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

Electronic Filing

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COVER PAGE

1.NAME OF COMMITTEE	2. TYPE OF COMMITTEE
DeCaprio4CT48th	[x] Candidate Committee [ ] Exploratory Committee

3. TREASURER NAME

First	MI	Last	Suffix
Amy		**Lounsbury**	

4. TREASURER ADDRESS

Street Address	City	State	Zip Code
47 Noah's Way	**Baltic**	**CT**	**06330**

5. ELECTION DATE	6. OFFICE SOUGHT *(Complete only if Candidate Committee)*	7. DISTRICT NUMBER *(if applicable*
11/03/2026	**State Representative**	**R048**

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

First	MI	Last	Suffix
Mark		**DeCaprio**	

9. TYPE OF REPORT

April 10 Filing - Original

10. PERIOD COVERED

Beginning Date		Ending Date
01/01/2026	thru	**03/31/2026**

11. CERTIFICATION

[x] I hereby certify and state, under penalties of false statement, that all of the information set forth on this **Itemized Campaign Finance Disclosure Statement** for the period covered is true, accurate and complete.

Electronic Filing	**Amy Lounsbury**	**04/03/2026 2:28:27PM**
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED

A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to $25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.

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	
DeCaprio4CT48th	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)	**$5,912.00**	**$5,912.00**
15. Receipts from Other Committees (Sections C1 and C2)	**$0.00**	**$0.00**
16. Other Monetary Receipts (Section D through I)	**$0.02**	**$0.02**
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)	**$5,912.02**	**$5,912.02**
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	**$5,912.02**	**$5,912.02**
20. Expenses Paid by Committee (Section N)	**$280.02**	**$280.02**
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	**$5,632.00**	**$5,632.00**
22. In-Kind Donations not Considered Contributions Received (Section J3)	**$0.00**	**$0.00**
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	**$0.00**	**$0.00**
24. In-Kind Contributions Received (Section K)	**$0.00**	**$0.00**
25. Refundable Deposit to Telephone Company (Section L)	**$0.00**	**$0.00**
26. Beginning Loan Balance	**$0.00**	
26a. + Loans Received (Section D)	**$0.00**	**$0.00**
26b. + Interest and Penalties on Loan(s)	**$0.00**	**$0.00**
26c. - Payments on Loan(s)	**$0.00**	**$0.00**
26d. Total Outstanding Loan Amount	**$0.00**	
27. Campaign Expenses Paid By Candidate (Section O)	**$0.00**	**$0.00**
28. Expenses Incurred on Committee Credit Card (Section P)	**$0.00**	**$0.00**
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	**$0.00**	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	**$0.00**	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
DeCaprio4CT48th	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	First	MI	Contribution ID #
LOUNSBURY	AMY		0001

Residential Street Address	City	State	Zip Code
47 Noahs Way	Baltic	CT	06330

Principal Occupation	Name of Employer
BRANCH MANAGER	CSE CREDIT UNION

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $30.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received	Aggregate Contributions
01/12/2026	$30.00

Last Name	First	MI	Contribution ID #
NINTEAU	MICHAEL	E	0002

Residential Street Address	City	State	Zip Code
286 Clubhouse Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
DIRECTOR	TOWN OF MANSFIELD

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $30.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received	Aggregate Contributions
01/12/2026	$30.00

Last Name	First	MI	Contribution ID #
LOUNSBURY	AMY		0003

Residential Street Address	City	State	Zip Code
47 Noahs Way	Baltic	CT	06330

Principal Occupation	Name of Employer
BRANCH MANAGER	CSE CREDIT UNION

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received	Aggregate Contributions
01/15/2026	$35.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): DeCaprio4CT48th

TYPE OF REPORT: April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
BLODGETT	JILL		0004

Residential Street Address	City	State	Zip Code
21 Bush Hill Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
RETIRED	RETIRED

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 01/28/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
BLODGETT	ALTON		0005

Residential Street Address	City	State	Zip Code
21 Bush Hill Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
RETIRED	RETIRED

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 01/28/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
NOBLET	MAUREEN		0006

Residential Street Address	City	State	Zip Code
260 Camp Moween Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
RETIRED	RETIRED

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 01/29/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
NOBLET	JOHN	T	0007

Residential Street Address	City	State	Zip Code
260 Camp Moween Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
RETIRED	RETIRED

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 01/29/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): DeCaprio4CT48th

TYPE OF REPORT: April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
NINTEAU	SUZANNE	L	0008

Residential Street Address	City	State	Zip Code
286 Clubhouse Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
RETIRED	RETIRED

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 01/31/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
VICHAS	LEAH	M	0009

Residential Street Address	City	State	Zip Code
101 McCall Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
MARKETING SPECIALIST	HARTFORD HEALTHCARE

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 01/31/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
MCCALL	MAUREEN		0010

Residential Street Address	City	State	Zip Code
127 McCall Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
RETIRED	RETIRED

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 01/31/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
LABOMBARO	NOLAN	H	0011

Residential Street Address	City	State	Zip Code
33 McCall Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
FARMER	FIELD OF DREAMS FARM

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 01/31/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): DeCaprio4CT48th

TYPE OF REPORT: April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
ROGERS	ELIZABETH	L	0012

Residential Street Address	City	State	Zip Code
33 McCall Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
FARMER	FIELD OF DREAMS FARM

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 01/31/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
MCCALL	DIANE	L	0013

Residential Street Address	City	State	Zip Code
127 McCall Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
RETIRED	RETIRED

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 01/31/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
DECAPRIO	CATHRYN	A	0014

Residential Street Address	City	State	Zip Code
142 Bascom Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
HOMEMAKER	HOMEMAKER

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 01/31/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
TANNER	RICH		0015

Residential Street Address	City	State	Zip Code
28 Gem Dr	Colchester	CT	06415

Principal Occupation	Name of Employer
RETIRED	RETIRED

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 02/07/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): DeCaprio4CT48th

TYPE OF REPORT: April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
THOMAS	JOHN		0040

Residential Street Address	City	State	Zip Code
59 Debi Cir	Colchester	CT	06415

Principal Occupation	Name of Employer
OWNER/OPERATOR	INFINITY LIFE INS

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 02/10/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
WEBSTER	AMBER		0016

Residential Street Address	City	State	Zip Code
186 New London Rd	Colchester	CT	06415

Principal Occupation	Name of Employer
CONSULTANT	AMBER WEBSTER-SELF

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 02/12/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
WAGNER	ELIZABETH	S	0017

Residential Street Address	City	State	Zip Code
172 Stollman Rd	Colchester	CT	06415

Principal Occupation	Name of Employer
RETIRED	RETIRED

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $20.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 02/12/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
SHILOSKY	JULIANNE	M	0018

Residential Street Address	City	State	Zip Code
53 Stanavage Rd	Colchester	CT	06415

Principal Occupation	Name of Employer
RETIRED	RETIRED

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 02/12/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): DeCaprio4CT48th

TYPE OF REPORT: April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
LAIN	STEVEN	E	0019

Residential Street Address	City	State	Zip Code
188 Kahn Rd	Franklin	CT	06254

Principal Occupation	Name of Employer
IT SUPPORT	MECHANICAL RUBBER

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 02/12/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
MINER	THOMAS	J	0020

Residential Street Address	City	State	Zip Code
718 Route 32	North Franklin	CT	06254

Principal Occupation	Name of Employer
MAINTAINER 3	CT DEEP

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 02/12/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
CALVERT	MATTHEW	P	0021

Residential Street Address	City	State	Zip Code
330 Lebanon Rd	Franklin	CT	06254

Principal Occupation	Name of Employer
SUPERVISOR	EVERSOURCE

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 02/12/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
MINER	MICHAEL	D	0022

Residential Street Address	City	State	Zip Code
807 Route 32	North Franklin	CT	06254

Principal Occupation	Name of Employer
DRILLING AND BLASTING	ALW DRILLING AND BLASTING

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $12.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 02/12/2026

Aggregate Contributions: $12.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): DeCaprio4CT48th

TYPE OF REPORT: April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
WEINGART	RICHARD	H	0023

Residential Street Address	City	State	Zip Code
446 Lebanon Rd	North Franklin	CT	06254

Principal Occupation	Name of Employer
HOOF TRIMMER	SELF RICHARD WEINGART

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 02/12/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
WORLEY	WENDY	J	0024

Residential Street Address	City	State	Zip Code
38 North Ct	Colchester	CT	06415

Principal Occupation	Name of Employer
TEACHER	CREC

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 02/12/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
MARCHIGIANO	CAROL	A	0025

Residential Street Address	City	State	Zip Code
59 Colchester Cmns	Colchester	CT	06415

Principal Occupation	Name of Employer
RETIRED	RETIRED

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 02/12/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
NORTON	ANDREW	M	0026

Residential Street Address	City	State	Zip Code
94 Westchester Rd	Colchester	CT	06415

Principal Occupation	Name of Employer
RETIRED	RETIRED

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 02/12/2026

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): DeCaprio4CT48th

TYPE OF REPORT: April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
ODONAL SR	CLIFTON	D	0027

Residential Street Address	City	State	Zip Code
292 New London Rd	Colchester	CT	06415

Principal Occupation	Name of Employer
CEO	EMPIRE STATE PIPING CO INC

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 02/12/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
DUKSA	ROBERT	E	0028

Residential Street Address	City	State	Zip Code
29 Starr Rd	Colchester	CT	06415

Principal Occupation	Name of Employer
SITE WORK	IRON HORSE CONSTRUCTION

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 02/12/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
DUKSA	OLIVIA	H	0029

Residential Street Address	City	State	Zip Code
29 Starr Rd	Colchester	CT	06415

Principal Occupation	Name of Employer
HORSE TRAINER	IRON HORSE EQUESTRIAN

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 02/12/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
MATTSON	JEFFREY	L	0030

Residential Street Address	City	State	Zip Code
695 Norwich Ave	Colchester	CT	06415

Principal Occupation	Name of Employer
MUSICIAN	UNEMPLOYED

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 02/12/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): DeCaprio4CT48th

TYPE OF REPORT: April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
MARTIN	CHRISTINA	E	0031

Residential Street Address	City	State	Zip Code
24 Flom Dr	Colchester	CT	06415

Principal Occupation	Name of Employer
LETTER CARRIER	USPS

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 02/12/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
WORLEY	STEPHEN		0032

Residential Street Address	City	State	Zip Code
35 North Ln	Colchester	CT	06415

Principal Occupation	Name of Employer
EXECUTIVE	GHPT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $20.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 02/12/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
CALEF	LINDA		0033

Residential Street Address	City	State	Zip Code
328 Leonard Bridge Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
RETIRED	RETIRED

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 02/13/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
CALEF	LINDA		0034

Residential Street Address	City	State	Zip Code
328 Leonard Bridge Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
RETIRED	RETIRED

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $320.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 02/15/2026

Aggregate Contributions: $325.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): DeCaprio4CT48th

TYPE OF REPORT: April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
CALEF	BRUCE		0035

Residential Street Address	City	State	Zip Code
328 Leonard Bridge Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
RETIRED	RETIRED

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received	Aggregate Contributions	Amount of Contribution
02/16/2026	$320.00	$320.00

Last Name	First	MI	Contribution ID #
SMITH	MATTHEW	L	0039

Residential Street Address	City	State	Zip Code
336 Babcock Hill Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
E FIRE-X DISTRIBUTOR	K AND M SERVICES 2.0

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received	Aggregate Contributions	Amount of Contribution
02/17/2026	$340.00	$340.00

Last Name	First	MI	Contribution ID #
DUBREUIL	MICHAEL		0036

Residential Street Address	City	State	Zip Code
180 Woodbine Rd	Colchester	CT	06415

Principal Occupation	Name of Employer
ENGINEER	COLLINS AEROSPACE

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received	Aggregate Contributions	Amount of Contribution
02/18/2026	$25.00	$25.00

Last Name	First	MI	Contribution ID #
ODONAL SR	CLIFTON	D	0038

Residential Street Address	City	State	Zip Code
292 New London Rd	Colchester	CT	06415

Principal Occupation	Name of Employer
CEO	EMPIRE STATE PIPING CO INC

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received	Aggregate Contributions	Amount of Contribution
02/19/2026	$250.00	$250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): DeCaprio4CT48th

TYPE OF REPORT: April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
TANNER	KATHLEEN		0037

Residential Street Address	City	State	Zip Code
28 Gem Dr	Colchester	CT	06415

Principal Occupation	Name of Employer
RETIRED	RETIRED

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 02/20/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
LAFAILLE	PAMELA		0041

Residential Street Address	City	State	Zip Code
507 Waterman Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
CLINICAL SUPERVISOR	CHR

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 02/25/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
DECAPRIO	KAYLA		0042

Residential Street Address	City	State	Zip Code
142 Bascom Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
STUDENT	STUDENT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 02/25/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
NELSON	HAROLD	A	0043

Residential Street Address	City	State	Zip Code
140 Kingsley Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
COMPUTERS	MOHEGAN SUN

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 02/25/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): DeCaprio4CT48th

TYPE OF REPORT: April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
NELSON	BETH		0044

Residential Street Address	City	State	Zip Code
140 Kingsley Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
HOMEMAKER	HOMEMAKER

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 02/25/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
BATES	DEBORAH	A	0045

Residential Street Address	City	State	Zip Code
124 Marvin Rd	Colchester	CT	06415

Principal Occupation	Name of Employer
CONCIERGE	ALEXANDER & ROBERTS

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 02/26/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
BATES	JAMES	E	0046

Residential Street Address	City	State	Zip Code
124 Marvin Rd	Colchester	CT	06415

Principal Occupation	Name of Employer
SALES	LUCE, SCHWAB AND CASE

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 02/26/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
DECAPRIO	SAMUEL		0047

Residential Street Address	City	State	Zip Code
142 Bascom Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
MUSICIAN	SAMUEL DECAPRIO, INC

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 02/28/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): DeCaprio4CT48th

TYPE OF REPORT: April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
GUIDONE	JASON		0048

Residential Street Address	City	State	Zip Code
94 Cone Rd	Hebron	CT	06248

Principal Occupation	Name of Employer
RETIRED	RETIRED

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/02/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
MCCOMBER	BETSY		0049

Residential Street Address	City	State	Zip Code
332 Babcock Hill Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
RETIRED	RETIRED

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/03/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
KITTERMAN	BILL		0050

Residential Street Address	City	State	Zip Code
33 Highland Cir	Swanzey	NH	03446

Principal Occupation	Name of Employer
VICE PRESIDENT	BREMCO INC

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/04/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
MESSIER	DAVIN		0051

Residential Street Address	City	State	Zip Code
3 Exeter Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
HVAC	LEDGELIGHT PROPANE

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/04/2026

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): DeCaprio4CT48th

TYPE OF REPORT: April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
MCCALL	CATHERINE	L	0052

Residential Street Address	City	State	Zip Code
149 McCall Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
RETIRED	RETIRED

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/04/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
MESSIER	HALEY	B	0053

Residential Street Address	City	State	Zip Code
3 Exeter Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
DIAGNOSTIC IMAGING	BACKUS HOSPITAL

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/04/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
MCCALL	SCOTT	H	0054

Residential Street Address	City	State	Zip Code
149 McCall Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
RETIRED	RETIRED

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/04/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
KAMM	ELLEN		0055

Residential Street Address	City	State	Zip Code
1243 Exeter Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
RETIRED	RETIRED

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/06/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): DeCaprio4CT48th

TYPE OF REPORT: April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
HADYKA	CHRISTINE		0056

Residential Street Address	City	State	Zip Code
624 Waterman Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
BOOKKEEPING	CMA BOOKEEPING SERVICE

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received	Aggregate Contributions	Amount of Contribution
03/06/2026	$5.00	$5.00

Last Name	First	MI	Contribution ID #
PARIS	BOB		0067

Residential Street Address	City	State	Zip Code
56 Scenic Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
RETIRED	RETIRED

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received	Aggregate Contributions	Amount of Contribution
03/07/2026	$50.00	$50.00

Last Name	First	MI	Contribution ID #
MIZLA	DENISE		0068

Residential Street Address	City	State	Zip Code
356 Westchester Rd	Colchester	CT	06415

Principal Occupation	Name of Employer
ACCOUNTANT	IBC

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received	Aggregate Contributions	Amount of Contribution
03/08/2026	$100.00	$100.00

Last Name	First	MI	Contribution ID #
CALEF	ARTHUR	J	0057

Residential Street Address	City	State	Zip Code
177 Bascom Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
DESIGN SUPERVISOR	COLLINS & JEWELL

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received	Aggregate Contributions	Amount of Contribution
03/08/2026	$5.00	$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): DeCaprio4CT48th

TYPE OF REPORT: April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
CALEF	CRISTINA	A	0058

Residential Street Address	City	State	Zip Code
177 Bascom Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
HOMEMAKER	HOMEMAKER

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/08/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
CALEF	REBEKAH	A	0059

Residential Street Address	City	State	Zip Code
177 Bascom Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
STUDENT	STUDENT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/08/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
CALEF	LYDIA	J	0060

Residential Street Address	City	State	Zip Code
177 Bascom Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
STUDENT	STUDENT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/08/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
FINELLI	LINDA	R	0061

Residential Street Address	City	State	Zip Code
487 Kick Hill Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
RETIRED	RETIRED

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/08/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): DeCaprio4CT48th

TYPE OF REPORT: April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
GELIGOFF	DAVID	M	0062

Residential Street Address	City	State	Zip Code
101 Horiska Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
RETIRED	RETIRED

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $20.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/08/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
CHAMBERS	ANN	E	0063

Residential Street Address	City	State	Zip Code
101 Horiska Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
RETIRED	RETIRED

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $20.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/08/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
PERSON	JONAH	D	0064

Residential Street Address	City	State	Zip Code
1413 Exeter Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
TEACHER	KILLINGLY PUBLIC SCHOOLS

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/08/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
PERSON	DANELLE	J	0065

Residential Street Address	City	State	Zip Code
1413 Exeter Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
SUBSTITUTE TEACHER	FRANKLIN BOARD OF EDUCATION

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/08/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): DeCaprio4CT48th

TYPE OF REPORT: April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
PERSON	ERIK	F	0066

Residential Street Address	City	State	Zip Code
1413 Exeter Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
TEACHER	LEDYARD PUBLIC SCHOOLS

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/08/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
DINDA	GUTHRIE		0069

Residential Street Address	City	State	Zip Code
40 Scenic Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
CHIEF OPERATOR	TOWN OF COLCHESTER

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/11/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
CWIKLA	KEVIN		0070

Residential Street Address	City	State	Zip Code
419 Levita Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
RETIRED	RETIRED

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/13/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
WAGNER	ELIZABETH		0071

Residential Street Address	City	State	Zip Code
172 Stollman Rd	Colchester	CT	06415

Principal Occupation	Name of Employer
RETIRED	RETIRED

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/13/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): DeCaprio4CT48th

TYPE OF REPORT: April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
PETRIE	JUSTIN	T	0072

Residential Street Address	City	State	Zip Code
464 Parum Rd	Colchester	CT	06415

Principal Occupation	Name of Employer
ENGINEER	GENERAL DYNAMICS ELECTRIC BOAT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/15/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
PETRIE	MONICA	B	0073

Residential Street Address	City	State	Zip Code
464 Parum Rd	Colchester	CT	06415

Principal Occupation	Name of Employer
HOMEMAKER	HOMEMAKER

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/15/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
PETRIE	DECLAN	T	0074

Residential Street Address	City	State	Zip Code
464 Parum Rd	Colchester	CT	06415

Principal Occupation	Name of Employer
STUDENT	STUDENT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/15/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
PETRIE	ROARK	J	0075

Residential Street Address	City	State	Zip Code
464 Parum Rd	Colchester	CT	06415

Principal Occupation	Name of Employer
STUDENT	STUDENT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/15/2026

Aggregate Contributions: $20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): DeCaprio4CT48th

TYPE OF REPORT: April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
STRENKOWSKI	VIRGINIA	R	0076

Residential Street Address	City	State	Zip Code
1912A Exeter Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
RETIRED	RETIRED

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/15/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
CALEF	PETER	A	0077

Residential Street Address	City	State	Zip Code
232 Burnham Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
ELECTRICIAN	PJ LODOLA

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/15/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
CALEF	JUDAH	A	0078

Residential Street Address	City	State	Zip Code
232 Burnham Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
STUDENT	STUDENT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/15/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
CALEF	EMMA	R	0079

Residential Street Address	City	State	Zip Code
232 Burnham Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
STUDENT	STUDENT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/15/2026

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): DeCaprio4CT48th

TYPE OF REPORT: April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
CALEF	HANNAH	R	0080

Residential Street Address	City	State	Zip Code
232 Burnham Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
HOMEMAKER	HOMEMAKER

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/15/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
GARDELLA	LUCI		0081

Residential Street Address	City	State	Zip Code
1552 Exeter Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
STUDENT	STUDENT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/15/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
GARDELLA	NINA		0082

Residential Street Address	City	State	Zip Code
1552 Exeter Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
STUDENT	STUDENT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/15/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
GARDELLA	GENEVIEVE		0083

Residential Street Address	City	State	Zip Code
1552 Exeter Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
STUDENT	STUDENT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/15/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): DeCaprio4CT48th

TYPE OF REPORT: April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
GARDELLA	MARCELLO		0084

Residential Street Address	City	State	Zip Code
1552 Exeter Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
STUDENT	STUDENT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/15/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
GARDELLA	MATHEW		0085

Residential Street Address	City	State	Zip Code
1552 Exeter Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
PHYS. THERAPIST	CROSSROADS PT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/15/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
GARDELLA	REBECCA		0086

Residential Street Address	City	State	Zip Code
1552 Exeter Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
HOMEMAKER	HOMEMAKER

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/15/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
GARDELLA	GRACE		0087

Residential Street Address	City	State	Zip Code
1552 Exeter Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
STUDENT	STUDENT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/15/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): DeCaprio4CT48th

TYPE OF REPORT: April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
TURICK	JOHN	E	0088

Residential Street Address	City	State	Zip Code
388 Clubhouse Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
RETIRED	RETIRED

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/15/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
TURICK	JANICE	T	0089

Residential Street Address	City	State	Zip Code
388 Clubhouse Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
RETIRED	REITRED

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/15/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
MARTUCCI	STEVEN	J	0090

Residential Street Address	City	State	Zip Code
371 Clubhouse Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
DISTRIBUTION SYSTEM OPERATOR	EVERSOURCE

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/15/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
MARTUCCI	ANNA	L	0091

Residential Street Address	City	State	Zip Code
371 Clubhouse Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
HOMEMAKER	HOMEMAKER

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/15/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): DeCaprio4CT48th

TYPE OF REPORT: April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
BAUSCH	VANESSA	M	0092

Residential Street Address	City	State	Zip Code
41 Clubhouse Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
HOMEMAKER	HOMEMAKER

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/15/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
BAUSCH	DAVID	J	0093

Residential Street Address	City	State	Zip Code
41 Clubhouse Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
STRUCTURAL ENGINEER	AECOM

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/15/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
PERSON	JOSHUA	D	0094

Residential Street Address	City	State	Zip Code
1413 Exeter Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
MARKETING	POP MEDIA

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/15/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
PERSON	ELISABETH	F	0095

Residential Street Address	City	State	Zip Code
1413 Exeter Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
STUDENT	STUDENT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/15/2026

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): DeCaprio4CT48th

TYPE OF REPORT: April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
STEELE	ABIGAIL	M	0096

Residential Street Address	City	State	Zip Code
360 Leonard Bridge Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
STUDENT	STUDENT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/15/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
STEELE	ADAM	M	0097

Residential Street Address	City	State	Zip Code
360 Leonard Bridge Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
CARPENTER	STEELE HOME SOLUTIONS

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/15/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
STEELE	PAULA	M	0098

Residential Street Address	City	State	Zip Code
360 Leonard Bridge Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
MARKETING	UCONN

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/15/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
DUFF	JAMIE	L	0099

Residential Street Address	City	State	Zip Code
250 Babcock Hill Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
CHEMIST	GENERAL DYNAMICS ELECTRIC BOAT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/15/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): DeCaprio4CT48th

TYPE OF REPORT: April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
LAMB	WILLIAM	J	0100

Residential Street Address	City	State	Zip Code
250 Babcock Hill Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
MACHINIST	LAMB TOOL & MANUFACTURING LLC

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received	Aggregate Contributions	Amount of Contribution
03/15/2026	$5.00	$5.00

Last Name	First	MI	Contribution ID #
SLATE	JESSE	A	0101

Residential Street Address	City	State	Zip Code
646 Trumbull Hwy	Lebanon	CT	06249

Principal Occupation	Name of Employer
SERVICE	KAHN TRACTOR AND EQUIPMENT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received	Aggregate Contributions	Amount of Contribution
03/15/2026	$20.00	$20.00

Last Name	First	MI	Contribution ID #
GREEN	LINDSAY	K	0102

Residential Street Address	City	State	Zip Code
124 Norwich Ave	Lebanon	CT	06249

Principal Occupation	Name of Employer
ADMIN	KAHN TRACTOR AND EQUIPMENT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received	Aggregate Contributions	Amount of Contribution
03/15/2026	$20.00	$20.00

Last Name	First	MI	Contribution ID #
WELLS	RAND		0103

Residential Street Address	City	State	Zip Code
444 Oliver Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
SALES	KAHN TRACTOR AND EQUIPMENT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received	Aggregate Contributions	Amount of Contribution
03/15/2026	$10.00	$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): DeCaprio4CT48th

TYPE OF REPORT: April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
STOCKWELL	JAMES	A	0104

Residential Street Address	City	State	Zip Code
81 Harbor Rd	Colchester	CT	06415

Principal Occupation	Name of Employer
SALESMAN	KAHN TRACTOR AND EQUIPMENT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/15/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
PEPE	MACKENZIE		0105

Residential Street Address	City	State	Zip Code
816 Route 32	North Franklin	CT	06254

Principal Occupation	Name of Employer
OWNER/OPERATOR	COUNTRYSIDE TREE FARM

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/15/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
PEPE	TIMOTHY		0106

Residential Street Address	City	State	Zip Code
816 Route 32	North Franklin	CT	06254

Principal Occupation	Name of Employer
PARTS	KAHN TRACTOR AND EQUIPMENT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/15/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
MORRISON	JAMES	R	0107

Residential Street Address	City	State	Zip Code
568 Exeter Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
LANDSCAPER	TCB LANDSCAPING

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/15/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): DeCaprio4CT48th

TYPE OF REPORT: April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
CUMMINGS	JAMES	M	0108

Residential Street Address	City	State	Zip Code
568 Exeter Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
RETIRED	RETIRED

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/15/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
ARBUCKLE	CALEB	R	0109

Residential Street Address	City	State	Zip Code
86 Old Rod Rd	Colchester	CT	06415

Principal Occupation	Name of Employer
STUDENT	STUDENT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/15/2026

Aggregate Contributions: $40.00

Last Name	First	MI	Contribution ID #
ARBUCKLE	NATALIE	F	0110

Residential Street Address	City	State	Zip Code
86 Old Rod Rd	Colchester	CT	06415

Principal Occupation	Name of Employer
STUDENT	STUDENT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/15/2026

Aggregate Contributions: $40.00

Last Name	First	MI	Contribution ID #
ARBUCKLE	BRENDAN	W	0111

Residential Street Address	City	State	Zip Code
86 Old Rod Rd	Colchester	CT	06415

Principal Occupation	Name of Employer
CHIEF INFORMATION OFFICER	THE JACKSON LABORATORY

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $30.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/15/2026

Aggregate Contributions: $40.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): DeCaprio4CT48th

TYPE OF REPORT: April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
ARBUCKLE	REBEKAH	S	0112

Residential Street Address	City	State	Zip Code
86 Old Rod Rd	Colchester	CT	06415

Principal Occupation	Name of Employer
ACCOUNTING MANAGER	COLLINS & JEWELL

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/15/2026

Aggregate Contributions: $5.00

Amount of Contribution: $5.00

Last Name	First	MI	Contribution ID #
SMITH	KIM	L	0113

Residential Street Address	City	State	Zip Code
336 Babcock Hill Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
REGISTERED DIAGNOSTIC MEDICAL SONOGRAPHER	HARTFORD HEALTH CARE

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/15/2026

Aggregate Contributions: $340.00

Amount of Contribution: $340.00

Last Name	First	MI	Contribution ID #
SLATE	TIMOTHY	A	0114

Residential Street Address	City	State	Zip Code
577 Trumbull Hwy	Lebanon	CT	06249

Principal Occupation	Name of Employer
SALESMAN	KAHN TRACTOR AND EQUIPMENT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/15/2026

Aggregate Contributions: $150.00

Amount of Contribution: $150.00

Last Name	First	MI	Contribution ID #
BECKWITH	STORI		0115

Residential Street Address	City	State	Zip Code
700 Route 32	North Franklin	CT	06254

Principal Occupation	Name of Employer
MANAGER	KAHN TRACTOR AND EQUIPMENT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/15/2026

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): DeCaprio4CT48th

TYPE OF REPORT: April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
MCCALL	MAUREEN		0116

Residential Street Address	City	State	Zip Code
127 McCall Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
RETIRED	RETIRED

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $275.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/16/2026

Aggregate Contributions: $300.00

Last Name	First	MI	Contribution ID #
GILMAN	JONATHAN		0117

Residential Street Address	City	State	Zip Code
20 Gilman Rd	Gilman	CT	06336

Principal Occupation	Name of Employer
RETIRED	RETIRED

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $250.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/19/2026

Aggregate Contributions: $250.00

Last Name	First	MI	Contribution ID #
BROWN	JORDAN		0118

Residential Street Address	City	State	Zip Code
82 Bender Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
PASTOR	HEBRON CHURCH OF HOPE

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/20/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
SEELEY	BEVERLY		0119

Residential Street Address	City	State	Zip Code
75 Loomis Rd	Colchester	CT	06415

Principal Occupation	Name of Employer
RETIRED	RETIRED

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/20/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): DeCaprio4CT48th

TYPE OF REPORT: April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
DINDA	ALICIA		0120

Residential Street Address	City	State	Zip Code
40 Scenic Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
SPEECH PATHOLOGIST	ARISE N SHINE

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/20/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
STOVER	AMMI		0121

Residential Street Address	City	State	Zip Code
329 Fitchville Rd	Bozrah	CT	06334

Principal Occupation	Name of Employer
ECOMMERCE	EMERALD LANE LLC

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/21/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
STOVER	HANNAH		0122

Residential Street Address	City	State	Zip Code
329 Fitchville Rd	Bozrah	CT	06334

Principal Occupation	Name of Employer
BOOKKEEPER	Diligent Endeavors

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/21/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
SPENDALIERE	PAUL		0123

Residential Street Address	City	State	Zip Code
587 Levita Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
MANAGER VETERANS ADVOCACY AND ASSISTANCE	CT DEPT OF VETERANS AFFAIRS

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/21/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): DeCaprio4CT48th

TYPE OF REPORT: April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
DAGOSTINE	LOUIS		0124

Residential Street Address	City	State	Zip Code
32 Soundview Ave	Shelton	CT	06484

Principal Occupation	Name of Employer
RETIRED	RETIRED

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/21/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
SMITH II	GARY		0125

Residential Street Address	City	State	Zip Code
157 Branch Hill Rd	Preston	CT	06365-8605

Principal Occupation	Name of Employer
MANAGER	C & J

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/22/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
HOLT	MARY		0127

Residential Street Address	City	State	Zip Code
1438 Exeter Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
RETIRED	RETIRED

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/23/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
BISBIKOS	ANDREAS		0128

Residential Street Address	City	State	Zip Code
155 Standish Rd	Colchester	CT	06415

Principal Occupation	Name of Employer
SR DIRECTOR OF OPERATIONS	CARECO SHORELINE

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/26/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): DeCaprio4CT48th

TYPE OF REPORT: April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
CALVERT	PETER	D	0129

Residential Street Address	City	State	Zip Code
332 Lebanon Rd	Franklin	CT	06254

Principal Occupation	Name of Employer
RETIRED	RETIRED

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received	Aggregate Contributions	Amount of Contribution
03/26/2026	$25.00	$25.00

Last Name	First	MI	Contribution ID #
ATKINS	LILLIAN	A	0130

Residential Street Address	City	State	Zip Code
156 Wall St	Colchester	CT	06415

Principal Occupation	Name of Employer
RETIRED	RETIRED

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received	Aggregate Contributions	Amount of Contribution
03/26/2026	$35.00	$35.00

Last Name	First	MI	Contribution ID #
BOOTH	LARRY		0131

Residential Street Address	City	State	Zip Code
568 Exeter Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
MECHANIC	WESTERN EXPRESS

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received	Aggregate Contributions	Amount of Contribution
03/26/2026	$10.00	$10.00

Last Name	First	MI	Contribution ID #
BOOTH	STEPHANIE	L	0132

Residential Street Address	City	State	Zip Code
568 Exeter Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
LPN	APPLE REHAB

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received	Aggregate Contributions	Amount of Contribution
03/26/2026	$5.00	$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): DeCaprio4CT48th

TYPE OF REPORT: April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
HUSSEY	PAUL	M	0133

Residential Street Address	City	State	Zip Code
28 Country Ln	Lebanon	CT	06249

Principal Occupation	Name of Employer
RETIRED	RETIRED

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/26/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
POGMORE JR	CHARLES	T	0134

Residential Street Address	City	State	Zip Code
480 Trumbull Hwy	Lebanon	CT	06249

Principal Occupation	Name of Employer
FARMER	BLUEBIRD HILL FARM

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $20.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/26/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
MARVIN	TROY		0135

Residential Street Address	City	State	Zip Code
522 Norwich Ave	Colchester	CT	06415

Principal Occupation	Name of Employer
AUTO REPAIR	RELIABLE AUTO

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $20.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/26/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
CLARK	GREGORY		0136

Residential Street Address	City	State	Zip Code
22 Boulder Rd	Colchester	CT	06415

Principal Occupation	Name of Employer
RETIRED	RETIRED

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $30.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/26/2026

Aggregate Contributions: $30.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): DeCaprio4CT48th

TYPE OF REPORT: April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
CLARK	LINDA		0137

Residential Street Address	City	State	Zip Code
22 Boulder Rd	Colchester	CT	06415

Principal Occupation	Name of Employer
RETIRED	RETIRED

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received	Aggregate Contributions	Amount of Contribution
03/26/2026	$20.00	$20.00

Last Name	First	MI	Contribution ID #
DAY	JAMES	H	0138

Residential Street Address	City	State	Zip Code
201 Lebanon Ave	Lebanon	CT	06249

Principal Occupation	Name of Employer
RETIRED	RETIRED

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received	Aggregate Contributions	Amount of Contribution
03/26/2026	$5.00	$5.00

Last Name	First	MI	Contribution ID #
SCHULTE	CATHYANN		0139

Residential Street Address	City	State	Zip Code
290 Leonard Bridge Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
REALTOR	COUNTRYSIDE REALTY

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received	Aggregate Contributions	Amount of Contribution
03/26/2026	$20.00	$20.00

Last Name	First	MI	Contribution ID #
ELLIOTT	MARK		0140

Residential Street Address	City	State	Zip Code
352 Babcock Hill Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
RETIRED NURSE	RETIRED

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received	Aggregate Contributions	Amount of Contribution
03/26/2026	$5.00	$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): DeCaprio4CT48th

TYPE OF REPORT: April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
PAQUET	LORINA		0141

Residential Street Address	City	State	Zip Code
254 Camp Moween Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
RETIRED	RETIRED

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/26/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
PAQUET	FRANCIS		0142

Residential Street Address	City	State	Zip Code
254 Camp Moween Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
RETIRED	RETIRED

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/26/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
VONHALEM	PETER		0143

Residential Street Address	City	State	Zip Code
279 Bozrah St	Bozrah	CT	06334

Principal Occupation	Name of Employer
RETIRED	RETIRED

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/26/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
WEINSTEIGER	EILLEEN	B	0144

Residential Street Address	City	State	Zip Code
533 Goshen Hill Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
VAN COORDINATOR	TOWN OF LEBANON

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $20.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/26/2026

Aggregate Contributions: $20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): DeCaprio4CT48th

TYPE OF REPORT: April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
BAKANE	JOEL	F	0145

Residential Street Address	City	State	Zip Code
334 Leonard Bridge Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
OPERATIONS MANAGER	GENERAL DYNAMICS ELECTRIC BOAT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/26/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
BAKANE	JAMIE	L	0146

Residential Street Address	City	State	Zip Code
334 Leonard Bridge Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
HOMEMAKER	HOMEMAKER

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/26/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
PALMER	T ALLAN		0147

Residential Street Address	City	State	Zip Code
111 Goshen Hill Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
RETIRED	RETIRED

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $20.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/26/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
ELLIOTT	LINDA		0148

Residential Street Address	City	State	Zip Code
352 Babcock Hill Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
RETIRED	RETIRED

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/26/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): DeCaprio4CT48th

TYPE OF REPORT: April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
BRUSH	SARA ANNE	M	0149

Residential Street Address	City	State	Zip Code
87 Brush Hill Rd	Bozrah	CT	06334

Principal Occupation	Name of Employer
FARMER	BRUSH HILL DAIRY LLC

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/26/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
MOON	LEVI		0150

Residential Street Address	City	State	Zip Code
87 Brush Hill Rd	Bozrah	CT	06334

Principal Occupation	Name of Employer
FARMER	BRUSH HILL DAIRY LLC

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/26/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
MOON	DIXIE	A	0151

Residential Street Address	City	State	Zip Code
87 Brush Hill Rd	Bozrah	CT	06334

Principal Occupation	Name of Employer
FARMER	BRUSH HILL DAIRY LLC

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/26/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
LAIBRANDT	SHELLY	M	0152

Residential Street Address	City	State	Zip Code
126 Old Hwy	Lebanon	CT	06249

Principal Occupation	Name of Employer
NURSE	BACKUS HOSPITAL/HHC

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $20.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/26/2026

Aggregate Contributions: $20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): DeCaprio4CT48th

TYPE OF REPORT: April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
KOWALSKI	KENNETH	S	0153

Residential Street Address	City	State	Zip Code
126 Old Hwy	Lebanon	CT	06249

Principal Occupation	Name of Employer
SALES MANAGER	PALL CORPORATION

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/26/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
BROWN	FRANCES	S	0154

Residential Street Address	City	State	Zip Code
300 Lebanon Ave Apt 35	Colchester	CT	06415

Principal Occupation	Name of Employer
RETIRED	RETIRED

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/26/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
DANIELSON	ELIZABETH	S	0155

Residential Street Address	City	State	Zip Code
22 Boulder Rd	Colchester	CT	06415

Principal Occupation	Name of Employer
RETIRED	RETIRED

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $20.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/26/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
POGMORE	CHARLES	T	0156

Residential Street Address	City	State	Zip Code
480 Trumbull Hwy	Lebanon	CT	06249

Principal Occupation	Name of Employer
RETIRED	RETIRED

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/29/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): DeCaprio4CT48th

TYPE OF REPORT: April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
BROWN	CAROLE	M	0157

Residential Street Address	City	State	Zip Code
549 Goshen Hill Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
RETIRED	RETIRED

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/29/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
LAMB	ALICIA	A	0158

Residential Street Address	City	State	Zip Code
549 Goshen Hill Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
BUSINESS MANAGER	LEBANON HISTORICAL SOCIETY, INC

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/29/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
DUDAR	NANCY	M	0159

Residential Street Address	City	State	Zip Code
10 McCall Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
HOMEMAKER	COMMUNITY COMPANION AND HOMEMAKER

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/29/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
DUDAR	JOHN	M	0160

Residential Street Address	City	State	Zip Code
10 McCall Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
DOCK WORKER	UNCAS GAS

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/29/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): DeCaprio4CT48th

TYPE OF REPORT: April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
MOON	TEXAS		0161

Residential Street Address	City	State	Zip Code
87 Brush Hill Rd	Bozrah	CT	06334

Principal Occupation	Name of Employer
DAIRY FARMER	BRUSH HILL DAIRY

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/29/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
WALKER	GARY		0162

Residential Street Address	City	State	Zip Code
112 Clubhouse Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
RETIRED	RETIRED

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $40.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/30/2026

Aggregate Contributions: $40.00

Last Name	First	MI	Contribution ID #
WALKER	KIM		0163

Residential Street Address	City	State	Zip Code
112 Clubhouse Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
RETIRED	RETIRED

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $40.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/30/2026

Aggregate Contributions: $40.00

Last Name	First	MI	Contribution ID #
BOLTON	YVONNE		0164

Residential Street Address	City	State	Zip Code
51 West Rd	Marlborough	CT	06447

Principal Occupation	Name of Employer
RETIRED	RETIRED

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/30/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): DeCaprio4CT48th

TYPE OF REPORT: April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
SHILOSKY	SHANE		0165

Residential Street Address	City	State	Zip Code
260 Chruch St	Lebanon	CT	06249

Principal Occupation	Name of Employer
EQUIPMENT OPERATOR	RIGHT OF WAY SOLUTIONS

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $250.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/30/2026

Aggregate Contributions: $250.00

Last Name	First	MI	Contribution ID #
KOSTIC	NICOLE		0166

Residential Street Address	City	State	Zip Code
111 Clubhouse Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
FINANCIAL CLEARANCE COORDINATOR	YALE NEW HAVEN HOSPITAL

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/30/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
GUTOWSKI	TESSA		0168

Residential Street Address	City	State	Zip Code
184 Willington Hill Rd	Willington	CT	06279

Principal Occupation	Name of Employer
RETIRED	RETIRED

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/30/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
KOSTIC	CHRISTOPHER		0167

Residential Street Address	City	State	Zip Code
111 Clubhouse Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
WEB/APP DESIGNER	SELF

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☐ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/31/2026

Aggregate Contributions: $25.00

Total of Section B	**$5,912.00**
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Total on Line 14, Column A of Summary Page)*	**$5,912.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
DeCaprio4CT48th	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 If yes, list Event #	Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions	

Total of Section C1	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
DeCaprio4CT48th	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
DeCaprio4CT48th	April 10 Filing - Original

D. Loans Received this Period

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
DeCaprio4CT48th	April 10 Filing - Original

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

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

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
DeCaprio4CT48th	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
DeCaprio4CT48th	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
DeCaprio4CT48th	April 10 Filing - Original

I. Miscellaneous Monetary Receipts not Considered Contributions

Name	Date of Transaction	Amount Received
SEEC	02/19/2026	

Street Address	City	State	Zip Code
55 Farmington Ave	Hartford	CT	06105

Description	
PENNY TEST	$0.02
Total of Section I	**$0.02**

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
DeCaprio4CT48th	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 / No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations.
Did this fundraiser include items donated by a business entity of up to $200 or items donated by an individual of up to $100?	Yes / No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to $100?	Yes / No	(If yes, enter Total Receipts here.)

Total of Section J1	

II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
DeCaprio4CT48th	April 10 Filing - Original

J3. In-Kind Donations Not Considered Contributions

Name of the Donor			
Street Address	City	State	Zip Code

Donation Given by: Individual / Business Entity / Sole Proprietorship	Description of Donation			Fair Market Value of Donation
	Date Received	Event #	Aggregate value for this event	

Total of Section J3	

II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
DeCaprio4CT48th	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
DeCaprio4CT48th	April 10 Filing - Original

K. In-Kind Contributions

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

Total of Section K	

III. Non Monetary Receipts (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
DeCaprio4CT48th	April 10 Filing - Original

L. Refundable Deposit to Telephone Company

Last Name of Individual	First Name	MI	Date Deposit Made	
Residential Street Address	City	State	Zip Code	Amount of Deposit
Name of Telephone company				
Street Address	City	State	Zip Code	
			Total of Section L	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
DeCaprio4CT48th	April 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
HARLAND CLARKE	01/10/2026	[ ] Check # [x] Debit Card [ ] EFT

Street Address	City	State	Zip Code
15955 La Cantera Pkwy	San Antonio	TX	78256

Purpose of Expend	Description	Amount
OFFICE	CHECK ORDER FOR CHECKING ACCT	$33.98

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
ANEDOT	01/31/2026	[ ] Check # [ ] Debit Card [x] EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expend	Description	Amount
BNK	PROCESSING FEES FOR CREDIT CARD DONATIONS FOR JANUARY 2026	$3.10

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
GODADDY.COM	02/03/2026	[ ] Check # [x] Debit Card [ ] EFT

Street Address	City	State	Zip Code
2155 E Warner Rd	Tempe	AZ	85284

Purpose of Expend	Description	Amount
WEB	domain email purchase	$25.40

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
DeCaprio4CT48th	April 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
WIX.COM	02/06/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
500A Terry A Francois Blvd	San Francisco	CA	94158

Purpose of Expend	Description	Amount
WEB	WEBSITE BUILDING	

Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No			$25.52

Name of Payee	Date of Payment	Method of Payment
WIX.COM	02/06/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
500A Terry A Francois Blvd	San Francisco	CA	94158

Purpose of Expend	Description	Amount
WEB	WEBSITE BUILDING	

Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No			$19.80

Name of Payee	Date of Payment	Method of Payment
DIME BANK	02/27/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
290 Salem Tpke	Norwich	CT	06360

Purpose of Expend	Description	Amount
BNK	PAPER STMT FEE	

Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No			$3.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
DeCaprio4CT48th	April 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
ANEDOT	02/28/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expend	Description	Amount
BNK	PROCESSING FEES FOR CREDIT CARD DONATIONS FOR FEBRUARY 2026	$48.80

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
WIX.COM	03/04/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
500A Terry A Francois Blvd	San Francisco	CA	94158

Purpose of Expend	Description	Amount
WEB	MONTHLY DOMAIN WEBSITE MAINTENANCE FEE	$25.52

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
ANEDOT	03/31/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expend	Description	Amount
BNK	PROCESSING FEES FOR CREDIT CARD DONATIONS FOR MARCH 2026	$91.90

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
DeCaprio4CT48th	April 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
DIME BANK	03/31/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
290 Salem Tpke	Norwich	CT	06360

Purpose of Expend	Description	Amount
BNK	PAPER STATEMENT FEE	$3.00

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

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

Expenditure # (if applicable):

Event #:

Total of Section N **$280.02**

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
DeCaprio4CT48th	April 10 Filing - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card: Visa / Master Card / Discover / American Express / Other

Name of Vendor	Date of Transaction

Street Address	City	State	Zip Code

Purpose of Expenditure (by code)	Description	Amount

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

Total of Section P	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
DeCaprio4CT48th	April 10 Filing - Original

Q. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor	Date Incurred

Street Address	City	State	Zip Code

Purpose of Expenditure (by code)	Description	Amount Incurred (Estimate or Actual)

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

Total of Section Q	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
DeCaprio4CT48th	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 If yes, assign an Expenditure # and completes Itemization in Addendum R	Expenditure # (if applicable)	Event #	Amount

Total of Section R	

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
DeCaprio4CT48th	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