Retirec | | |
| 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 02/07/2026 |
| | | 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 |
| Aundre 2026 | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-------------------------------------|
| Last Name Munro | First Judy | MI | Contribution ID # 0046 |
| Residential Street Address 23 Ice House Ln | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Retired | Name of Employer CT | | |
| 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 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 02/07/2026 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|--|--|---|-------------------------------------|
| Last Name Statchen | First Robert | MI | Contribution ID # 0047 |
| Residential Street Address 57 Briar Patch Rd | City Stonington | State CT | Zip Code 06378 |
| Principal Occupation Professional | Name of Employer Western New England University | | |
| 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 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 02/07/2026 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Kading | First James | MI | Contribution ID # 0048 |
| Residential Street Address 159 Mechanic St | City Pawcatuck | State CT | Zip Code 06379 |
| 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 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 02/07/2026 | Aggregate Contributions \$50.00 |
| | | | Amount of Contribution \$50.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Donovan | First Marilyn | MI | Contribution ID # 0043 |
| Residential Street Address 83 Pequot Ave | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation retired | Name of Employer CT | | |
| 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 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 02/08/2026 | 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 |
| Aundre 2026 | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|-----------------------------|--|----------------------------------|
| Last Name Payne | First Harry | MI | Contribution ID # 0044 |
| Residential Street Address 83 Pequot Ave | City Mystic | State CT | Zip Code 06355 |
| 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 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 02/08/2026 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

| | | | |
|--|----------------------------------|--|----------------------------------|
| Last Name Roper | First Teresa | MI | Contribution ID # 0041 |
| Residential Street Address 210 Pequot Ave | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation florist | Name of Employer Pot of Green | | |
| 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 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 \$5.00 | Amount of Contribution \$5.00 |

| | | | |
|--|---|--|-----------------------------------|
| Last Name Lynch | First Sharon | MI | Contribution ID # 0042 |
| Residential Street Address 53 Main St | City Stonington | State CT | Zip Code 06378 |
| Principal Occupation retired professor | Name of Employer retired professor George Washington U | | |
| 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 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 \$60.00 | Amount of Contribution \$60.00 |

| | | | |
|--|--|--|-----------------------------------|
| Last Name Fitzgerald | First Kevin | MI | Contribution ID # 0040 |
| Residential Street Address 46 W Main St Apt | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation State Program Manager / Economist | 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 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 02/13/2026 |
| | | Aggregate Contributions \$15.00 | Amount of Contribution \$15.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Aundre 2026 | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-------------------------------------|
| Last Name Sanford | First Thomas | MI D | Contribution ID # 0066 |
| Residential Street Address 25 Orchard St | City Stonington | State CT | Zip Code 06378 |
| Principal Occupation Retired | Name of Employer Banker | | |
| 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 02/14/2026 | Aggregate Contributions \$340.00 |
| | | | Amount of Contribution \$340.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Potter | First Ashley | MI | Contribution ID # 0038 |
| Residential Street Address 301 Buddington Rd | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Registered Nurse | Name of Employer Hartford Healthcare | | |
| 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 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 02/14/2026 | Aggregate Contributions \$20.00 |
| | | | Amount of Contribution \$20.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Gaiewski | First Daniel | MI | Contribution ID # 0039 |
| Residential Street Address 234 Rogers Rd | City Groton | State CT | Zip Code 06340 |
| Principal Occupation State Representative | 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 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 02/14/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name O'Brien | First Lynn | MI | Contribution ID # 0036 |
| Residential Street Address 162 Bay View Ave | City Mystic | State CT | Zip Code 06355 |
| 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 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 02/16/2026 | 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 |
| Aundre 2026 | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-------------------------------------|
| Last Name Srivastava | First Vasishth | MI | Contribution ID # 0037 |
| Residential Street Address 70 Pheasant Run | City Avon | State CT | Zip Code 06001 |
| Principal Occupation Consultant | Name of Employer Evergreen Strategy 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input 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 02/16/2026 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

| | | | |
|--|--|---|------------------------------------|
| Last Name Levenson | First Donald | MI | Contribution ID # 0034 |
| Residential Street Address 223 Ensign Dr | City Mystic | State CT | Zip Code 06355 |
| 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 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 \$30.00 |
| | | Amount of Contribution \$30.00 | |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Levenson | First Marie | MI | Contribution ID # 0035 |
| Residential Street Address 223 Ensign Dr | City Mystic | State CT | Zip Code 06355 |
| 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 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 \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Dempsey | First Jerome | MI | Contribution ID # 0033 |
| Residential Street Address 22 S Prospect St | City Groton | State CT | Zip Code 06340 |
| Principal Occupation retired | Name of Employer CT | | |
| 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 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 02/18/2026 | 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 |
| Aundre 2026 | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|------------------------------------|
| Last Name Barnes | First Amanda Knapp | MI | Contribution ID # 0032 |
| Residential Street Address 22 Elm St | City Stonington | State CT | Zip Code 06378 |
| Principal Occupation Director Faculty Operations | Name of Employer Connecticut College | | |
| 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 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 02/19/2026 | Aggregate Contributions \$10.00 |
| | | Amount of Contribution \$10.00 | |

| | | | |
|--|--|---|------------------------------------|
| Last Name Johnson | First Chris | MI | Contribution ID # 0030 |
| Residential Street Address 37 Greenmanville Ave | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation GRC Analyst | Name of Employer A/Z 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 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 02/20/2026 | Aggregate Contributions \$60.00 |
| | | Amount of Contribution \$60.00 | |

| | | | |
|--|--|---|------------------------------------|
| Last Name Heede | First Conrad | MI | Contribution ID # 0031 |
| Residential Street Address 58 Mirra Dr . | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Hotel mgmt | Name of Employer Waterford hotel 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input 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 02/20/2026 | Aggregate Contributions \$30.00 |
| | | Amount of Contribution \$30.00 | |

| | | | |
|--|--|---|------------------------------------|
| Last Name Burlingham | First Camille | MI | Contribution ID # 0029 |
| Residential Street Address 9 High Ridge Dr | City Pawcatuck | State CT | Zip Code 06379 |
| Principal Occupation Manager | Name of Employer Lsrc 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 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 02/21/2026 | 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 |
| Aundre 2026 | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-------------------------------------|
| Last Name Morrissey | First Jessica | MI | Contribution ID # 0009 |
| Residential Street Address 46 Broad St | City Stonington | State CT | Zip Code 06378 |
| 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 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 02/22/2026 | Aggregate Contributions \$340.00 |
| | | | Amount of Contribution \$340.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Bysiewicz | First Susan | MI | Contribution ID # 0010 |
| Residential Street Address 15 Tall Timbers Rd | City Middletown | State CT | Zip Code 06457 |
| Principal Occupation Lt Governor /attorney | 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 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 02/22/2026 | Aggregate Contributions \$10.00 |
| | | | Amount of Contribution \$10.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Perenyi | First Peter | MI | Contribution ID # 0011 |
| Residential Street Address 53 Main St | City Stonington | State CT | Zip Code 06378 |
| 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 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 02/22/2026 | Aggregate Contributions \$60.00 |
| | | | Amount of Contribution \$60.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name von Dorster | First Mary | MI | Contribution ID # 0012 |
| Residential Street Address 355 Brook St | City Noank | State CT | Zip Code 06340 |
| 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 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 02/22/2026 | 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 |
| Aundre 2026 | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-----------------------------------|
| Last Name Bumgardner | First Benjamin | MI | Contribution ID # 0013 |
| Residential Street Address 584 Shennecossett Rd | City Groton | State CT | Zip Code 06340 |
| 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 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 02/22/2026 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|--|---|-----------------------------------|
| Last Name de la Cruz | First Tammy | MI | Contribution ID # 0014 |
| Residential Street Address 95 Corey Rd | City Groton | State CT | Zip Code 06340 |
| 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 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 02/22/2026 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|--|---|------------------------------------|
| Last Name Shah | First Atul | MI | Contribution ID # 0015 |
| Residential Street Address 15 Beacon Hill Dr | City Waterford | State CT | Zip Code 06385 |
| Principal Occupation Engineer | Name of Employer Applied Physical Sciences 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 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 02/22/2026 | Aggregate Contributions \$20.00 |
| | | Amount of Contribution \$20.00 | |

| | | | |
|--|--|---|------------------------------------|
| Last Name Bumgardner | First Lourdes | MI | Contribution ID # 0016 |
| Residential Street Address 584F Shennecossett Rd | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Social Worker | Name of Employer Ledyard Public Schools | | |
| 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 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 02/22/2026 | 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 |
| Aundre 2026 | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-----------------------------------|
| Last Name Gaiewski | First Michelle | MI | Contribution ID # 0017 |
| Residential Street Address 75 Algonquin Dr | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Teacher | Name of Employer Groton Public Schools | | |
| 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 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 02/22/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Gaiewski | First David | MI | Contribution ID # 0018 |
| Residential Street Address 75 Algonquin Dr | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Engineer | Name of Employer Numerical Advisory Solutions | | |
| 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 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 02/22/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Charette | First Susan | MI | Contribution ID # 0019 |
| Residential Street Address 88 Somerset Dr | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Billing Coordinator | Name of Employer K&L Gates 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 type="checkbox"/> Yes <input 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 02/22/2026 | Aggregate Contributions \$50.00 |
| | | | Amount of Contribution \$50.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name King | First Anne | MI | Contribution ID # 0020 |
| Residential Street Address 41 Westwood Dr | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Communication | 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 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 02/22/2026 | 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 |
| Aundre 2026 | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-----------------------------------|
| Last Name Foley | First Aston | MI | Contribution ID # 0021 |
| Residential Street Address 44 Buddington Rd | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Committee Clerk | Name of Employer Connecticut General Assembly | | |
| 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 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 02/22/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Sims | First Samuel | MI | Contribution ID # 0022 |
| Residential Street Address 43 South Rd Apt | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Committee Clerk | Name of Employer Senate Democratic Office | | |
| 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 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 02/22/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|-------------------------------------|
| Last Name Bumgardner | First Elizabeth | MI | Contribution ID # 0023 |
| Residential Street Address 584 Shennecossett Rd | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Principal | Name of Employer Windham Public Schools | | |
| 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 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 02/22/2026 | Aggregate Contributions \$250.00 |
| | | | Amount of Contribution \$250.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Readett | First Constance | MI | Contribution ID # 0024 |
| Residential Street Address 10 New London Rd | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation PT | 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 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 02/22/2026 | 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 |
| Aundre 2026 | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|---|--|---|------------------------------------|
| Last Name Palmieri | First Suzanne H | MI | Contribution ID # 0025 |
| Residential Street Address 22 Triton Pl | City Groton | State CT | Zip Code 06340 |
| 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 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 02/22/2026 | Aggregate Contributions \$25.00 |
| | | | Amount of Contribution \$25.00 |

| | | | |
|---|--|---|-------------------------------------|
| Last Name McCarthy | First Thomas | MI | Contribution ID # 0026 |
| Residential Street Address 130 E Eaton St | City Bridgeport | State CT | Zip Code 06604 |
| Principal Occupation Director of HR | Name of Employer Town of Trumbull | | |
| 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 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 02/22/2026 | Aggregate Contributions \$150.00 |
| | | | Amount of Contribution \$150.00 |

| | | | |
|---|--|---|------------------------------------|
| Last Name JACOBS | First Richard | MI | Contribution ID # 0027 |
| Residential Street Address 119 Limerick Rd | City Fairfield | State CT | Zip Code 06824 |
| Principal Occupation Graphic Design & photography | Name of Employer Delara Comm | | |
| 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 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 02/22/2026 | Aggregate Contributions \$10.00 |
| | | | Amount of Contribution \$10.00 |

| | | | |
|---|--|---|------------------------------------|
| Last Name Pfeifer | First Eugene | MI | Contribution ID # 0028 |
| Residential Street Address 5 Diving St | City Stonington | State CT | Zip Code 06378 |
| 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 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 02/22/2026 | 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 |
| Aundre 2026 | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-----------------------------------|
| Last Name Coleman | First Lisa | MI | Contribution ID # 0008 |
| Residential Street Address 5 Diving St | City Stonington | State CT | Zip Code 06378 |
| 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 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 \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Oliver | First Cutter | MI | Contribution ID # 0007 |
| Residential Street Address 298 Ridgewood Dr | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Director of External Affairs | 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 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 \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Richter | First Robert | MI | Contribution ID # 0004 |
| Residential Street Address 18 School St | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Arts Administration | Name of Employer Connecticut College | | |
| 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 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 02/26/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Allik | First Judith | MI | Contribution ID # 0005 |
| Residential Street Address 30 Russell Ave | City Pawcatuck | State CT | Zip Code 06379 |
| 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 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 02/26/2026 | 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 |
| Aundre 2026 | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|---|---|------------------------------------|
| Last Name Labrecque | First Janet | MI | Contribution ID # 0006 |
| Residential Street Address 135 Ledgewood Rd | City Groton | State CT | Zip Code 06340 |
| 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 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 02/26/2026 | Aggregate Contributions \$10.00 |
| | | Amount of Contribution \$10.00 | |

| | | | |
|--|---|---|------------------------------------|
| Last Name Ceil | First Deborah | MI W | Contribution ID # 0059 |
| Residential Street Address 15 Meadow Ave | City Stonington | State CT | Zip Code 06378 |
| Principal Occupation Administrator | Name of Employer Ceil Plumbing | | |
| 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 02/26/2026 | Aggregate Contributions \$20.00 |
| | | Amount of Contribution \$20.00 | |

| | | | |
|--|---|---|------------------------------------|
| Last Name Powers | First Kristen | MI L | Contribution ID # 0060 |
| Residential Street Address 298 Lestertown Rd | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Radiographer | Name of Employer L&M Hospital | | |
| 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 02/26/2026 | Aggregate Contributions \$15.00 |
| | | Amount of Contribution \$15.00 | |

| | | | |
|--|---|---|------------------------------------|
| Last Name Powers | First Shawn | MI D | Contribution ID # 0061 |
| Residential Street Address 298 Lestertown Rd | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Landscaper/Realtor | Name of Employer Self-Employed | | |
| 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 02/26/2026 | Aggregate Contributions \$15.00 |
| | | Amount of Contribution \$15.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Aundre 2026 | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|------------------|--|------------------------------------|
| Last Name Billing | First Clare | MI | Contribution ID # 0062 |
| Residential Street Address 15 Ashby Rd | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Retired | Name of Employer | | |
| 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 02/26/2026 | Aggregate Contributions \$50.00 |
| 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 \$50.00 | |

| | | | |
|--|------------------|--|------------------------------------|
| Last Name Billing | First Natalie | MI | Contribution ID # 0063 |
| Residential Street Address 15 Ashby St | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Retired | Name of Employer | | |
| 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 02/26/2026 | Aggregate Contributions \$50.00 |
| 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 \$50.00 | |

| | | | |
|--|---|--|------------------------------------|
| Last Name Tedesco | First Dale | MI | Contribution ID # 0064 |
| Residential Street Address 101 Morse Ave | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Educator | Name of Employer Groton Public Schools | | |
| 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 02/26/2026 | Aggregate Contributions \$20.00 |
| 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 \$20.00 | |

| | | | |
|--|--|--|-----------------------------------|
| Last Name Parker | First Juliette | MI M | Contribution ID # 0065 |
| Residential Street Address 520F Shennecossett Rd | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Ex Ass to Chief Police | Name of Employer City of Groton Police Dept | | |
| 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 02/26/2026 | 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 |
| Aundre 2026 | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|---|--|------------------------------------|
| Last Name Wells | First Priscilla | MI | Contribution ID # 0140 |
| Residential Street Address 56 Denison Ave | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Accountant | Name of Employer Empire Fisheries, 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 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 02/27/2026 |
| | | Aggregate Contributions \$340.00 | Amount of Contribution \$340.00 |

| | | | |
|--|---|--|-----------------------------------|
| Last Name Whipple | First Timothy | MI | Contribution ID # 0136 |
| Residential Street Address 25 Golden Rd | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Teacher | Name of Employer Stonington Public Schools | | |
| 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 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 02/28/2026 |
| | | Aggregate Contributions \$10.00 | Amount of Contribution \$10.00 |

| | | | |
|--|----------------------------------|--|-----------------------------------|
| Last Name Lopes | First Ethan | MI | Contribution ID # 0137 |
| Residential Street Address 30 Church St | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Pilot, technician | Name of Employer Thayer Mahan | | |
| 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 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 02/28/2026 |
| | | Aggregate Contributions \$30.00 | Amount of Contribution \$30.00 |

| | | | |
|--|----------------------------------|--|-----------------------------------|
| Last Name Lopes | First Kevin | MI | Contribution ID # 0138 |
| Residential Street Address 30 Church St | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation VP OF Marketing | Name of Employer Thayer Mahan | | |
| 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 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 02/28/2026 |
| | | 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 |
| Aundre 2026 | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|------------------------------------|
| Last Name Lopes | First Wendy | MI | Contribution ID # 0139 |
| Residential Street Address 30 Church St | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Painter, photographer | Name of Employer Artist | | |
| 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 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 02/28/2026 | Aggregate Contributions \$30.00 |
| | | | Amount of Contribution \$30.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Semeraro | First Dana | MI | Contribution ID # 0135 |
| Residential Street Address 202 High St | City Mystic | State CT | Zip Code 06355 |
| 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 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 03/03/2026 | Aggregate Contributions \$25.00 |
| | | | Amount of Contribution \$25.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Oliver | First Nicole | MI | Contribution ID # 0134 |
| Residential Street Address 298 Ridgewood Dr | City Mystic | State CT | Zip Code 06355 |
| 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 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 03/04/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name McShane | First Teresa | MI | Contribution ID # 0131 |
| Residential Street Address 9 Orchard Ln | City Mystic | State CT | Zip Code 06355 |
| 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 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 03/06/2026 | 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 |
| Aundre 2026 | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|---|--|-----------------------------------|
| Last Name Hine | First Jason | MI | Contribution ID # 0132 |
| Residential Street Address 23 Denison Ave | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation self-employed | Name of Employer 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? <input type="checkbox"/> Yes <input 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 03/06/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|---|--|-------------------------------------|
| Last Name Bunger | First Andrea | MI | Contribution ID # 0133 |
| Residential Street Address 18 Denison Ave | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Database Analyst | Name of Employer Coast Guard Foundation | | |
| 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 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 03/06/2026 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|--|---|--|-------------------------------------|
| Last Name Blanchard | First Robert | MI | Contribution ID # 0129 |
| Residential Street Address 1401 Kings Hwy | City Fairfield | State CT | Zip Code 06824 |
| Principal Occupation Director of Communications | Name of Employer State of Connecticut - Office of the Governor | | |
| 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 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 03/09/2026 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|--|---|--|-----------------------------------|
| Last Name Magee | First Elisa | MI | Contribution ID # 0130 |
| Residential Street Address 387 Judson Ave | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Landscape Designer | Name of Employer Kent + Frost Landscape Architecture | | |
| 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 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 03/09/2026 | 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 |
| Aundre 2026 | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|---|--|---|------------------------------------|
| Last Name Wardle | First John | MI | Contribution ID # 0128 |
| Residential Street Address 4 Conrad St | City Mystic | State CT | Zip Code 06355 |
| 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 checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/11/2026 | Aggregate Contributions \$10.00 |
| | | | Amount of Contribution \$10.00 |

| | | | |
|---|---|---|------------------------------------|
| Last Name Moffett | First Sabine | MI R | Contribution ID # 0056 |
| Residential Street Address 6 School St # 10 | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Retired | Name of Employer | | |
| 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 03/13/2026 | Aggregate Contributions \$50.00 |
| | | | Amount of Contribution \$50.00 |

| | | | |
|---|---|---|------------------------------------|
| Last Name Lomax | First Sarah | MI J | Contribution ID # 0057 |
| Residential Street Address 11 Coveside Ct | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation | Name of Employer | | |
| 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 03/13/2026 | Aggregate Contributions \$25.00 |
| | | | Amount of Contribution \$25.00 |

| | | | |
|---|---|---|-------------------------------------|
| Last Name Sargent | First Jeffrey | MI H | Contribution ID # 0058 |
| Residential Street Address 20 Cove Rd Unit 2 | City Stonington | State CT | Zip Code 06378 |
| Principal Occupation Retired | Name of Employer | | |
| 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 03/13/2026 | 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 |
| Aundre 2026 | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--------------------------------------|--|-----------------------------------|
| Last Name Donatelli | First Theresa | MI | Contribution ID # 0119 |
| Residential Street Address 144 Jupiter Point Rd | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Senior Wealth Advisor | Name of Employer Principle Wealth | | |
| 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 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 \$30.00 | Amount of Contribution \$30.00 |

| | | | |
|--|--|--|----------------------------------|
| Last Name Bienkowski | First Annette | MI | Contribution ID # 0120 |
| Residential Street Address 42 Island Rd | City Stonington | State CT | Zip Code 06378 |
| Principal Occupation Self employed | Name of Employer ANCLAIRE LIFESTYLE 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input 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 \$5.00 | Amount of Contribution \$5.00 |

| | | | |
|--|---|--|-----------------------------------|
| Last Name Cahill | First Sarah | MI | Contribution ID # 0121 |
| Residential Street Address 368 Noank Rd | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Director of Education | Name of Employer Mystic Seaport Museum | | |
| 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 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 \$30.00 | Amount of Contribution \$30.00 |

| | | | |
|--|------------------------|--|-----------------------------------|
| Last Name Foster | First Anne-Marie | MI | Contribution ID # 0122 |
| Residential Street Address 15 Route 27 | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Geriatric Care Manager | Name of Employer CT | | |
| 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 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 \$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 |
| Aundre 2026 | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|------------------------------------|
| Last Name Westwood | First Judy | MI | Contribution ID # 0123 |
| Residential Street Address 34 Covese Ln | City Stonington | State CT | Zip Code 06378 |
| 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 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 \$50.00 |
| | | | Amount of Contribution \$50.00 |

| | | | |
|--|--|---|-------------------------------------|
| Last Name granatosky | First patrice | MI | Contribution ID # 0124 |
| Residential Street Address 30 N Prospect St | City Groton | State CT | Zip Code 06340 |
| Principal Occupation teacher | 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 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 \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|--|--|---|-------------------------------------|
| Last Name Bercaw Edwards | First Mary K | MI | Contribution ID # 0125 |
| Residential Street Address 9 W Mystic Ave . | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Professor | Name of Employer University 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 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 \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|--|--|---|-------------------------------------|
| Last Name Middleton | First Bill | MI | Contribution ID # 0126 |
| Residential Street Address 1034 Pequot Trl | City Stonington | State CT | Zip Code 06378 |
| Principal Occupation First Selectman | Name of Employer Town of Stonington | | |
| 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 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 \$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 |
| Aundre 2026 | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|------------------------------------|
| Last Name Norman | First Deborah | MI | Contribution ID # 0127 |
| Residential Street Address 84 Cutler St | City Stonington | State CT | Zip Code 06378 |
| Principal Occupation Art & Antiques dealer | Name of Employer Grand & Water Antiques | | |
| 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 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 \$30.00 |
| | | Amount of Contribution \$30.00 | |

| | | | |
|--|--|---|------------------------------------|
| Last Name Copp | First Jacqui | MI | Contribution ID # 0112 |
| Residential Street Address 5 Plover Ln | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation VP Advancement | Name of Employer Mystic Seaport Museum | | |
| 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 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 \$30.00 |
| | | Amount of Contribution \$30.00 | |

| | | | |
|--|--|---|------------------------------------|
| Last Name Rusk | First Jill | MI | Contribution ID # 0113 |
| Residential Street Address 222 Tyler Ave | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Mayor | Name of Employer City of Groton | | |
| 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 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 \$30.00 |
| | | Amount of Contribution \$30.00 | |

| | | | |
|--|--|---|------------------------------------|
| Last Name Boudah | First Zachary | MI | Contribution ID # 0114 |
| Residential Street Address 371 Farmholme Rd . | City Stonington | State CT | Zip Code 06378 |
| Principal Occupation Educator | Name of Employer University 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 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 \$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 |
| Aundre 2026 | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|---|--|-----------------------------------|
| Last Name Gillenwater | First Joshua | MI | Contribution ID # 0115 |
| Residential Street Address 16 W Vine St | City Pawcatuck | State CT | Zip Code 06379 |
| Principal Occupation Program Manager | Name of Employer Waukesha Bearings 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 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 \$50.00 | Amount of Contribution \$50.00 |

| | | | |
|--|---------------------------------|--|----------------------------------|
| Last Name Dufresne | First Mary | MI | Contribution ID # 0116 |
| Residential Street Address 84 Palmer Neck Rd | City Pawcatuck | State CT | Zip Code 06379 |
| Principal Occupation retired | Name of Employer 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 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 \$5.00 | Amount of Contribution \$5.00 |

| | | | |
|--|-------------------------------|--|-----------------------------------|
| Last Name Lynch | First Sylvia | MI | Contribution ID # 0117 |
| Residential Street Address 188 Water St | City Stonington | State CT | Zip Code 06378 |
| Principal Occupation Retired | 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 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 \$15.00 | Amount of Contribution \$15.00 |

| | | | |
|--|-----------------------------|--|-----------------------------------|
| Last Name Spencer | First John | MI | Contribution ID # 0118 |
| Residential Street Address 35 Coveside Ln | City Stonington | State CT | Zip Code 06378 |
| 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 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 |
| Aundre 2026 | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-----------------------------------|
| Last Name Lowenstein | First Jenna | MI | Contribution ID # 0110 |
| Residential Street Address 1 Windham Rd | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Consultant | Name of Employer Sound 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input 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 03/16/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Shirvell | First Bridget | MI | Contribution ID # 0111 |
| Residential Street Address 13 School St | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Writer | Name of Employer CT | | |
| 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 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 03/16/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Chesebrough | First Danielle | MI | Contribution ID # 0109 |
| Residential Street Address 14 Beach Dr | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Self | Name of Employer Self | | |
| 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 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 03/17/2026 | Aggregate Contributions \$10.00 |
| | | | Amount of Contribution \$10.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Patrick | First Debra | MI | Contribution ID # 0107 |
| Residential Street Address 8 Mellow Ave | City Groton | State CT | Zip Code 06340 |
| 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 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 03/18/2026 | 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 |
| Aundre 2026 | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|--|-----------------------------------|
| Last Name Bienkowski | First Keith | MI | Contribution ID # 0108 |
| Residential Street Address 42 Island Rd | City Stonington | State CT | Zip Code 06378 |
| Principal Occupation Principal Engineer | Name of Employer General Dynamics Electric Boat 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 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 03/18/2026 |
| | | Aggregate Contributions \$50.00 | Amount of Contribution \$50.00 |

| | | | |
|--|--------------------------------------|--|-----------------------------------|
| Last Name SUTCLIFFE | First MONICA | MI | Contribution ID # 0105 |
| Residential Street Address 11 Rossi Ave | City Pawcatuck | State CT | Zip Code 06379 |
| Principal Occupation IT Director | Name of Employer Brown University | | |
| 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 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 \$10.00 | Amount of Contribution \$10.00 |

| | | | |
|--|--------------------------------------|--|-----------------------------------|
| Last Name Severin | First Amanda | MI | Contribution ID # 0106 |
| Residential Street Address 30 Bass Dr . | City Groton | State CT | Zip Code |
| Principal Occupation administrator | Name of Employer Williams college | | |
| 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 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 \$30.00 | Amount of Contribution \$30.00 |

| | | | |
|--|--------------------|--|------------------------------------|
| Last Name kudulis | First John | MI | Contribution ID # 0067 |
| Residential Street Address 40 Orchard St | City Stonington | State CT | Zip Code 06378 |
| Principal Occupation Retired | Name of Employer | | |
| 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 03/21/2026 |
| | | 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 |
| Aundre 2026 | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|---|--|-------------------------------------|
| Last Name Thompson | First Fiametta | MI P | Contribution ID # 0068 |
| Residential Street Address 40 Orchard St | City Stonington | State CT | Zip Code 06378 |
| Principal Occupation Retired | Name of Employer | | |
| 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 | |
| Amount of Contribution | | | |
| Is this contribution associated with an event reported in Section J1? 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 03/21/2026 | Aggregate Contributions \$100.00 |
| | | | \$100.00 |

| | | | |
|--|---|--|------------------------------------|
| Last Name Cavanagh | First Kevin | MI | Contribution ID # 0104 |
| Residential Street Address 14 Greenway Rd | City New London | State CT | Zip Code 06320 |
| 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 | |
| Amount of Contribution | | | |
| 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/23/2026 | Aggregate Contributions \$50.00 |
| | | | \$50.00 |

| | | | |
|--|---|--|------------------------------------|
| Last Name Gardiner | First Michael | MI | Contribution ID # 0100 |
| Residential Street Address 129 Allen St | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Business Insights Analyst, AVP | Name of Employer Citizens Bank | | |
| 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 | |
| Amount of Contribution | | | |
| 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/25/2026 | Aggregate Contributions \$50.00 |
| | | | \$50.00 |

| | | | |
|--|---|--|-------------------------------------|
| Last Name Charette | First Susan | MI | Contribution ID # 0101 |
| Residential Street Address 88 Somerset Dr | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Billing Coordinator | Name of Employer K&L Gates LLP | | |
| 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 | |
| Amount of Contribution | | | |
| 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/25/2026 | Aggregate Contributions \$150.00 |
| | | | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Aundre 2026 | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|------------------------------------|
| Last Name Mejza | First Carleen | MI | Contribution ID # 0102 |
| Residential Street Address 25 Pearl St | City Mystic | State CT | Zip Code 06355 |
| 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 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 \$25.00 |
| | | | Amount of Contribution \$25.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Kadden | First Sarah | MI | Contribution ID # 0103 |
| Residential Street Address 232 Ridgewood Dr . | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Social worker | Name of Employer New London Public Schools | | |
| 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 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 \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name O'Donnell | First James | MI | Contribution ID # 0099 |
| Residential Street Address 16 Brook St | City Noank | State CT | Zip Code 06340 |
| Principal Occupation Professor | Name of Employer No | | |
| 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 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 03/26/2026 | Aggregate Contributions \$30.00 |
| | | | Amount of Contribution \$30.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Fox | First Paul | MI | Contribution ID # 0098 |
| Residential Street Address 2 Essex St | City Mystic | State CT | Zip Code 06355 |
| 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 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 \$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 |
| Aundre 2026 | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|---|---|---|---|
| Last Name Bates | First Deborah | MI | Contribution ID # 0095 |
| Residential Street Address 65 Front St | City Groton | State CT | Zip Code |
| Principal Occupation Retired | Name of Employer CT | | |
| 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 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 \$10.00 |
| | | Amount of Contribution \$10.00 | |

| | | | |
|---|---|---|--|
| Last Name Oosterwyk | First Annie | MI | Contribution ID # 0096 |
| Residential Street Address 229 Fishtown Rd | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Librarian | Name of Employer Quinebaug Valley Community College | | |
| 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 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 \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|---|---|---|--|
| Last Name Richards | First Katharine | MI | Contribution ID # 0097 |
| Residential Street Address 78 Algonquin Dr | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Lecturer | Name of Employer UConn | | |
| 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 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 \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|---|---|---|---|
| Last Name Clark | First Micki | MI | Contribution ID # 0086 |
| Residential Street Address 50 High St | City Groton | State CT | Zip Code |
| 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 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 03/30/2026 | 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 |
| Aundre 2026 | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|--|------------------------------------|
| Last Name Helbig | First Elizabeth | MI | Contribution ID # 0087 |
| Residential Street Address 750 Groton Long Point Rd | City Noank | State CT | Zip Code 06340 |
| Principal Occupation CFO | Name of Employer Mystic Shipyard/Noank Village Boatyard | | |
| 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 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 03/30/2026 |
| | | Aggregate Contributions \$100.00 | Amount of Contribution \$100.00 |

| | | | |
|--|-----------------------------|--|----------------------------------|
| Last Name Smith | First Jan | MI | Contribution ID # 0088 |
| Residential Street Address 296 Elm St | City Groton | State CT | Zip Code 06340 |
| 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 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 03/30/2026 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

| | | | |
|--|-----------------------------|--|-----------------------------------|
| Last Name Goldstein | First Sue | MI | Contribution ID # 0089 |
| Residential Street Address 42 Crosswinds Dr | City Groton | State CT | Zip Code 06340 |
| 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 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 03/30/2026 |
| | | Aggregate Contributions \$60.00 | Amount of Contribution \$60.00 |

| | | | |
|--|--|--|-----------------------------------|
| Last Name Sims | First Samuel | MI | Contribution ID # 0090 |
| Residential Street Address 43 South Rd Apt | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Committee Clerk | Name of Employer Senate Democratic Office | | |
| 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 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 03/30/2026 |
| | | Aggregate Contributions \$35.00 | Amount of Contribution \$30.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Aundre 2026 | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--------------------------|--|------------------------------------|
| Last Name Shirvell | First Bridget | MI | Contribution ID # 0091 |
| Residential Street Address 13 School St | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Writer | Name of Employer Yale | | |
| 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 type="checkbox"/> No If yes, list Event # | | Date Received 03/30/2026 | Aggregate Contributions \$10.00 |
| 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 Lutz | First Catherine | MI | Contribution ID # 0092 |
| Residential Street Address 25 Orchard St Apt 11 | City Stonington | State CT | Zip Code 06378 |
| 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 type="checkbox"/> No If yes, list Event # | | Date Received 03/30/2026 | Aggregate Contributions \$30.00 |
| 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 \$30.00 | |

| | | | |
|--|-----------------------------|--|------------------------------------|
| Last Name McCormack | First Virginia | MI | Contribution ID # 0093 |
| Residential Street Address 50 Renee Dr | City Pawcatuck | State CT | Zip Code 06379 |
| 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 type="checkbox"/> No If yes, list Event # | | Date Received 03/30/2026 | 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 Finton | First Stephan | MI | Contribution ID # 0094 |
| Residential Street Address 496 Judson Ave | City Mystic | State CT | Zip Code 06355 |
| 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 type="checkbox"/> No If yes, list Event # | | Date Received 03/30/2026 | 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 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Aundre 2026 | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|---|--|---|-----------------------------------|
| Last Name Santos | First Robert | MI C | Contribution ID # 0070 |
| Residential Street Address 41 Fenner Ln | City Stonington | State CT | Zip Code 06378 |
| Principal Occupation carpenter | Name of Employer Self-employed | | |
| 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 | |
| Amount of Contribution | | | |
| 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"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/30/2026 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|---|--|---|-----------------------------------|
| Last Name Grimes | First Sandy | MI P | Contribution ID # 0071 |
| Residential Street Address 206 N Water St | City Stonington | State CT | Zip Code 06378 |
| Principal Occupation Retired | Name of Employer | | |
| 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 | |
| Amount of Contribution | | | |
| 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"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/30/2026 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|---|--|---|-----------------------------------|
| Last Name Grimes | First Teresa | MI S | Contribution ID # 0072 |
| Residential Street Address 206 N Water St | City Stonington | State CT | Zip Code 06378 |
| Principal Occupation Retired | Name of Employer | | |
| 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 | |
| Amount of Contribution | | | |
| 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"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/30/2026 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|---|--|---|-----------------------------------|
| Last Name Wilcox | First Henrietta | MI D | Contribution ID # 0073 |
| Residential Street Address 206 N Water St | City Stonington | State CT | Zip Code 06378 |
| Principal Occupation Retired | Name of Employer | | |
| 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 | |
| Amount of Contribution | | | |
| 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"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/30/2026 | 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 |
| Aundre 2026 | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|------------------|--|-------------------------------------|
| Last Name Case | First Joanna | MI M | Contribution ID # 0074 |
| Residential Street Address 200 Clift St | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Retired | Name of Employer | | |
| 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 03/30/2026 | Aggregate Contributions \$100.00 |
| 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 \$100.00 | |

| | | | |
|--|-----------------------------------|--|-------------------------------------|
| Last Name Hayes-Houlihan | First Stephanie | MI M | Contribution ID # 0075 |
| Residential Street Address 203 N Water St | City Stonington | State CT | Zip Code 06378 |
| Principal Occupation Owner | Name of Employer Water St Cafe | | |
| 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 03/30/2026 | Aggregate Contributions \$100.00 |
| 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 \$100.00 | |

| | | | |
|--|------------------|--|------------------------------------|
| Last Name codeanna | First Nancy | MI S | Contribution ID # 0076 |
| Residential Street Address 99 Front St | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Retired | Name of Employer | | |
| 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 03/30/2026 | Aggregate Contributions \$10.00 |
| 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 | |

| | | | |
|--|------------------|--|-----------------------------------|
| Last Name Huizinga | First Linda | MI E | Contribution ID # 0077 |
| Residential Street Address 97 Front St | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Retired | Name of Employer | | |
| 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 03/30/2026 | Aggregate Contributions \$5.00 |
| 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 \$5.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Aundre 2026 | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|------------------------------------|
| Last Name McElroy | First Christy | MI | Contribution ID # 0078 |
| Residential Street Address 16 Latham St | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Curriculum Director | Name of Employer The Riverfront Children's Center | | |
| 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 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 \$15.00 |
| | | Amount of Contribution \$15.00 | |

| | | | |
|--|--|---|------------------------------------|
| Last Name Kuhn | First Kris | MI | Contribution ID # 0079 |
| Residential Street Address 104 Irving St | City Mystic | State CT | Zip Code 06355 |
| 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 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 \$30.00 |
| | | Amount of Contribution \$30.00 | |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Kane | First Michael | MI | Contribution ID # 0080 |
| Residential Street Address 51 Jupiter Point Rd | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Retired | Name of Employer CT | | |
| 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 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 | |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Wright | First Hansina | MI | Contribution ID # 0081 |
| Residential Street Address 11 Chesbro Ave | City Noank | State CT | Zip Code 06340 |
| Principal Occupation Self employed fiber design | Name of Employer Mystic River Yarns | | |
| 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 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 |
| Aundre 2026 | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|---|---|--|-----------------------------------|
| Last Name Rothman | First Jennifer | MI | Contribution ID # 0082 |
| Residential Street Address 55 Hewitt Rd | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Non profit | Name of Employer Yellow Farmhouse Education Center | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" 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 \$10.00 | Amount of Contribution \$10.00 |

| | | | |
|--|-------------------------|--|----------------------------------|
| Last Name Jenkins | First Olivia | MI | Contribution ID # 0083 |
| Residential Street Address 71 Leafwood Ln | City Groton | State CT | Zip Code 06340 |
| Principal Occupation Administrator | Name of Employer SRM | | |
| 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 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 |

| | | | |
|--|--|--|----------------------------------|
| Last Name O'BRIEN | First JENNIFER | MI | Contribution ID # 0084 |
| Residential Street Address 110 Elm St | City Stonington | State CT | Zip Code 06378 |
| Principal Occupation Program director | Name of Employer Community Foundation | | |
| 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 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 |

| | | | |
|--|--|--|----------------------------------|
| Last Name Flax | First Bruce | MI | Contribution ID # 0085 |
| Residential Street Address 632 Noank Rd | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Chamber of Commerce President | Name of Employer Greater Mystic Chamber of Commerce | | |
| 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 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 |

| | | |
|--|--|-------------------|
| Total of Section B | | \$5,705.00 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS | (Sections A + B) <i>(Total on Line 14, Column A of Summary Page)</i> | \$5,705.00 |

I. MONETARY RECEIPTS (Section A-I)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|----------------------------|
| Aundre 2026 | 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 |
|-------------------|----------------------------|
| Aundre 2026 | 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 |
|-------------------|----------------------------|
| Aundre 2026 | 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 |
|-------------------|----------------------------|
| Aundre 2026 | 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 |
|-------------------|----------------------------|
| Aundre 2026 | 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 |
|-------------------|----------------------------|
| Audre 2026 | 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 |
|-------------------|----------------------------|
| Audre 2026 | 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 |
| Audre 2026 | 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 |
| Audre 2026 | 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 |
| Aundre 2026 | 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 |
| Aundre 2026 | 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? If yes, list Event# | Yes No | Description of In-Kind Contribution | |
| Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? | Yes No | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative | Fair Market Value of this Contribution |
| Type of Contributor: Individual Committee Sole Proprietorship | Date Received | Aggregate contributions | |

Total of Section K

III. Non Monetary Receipts (Sections K - L)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Aundre 2026 | 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 | | | Amount of Deposit |
| Street Address | City | State | |
| Total of Section L | | | |

IV. EXPENDITURES (Sections N - S)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Aundre 2026 | April 10 Filing - Original |

N. Expenses Paid By Committee

| | | | | |
|---|--|--|---|-------------------|
| Name of Payee Groton DTC | | Date of Payment 02/22/2026 | Method of Payment <input checked="" type="checkbox"/> Check # <u>89</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 355 Brook St | | City Noank | State CT | Zip Code 06340 |
| Purpose of Expend POC | Description Shared Restaurant space with GDTC for Aundre 2026 (Par 4, Groton) | | | 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 # |
| | | | | \$75.00 |
| Name of Payee Michael Farina | | Date of Payment 03/03/2026 | Method of Payment <input checked="" type="checkbox"/> Check # <u>9000</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 54 Robert Rd | | City Manchester | State CT | Zip Code 06040 |
| Purpose of Expend WEB | Description Domain name renewal | | | 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 # |
| | | | | \$74.36 |
| Name of Payee Anedot | | 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 3723 Greenville Avenue St # 41002 | | City Dallas | State TX | Zip Code 75206 |
| Purpose of Expend BNK | Description 1st Quarter accumulated Anedot fees from online contributions | | | 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 # |
| | | | | \$204.70 |
| Total of Section N | | | | \$354.06 |

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 | |
| Aundre 2026 | | | | | | 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 | Amount |
| Purpose of Expenditure (by code) | Description | | | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | | | Yes | Expenditure # (if applicable) | Event # | |
| | | | | No | | | |
| If yes, assign an Expenditure # and complete Itemization in Addendum | | | | | | | |
| Total of Section P | | | | | | | |

IV. EXPENDITURES (Sections N - S)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Aundre 2026 | 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 |
| Aundre 2026 | 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 |
| Aundre 2026 | 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 |