



COVER PAGE

| | | | | | | | |
|---|--|---|------------------------------|---|------------------------------|------------------------------------|--|
| 1. NAME OF COMMITTEE | | | | 2. TYPE OF COMMITTEE | | | |
| Amadasun for State Rep 2026 | | | | <input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee | | | |
| 3. TREASURER NAME | | | | | | | |
| First Stephen | | MI G | Last Wagner | | | Suffix | |
| 4. TREASURER ADDRESS | | | | | | | |
| Street Address 181 Tumblebrook Dr | | | City South Windsor | | State CT | Zip Code 06074-2220 | |
| 5. ELECTION DATE | | 6. OFFICE SOUGHT (Complete only if Candidate Committee) | | | | 7. DISTRICT NUMBER (if applicable) | |
| 11/03/2026 | | State Representative | | | | R014 | |
| 8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee) | | | | | | | |
| First Harrison | | MI | Last Amadasun | | | Suffix | |
| 9. TYPE OF REPORT | | | | | | | |
| April 10 Filing - Original | | | | | | | |
| 10. PERIOD COVERED | | | | | | | |
| | | Beginning Date | | thru | | Ending Date | |
| | | 02/28/2026 | | | | 03/31/2026 | |
| 11. CERTIFICATION | | | | | | | |
| <input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete. | | | | | | | |
| Electronic Filing | | Stephen Wagner | | | 04/07/2026 10:51:50AM | | |
| SIGNATURE | | PRINT NAME OF THE SIGNER | | | DATE CERTIFIED | | |
| <p>A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.</p> | | | | | | | |

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

SUMMARY PAGE TOTALS

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT | |
|---|----------------------------|-----------------------|
| Amadasun for State Rep 2026 | April 10 Filing - Original | |
| | COLUMN A This Period | COLUMN B Aggregate |
| 12. Balance on hand from day Committee was formed | | \$0.00 |
| 13. Balance on hand at the beginning of Reporting Period | \$0.00 | |
| 14. Contributions received from Individuals (Section A and B) | \$6,885.00 | \$6,885.00 |
| 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) | \$6,885.02 | \$6,885.02 |
| 19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B) | \$6,885.02 | \$6,885.02 |
| 20. Expenses Paid by Committee (Section N) | \$548.08 | \$548.08 |
| 21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns) | \$6,336.94 | \$6,336.94 |
| 22. In-Kind Donations not Considered Contributions Received (Section J3) | \$0.00 | \$0.00 |
| 23. In-Kind Donations not Considered Contributions - House Party (Section J4) | \$0.00 | \$0.00 |
| 24. In-Kind Contributions Received (Section K) | \$0.00 | \$0.00 |
| 25. Refundable Deposit to Telephone Company (Section L) | \$0.00 | \$0.00 |
| 26. Beginning Loan Balance | \$0.00 | |
| 26a. + Loans Received (Section D) | \$0.00 | \$0.00 |
| 26b. + Interest and Penalties on Loan(s) | \$0.00 | \$0.00 |
| 26c. - Payments on Loan(s) | \$0.00 | \$0.00 |
| 26d. Total Outstanding Loan Amount | \$0.00 | |
| 27. Campaign Expenses Paid By Candidate (Section O) | \$0.00 | \$0.00 |
| 28. Expenses Incurred on Committee Credit Card (Section P) | \$0.00 | \$0.00 |
| 29. Expenses Incurred by Committee During this Period but Not Paid (Section Q) | \$0.00 | |
| 29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q) | \$0.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | | | |
|---|--|--------------------------------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | TYPE OF REPORT | |
| Amadasun for State Rep 2026 | | 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 Fesko | | First Edward | | MI | Contribution ID # 0061 |
| Residential Street Address 412 Strong Rd | | City South Windsor | | State CT | Zip Code 06074 |
| Principal Occupation Scale Technician | | | Name of Employer Environmental Services, Inc. | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | Amount of Contribution |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is this contribution associated with an event reported in Section J1? If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Date Received 03/12/2026 Aggregate Contributions \$5.00 | |

| | | | | | |
|---|--|--|--|--|---------------------------|
| Last Name Mitchell | | First William | | MI | Contribution ID # 0062 |
| Residential Street Address 70 Brookfield St | | City South Windsor | | State CT | Zip Code 06074 |
| Principal Occupation Dispatch Director | | | Name of Employer Environmental Services, Inc. | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | Amount of Contribution |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is this contribution associated with an event reported in Section J1? If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Date Received 03/12/2026 Aggregate Contributions \$5.00 | |

| | | | | | |
|---|--|--|--|--|---------------------------|
| Last Name Slater | | First Howard | | MI O | Contribution ID # 0063 |
| Residential Street Address 311 Brookfield St | | City South Windsor | | State CT | Zip Code 06074 |
| Principal Occupation Operator | | | Name of Employer Environmental Services, Inc. | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | Amount of Contribution |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is this contribution associated with an event reported in Section J1? If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Date Received 03/12/2026 Aggregate Contributions \$5.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|---|-------------------------------------|---|-----------------------------------|
| Last Name Mitchell | First Daryl | MI D | Contribution ID # 0049 |
| Residential Street Address 90 Brookfield St | City South Windsor | State CT | Zip Code 06074 |
| Principal Occupation Dispatch | Name of Employer Env. Svcs. Inc. | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # | | Date Received 03/12/2026 | Aggregate Contributions \$5.00 |
| Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$5.00 | |

| | | | |
|---|--|---|-----------------------------------|
| Last Name Offiaeli | First Kenneth | MI C | Contribution ID # 0058 |
| Residential Street Address 210 Felt Rd | City South Windsor | State CT | Zip Code 06074 |
| Principal Occupation Retired | Name of Employer Retired from State | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # | | Date Received 03/14/2026 | Aggregate Contributions \$5.00 |
| Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$5.00 | |

| | | | |
|---|-----------------------------|---|-------------------------------------|
| Last Name Enagbare | First Alfred | MI O | Contribution ID # 0011 |
| Residential Street Address 30 Penwood Xing | City Glastonbury | State CT | Zip Code 06033 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # | | Date Received 03/14/2026 | Aggregate Contributions \$200.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$200.00 | |

| | | | |
|---|--|---|-------------------------------------|
| Last Name Udoh | First Aloysius | MI | Contribution ID # 0025 |
| Residential Street Address 28 Essex St | City Hartford | State CT | Zip Code 06114 |
| Principal Occupation Substitute Teacher | Name of Employer ESS (SGW note: Uconn Employee Sif Service) | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # | | Date Received 03/14/2026 | Aggregate Contributions \$100.00 |
| Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$100.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-----------------------------------|
| Last Name Russo | First Christopher | MI G | Contribution ID # 0019 |
| Residential Street Address 1457 Ellington Rd | City South Windsor | State CT | Zip Code 06074 |
| Principal Occupation Autobody painter | Name of Employer Turnpike Motors | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/14/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Bassman | First Lisa | MI R | Contribution ID # 0020 |
| Residential Street Address 1457 Ellington Rd | City South Windsor | State CT | Zip Code 06074 |
| Principal Occupation Sales Professional | Name of Employer Absap | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/14/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Amadasun | First Dexter | MI N | Contribution ID # 0021 |
| Residential Street Address 1475 Ellington Rd | City South Windsor | State CT | Zip Code 06074 |
| Principal Occupation Pharmacist (PharminD, RPh) | Name of Employer Ahold Delhaize LLC | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/14/2026 | Aggregate Contributions \$10.00 |
| | | | Amount of Contribution \$10.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Thomas | First Sandra | MI | Contribution ID # 0022 |
| Residential Street Address 71 Osprey Cir | City South Windsor | State CT | Zip Code 06074 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/15/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-----------------------------------|
| Last Name Thomas | First Basil | MI | Contribution ID # 0023 |
| Residential Street Address 71 Osprey Cir | City South Windsor | State CT | Zip Code 06074 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/15/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Thomas | First Philip | MI D | Contribution ID # 0024 |
| Residential Street Address 71 Osprey Cir | City South Windsor | State CT | Zip Code 06074 |
| Principal Occupation Machinist | Name of Employer Pratt and Whitney | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/15/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Enagbare | First Ivie | MI A | Contribution ID # 0012 |
| Residential Street Address 31 High St | City Glastonbury | State CT | Zip Code 06118 |
| Principal Occupation Human Resources Generalist | Name of Employer Intercommunity | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/15/2026 | Aggregate Contributions \$15.00 |
| | | | Amount of Contribution \$15.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Magor | First Austin | MI C | Contribution ID # 0013 |
| Residential Street Address 268 Sand Hill Rd | City South Windsor | State CT | Zip Code 06074 |
| Principal Occupation Student | Name of Employer Student | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/15/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|--|-----------------------------------|
| Last Name Magor | First Krista | MI O | Contribution ID # 0014 |
| Residential Street Address 268 Sand Hill Rd | City South Windsor | State CT | Zip Code 06074 |
| Principal Occupation Student | Name of Employer Student | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/15/2026 | Aggregate Contributions \$5.00 |
| If yes, list Event # | | Amount of Contribution \$5.00 | |

| | | | |
|--|--|--|-----------------------------------|
| Last Name Magor | First Clement | MI C | Contribution ID # 0015 |
| Residential Street Address 268 Sand Hill Rd | City South Windsor | State CT | Zip Code 06074 |
| Principal Occupation Nurse | Name of Employer State of CT Dept of Corrections | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/15/2026 | Aggregate Contributions \$5.00 |
| If yes, list Event # | | Amount of Contribution \$5.00 | |

| | | | |
|--|--|--|-----------------------------------|
| Last Name Magor | First Ifeoma | MI C | Contribution ID # 0016 |
| Residential Street Address 268 Sand Hill Rd | City South Windsor | State CT | Zip Code 06074 |
| Principal Occupation Nurse | Name of Employer Hartford Health Care | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/15/2026 | Aggregate Contributions \$5.00 |
| If yes, list Event # | | Amount of Contribution \$5.00 | |

| | | | |
|--|--|--|-----------------------------------|
| Last Name Magor | First Jane | MI K | Contribution ID # 0017 |
| Residential Street Address 268 Sand Hill Rd | City South Windsor | State CT | Zip Code 06074 |
| Principal Occupation Registered Nurse | Name of Employer Hartford Hospital | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/15/2026 | Aggregate Contributions \$5.00 |
| If yes, list Event # | | Amount of Contribution \$5.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-----------------------------------|
| Last Name Igboanugo | First Confest | MI O | Contribution ID # 0018 |
| Residential Street Address 268 Sand Hill Rd | City South Windsor | State CT | Zip Code 06074 |
| Principal Occupation Retired | Name of Employer retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/15/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Alatise | First Tony | MI T | Contribution ID # 0039 |
| Residential Street Address 598 Rye St | City South Windsor | State CT | Zip Code 06074 |
| Principal Occupation Retired | Name of Employer retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/15/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|-------------------------------------|
| Last Name Alatise | First Lara | MI | Contribution ID # 0037 |
| Residential Street Address 598 Rye St | City South Windsor | State CT | Zip Code 06074 |
| Principal Occupation Owner | Name of Employer Windsor Health and Rehabilitation Center | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/15/2026 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Ude | First Benneth | MI M | Contribution ID # 0043 |
| Residential Street Address 23 Wentworth Dr | City South Windsor | State CT | Zip Code 06074 |
| Principal Occupation Retired civil servant | Name of Employer Project Genesis | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/15/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|-------------------------------------|--|----------------------------------|
| Last Name Offiaeli | First Rita | MI | Contribution ID # 0046 |
| Residential Street Address 210 Felt Rd | City South Windsor | State CT | Zip Code 06074 |
| Principal Occupation Program Manager | Name of Employer Yale University | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/15/2026 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

| | | | |
|--|-------------------------------|--|----------------------------------|
| Last Name Ude | First Jonathan | MI O | Contribution ID # 0057 |
| Residential Street Address 23 Wentworth Dr | City South Windsor | State CT | Zip Code 06074 |
| Principal Occupation Illustrator, Animator | Name of Employer TOEI Inc. | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/15/2026 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

| | | | |
|--|--|--|----------------------------------|
| Last Name Ude | First Justin | MI | Contribution ID # 0044 |
| Residential Street Address 23 Wentworth Dr | City South Windsor | State CT | Zip Code 06074 |
| Principal Occupation Registered Nurse | Name of Employer Hartford Health Care | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/16/2026 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

| | | | |
|--|--------------------------------|--|----------------------------------|
| Last Name Ude | First Franklin | MI | Contribution ID # 0045 |
| Residential Street Address 23 Wentworth Dr | City South Windsor | State CT | Zip Code 06074 |
| Principal Occupation Unemployed | Name of Employer Unemployed | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/16/2026 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|--|-----------------------------------|
| Last Name Alatise | First Mutis | MI O | Contribution ID # 0038 |
| Residential Street Address 598 Rye St | City South Windsor | State CT | Zip Code 06074 |
| Principal Occupation Asst. Administrator | Name of Employer Windsor Health and Rehabilitation Center | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Amount of Contribution \$5.00 |
| | | Date Received 03/16/2026 | Aggregate Contributions \$5.00 |

| | | | |
|--|-----------------------------|--|-----------------------------------|
| Last Name Abrahamson | First Mark | MI J | Contribution ID # 0048 |
| Residential Street Address 603 Dzen Way | City South Windsor | State CT | Zip Code 06074 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Amount of Contribution \$5.00 |
| | | Date Received 03/17/2026 | Aggregate Contributions \$5.00 |

| | | | |
|--|-----------------------------|--|------------------------------------|
| Last Name Wagner | First Stephen | MI | Contribution ID # 0001 |
| Residential Street Address 181 Tumblebrook Dr | City South Windsor | State CT | Zip Code 06074 |
| Principal Occupation retired | Name of Employer retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Amount of Contribution \$5.00 |
| | | Date Received 03/17/2026 | Aggregate Contributions \$10.00 |

| | | | |
|--|--|--|-----------------------------------|
| Last Name Amadasun | First Catherine | MI | Contribution ID # 0002 |
| Residential Street Address 1475 Ellington Rd | City South Windsor | State CT | Zip Code 06074 |
| Principal Occupation School Administrator | Name of Employer Manchester Board of Ed | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Amount of Contribution \$5.00 |
| | | Date Received 03/17/2026 | Aggregate Contributions \$5.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|-----------------------------|---|----------------------------------|
| Last Name Wagner | First Stephen | MI | Contribution ID # 0003 |
| Residential Street Address 181 Tumblebrook Dr | City South Windsor | State CT | Zip Code 06074 |
| Principal Occupation retired | Name of Employer retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/17/2026 |
| | | Aggregate Contributions \$10.00 | Amount of Contribution \$5.00 |

| | | | |
|--|-----------------------------|---|------------------------------------|
| Last Name Okoh | First Michael | MI O | Contribution ID # 0033 |
| Residential Street Address 145 Benedict Dr | City South Windsor | State CT | Zip Code 06074 |
| Principal Occupation Retired | Name of Employer retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card | Date Received 03/17/2026 |
| | | Aggregate Contributions \$100.00 | Amount of Contribution \$100.00 |

| | | | |
|--|---|---|----------------------------------|
| Last Name Okoh | First Oge | MI N | Contribution ID # 0034 |
| Residential Street Address 145 Benedict Dr | City South Windsor | State CT | Zip Code 06074 |
| Principal Occupation Legal Information Specialist | Name of Employer Cooney, Scully, and Dowling Law | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card | Date Received 03/17/2026 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

| | | | |
|--|---|---|-----------------------------------|
| Last Name Okoh | First Roseline | MI A | Contribution ID # 0035 |
| Residential Street Address 145 Benedict Dr | City South Windsor | State CT | Zip Code 06074 |
| Principal Occupation Nursing | Name of Employer State of CT (DMHAS) | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card | Date Received 03/17/2026 |
| | | Aggregate Contributions \$50.00 | Amount of Contribution \$50.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | | | |
|---|--|--|--|--|--------------------------------------|
| Last Name Okoh | | First Emeka | | MI | Contribution ID # 0036 |
| Residential Street Address 145 Benedict Dr | | City South Windsor | | State CT | Zip Code 06074 |
| Principal Occupation Student | | | Name of Employer Student | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | Amount of Contribution \$5.00 |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Date Received 03/17/2026 Aggregate Contributions \$5.00 | |

| | | | | | |
|---|--|--|--|---|--------------------------------------|
| Last Name Wagner | | First Stephen | | MI | Contribution ID # 0004 |
| Residential Street Address 181 Tumblebrook Dr | | City South Windsor | | State CT | Zip Code 06074 |
| Principal Occupation Retired | | | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | Amount of Contribution \$5.00 |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Date Received 03/18/2026 Aggregate Contributions \$20.00 | |

| | | | | | |
|---|--|--|--|---|--------------------------------------|
| Last Name Wagner | | First Stephen | | MI | Contribution ID # 0005 |
| Residential Street Address 181 Tumblebrook Dr | | City South Windsor | | State CT | Zip Code 06074 |
| Principal Occupation Retired | | | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | Amount of Contribution \$5.00 |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Date Received 03/18/2026 Aggregate Contributions \$20.00 | |

| | | | | | |
|---|--|--|--|--|--------------------------------------|
| Last Name Thoman | | First David | | MI W | Contribution ID # 0047 |
| Residential Street Address 1002 Dzen Way | | City South Windsor | | State CT | Zip Code 06074 |
| Principal Occupation Retired | | | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | Amount of Contribution \$5.00 |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Date Received 03/18/2026 Aggregate Contributions \$5.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|-------------------------------|--|----------------------------------|
| Last Name Ocasio | First Julio | MI A | Contribution ID # 0040 |
| Residential Street Address 598 Rye St | City South Windsor | State CT | Zip Code 06074 |
| Principal Occupation Landscape Design | Name of Employer Litke LLC | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/18/2026 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

| | | | |
|--|-----------------------------|--|----------------------------------|
| Last Name Paterna | First Joan | MI | Contribution ID # 0041 |
| Residential Street Address 301 Strawberry Ln | City South Windsor | State CT | Zip Code 06074 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/18/2026 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

| | | | |
|--|-----------------------------|--|----------------------------------|
| Last Name Paterna | First Andrew | MI | Contribution ID # 0042 |
| Residential Street Address 301 Strawberry Ln | City South Windsor | State CT | Zip Code 06074 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/18/2026 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

| | | | |
|--|-----------------------------|--|----------------------------------|
| Last Name Thoman | First Andrea | MI M | Contribution ID # 0059 |
| Residential Street Address 1002 Dzen Way | City South Windsor | State CT | Zip Code 06074 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/18/2026 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|---|--|---|-----------------------------------|
| Last Name Marx | First Margaret | MI A | Contribution ID # 0060 |
| Residential Street Address 1202 Dzen Way | City South Windsor | State CT | Zip Code 06074 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/19/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|---|--|---|------------------------------------|
| Last Name Wagner | First Stephen | MI CT | Contribution ID # 0006 |
| Residential Street Address 181 Tumblebrook Dr | City South Windsor | State CT | Zip Code 06074 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/19/2026 | Aggregate Contributions \$25.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|---|--|---|-------------------------------------|
| Last Name Cobb | First Thessalonia | MI CT | Contribution ID # 0007 |
| Residential Street Address 301 Cold Spring Rd | City Rocky Hill | State CT | Zip Code 06067 |
| Principal Occupation Educator | Name of Employer Hartford Public Schools | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/19/2026 | Aggregate Contributions \$300.00 |
| | | | Amount of Contribution \$300.00 |

| | | | |
|---|--|---|------------------------------------|
| Last Name Parkinson | First Angie | MI CT | Contribution ID # 0008 |
| Residential Street Address 31 High St | City East Hartford | State CT | Zip Code 06118 |
| Principal Occupation Teacher | Name of Employer Colchester BoE | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/19/2026 | Aggregate Contributions \$25.00 |
| | | | Amount of Contribution \$25.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|---|---|------------------------------------|
| Last Name Ude | First Benneth | MI | Contribution ID # 0009 |
| Residential Street Address 23 Wentworth Dr | City South Windsor | State CT | Zip Code 06074 |
| Principal Occupation Retired civil servant | Name of Employer Project Genesis | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/19/2026 | Aggregate Contributions \$20.00 |
| | | Amount of Contribution \$20.00 | |

| | | | |
|--|---|---|-------------------------------------|
| Last Name Robinson | First Jacqueline | MI | Contribution ID # 0010 |
| Residential Street Address 7 Richard Ln # L | City Bloomfield | State CT | Zip Code 06002 |
| Principal Occupation CEO | Name of Employer SafePals Home Care | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/19/2026 | Aggregate Contributions \$200.00 |
| | | Amount of Contribution \$200.00 | |

| | | | |
|--|---|---|------------------------------------|
| Last Name Ehimwonzee | First Courage | MI | Contribution ID # 0026 |
| Residential Street Address 4601 Egret St | City Mesquite | State TX | Zip Code 75181 |
| Principal Occupation RN | Name of Employer Direct Home Health | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/20/2026 | Aggregate Contributions \$50.00 |
| | | Amount of Contribution \$50.00 | |

| | | | |
|--|---|---|-------------------------------------|
| Last Name Hassan | First Mohammed | MI | Contribution ID # 0027 |
| Residential Street Address 122 Tower Ave | City Hartford | State CT | Zip Code |
| Principal Occupation Insurance | Name of Employer Travelers | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/20/2026 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|-------------------------------|---|------------------------------------|
| Last Name Oretade | First Obafemi | MI | Contribution ID # 0028 |
| Residential Street Address 97 Joshua HI | City Windsor | State CT | Zip Code |
| Principal Occupation Nurse | Name of Employer Altranais | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/20/2026 |
| | | Aggregate Contributions \$200.00 | Amount of Contribution \$200.00 |

| | | | |
|--|------------------------|---|-----------------------------------|
| Last Name Bello | First Olajide | MI | Contribution ID # 0029 |
| Residential Street Address 39 Buckland St | City Manchester | State CT | Zip Code |
| Principal Occupation Trading | Name of Employer NA | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/20/2026 |
| | | Aggregate Contributions \$25.00 | Amount of Contribution \$25.00 |

| | | | |
|--|-----------------------------|---|------------------------------------|
| Last Name Thomas | First Adeleke | MI | Contribution ID # 0030 |
| Residential Street Address 3258 Ashmore Hall Dr | City Marietta | State GA | Zip Code 30062 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/20/2026 |
| | | Aggregate Contributions \$340.00 | Amount of Contribution \$340.00 |

| | | | |
|--|-----------------------------|---|------------------------------------|
| Last Name Omorogbe | First Amen | MI | Contribution ID # 0031 |
| Residential Street Address 33 Hamsphire Way | City Niskayuna | State NY | Zip Code 12309 |
| Principal Occupation Retired Engineer | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/20/2026 |
| | | Aggregate Contributions \$200.00 | Amount of Contribution \$200.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-------------------------------------|
| Last Name Akugue | First Patience | MI | Contribution ID # 0032 |
| Residential Street Address 36 Belmont Ave | City Windsor | State CT | Zip Code |
| Principal Occupation Nurse Practitioner | Name of Employer 1. University of Connecticut 2. Impact Health | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/20/2026 | Aggregate Contributions \$200.00 |
| | | Amount of Contribution \$200.00 | |

| | | | |
|--|--|---|-------------------------------------|
| Last Name Badiru | First Moryam | MI | Contribution ID # 0050 |
| Residential Street Address 31 High St | City East Hartford | State CT | Zip Code |
| Principal Occupation Employee | Name of Employer Manchester Public Schools | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/21/2026 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

| | | | |
|--|--|---|-------------------------------------|
| Last Name Aina | First Ola | MI | Contribution ID # 0051 |
| Residential Street Address 2 Brooke St | City Bloomfield | State CT | Zip Code |
| Principal Occupation Consultant | Name of Employer interNESS llc. | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/21/2026 | Aggregate Contributions \$200.00 |
| | | Amount of Contribution \$200.00 | |

| | | | |
|--|--|---|-------------------------------------|
| Last Name Uwaya | First Augustine | MI | Contribution ID # 0052 |
| Residential Street Address 56 Cornell Cir | City East Hartford | State CT | Zip Code |
| Principal Occupation NURSING | Name of Employer Department of Children and Families (DCF) | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/21/2026 | Aggregate Contributions \$340.00 |
| | | Amount of Contribution \$340.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|---|---|---|-------------------------------------|
| Last Name Kima | First Viva | MI | Contribution ID # 0053 |
| Residential Street Address 3532 Sandy Pt Key | City Virginia Beach | State VA | Zip Code 23452 |
| Principal Occupation Attorney | Name of Employer Kima Associates, LLC | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/21/2026 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

| | | | |
|---|---|---|-------------------------------------|
| Last Name Igbini | First Florence | MI | Contribution ID # 0054 |
| Residential Street Address 10214 Echo Ridge Ct | City Dallas | State TX | Zip Code 75243 |
| Principal Occupation Health care | Name of Employer F&F devoted home health services inc. | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/21/2026 | Aggregate Contributions \$300.00 |
| | | Amount of Contribution \$300.00 | |

| | | | |
|---|---|---|-------------------------------------|
| Last Name Igbini | First Felix | MI | Contribution ID # 0055 |
| Residential Street Address 9304 Forest Ln | City Dallas | State TX | Zip Code 75243 |
| Principal Occupation Health care | Name of Employer F&F DEVOTED HOME HEALTH SERVICES, Inc. | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/21/2026 | Aggregate Contributions \$340.00 |
| | | Amount of Contribution \$340.00 | |

| | | | |
|---|---|---|-------------------------------------|
| Last Name Amiang | First Ikoedem | MI | Contribution ID # 0056 |
| Residential Street Address 3829 Edinburgh Pl | City McKinney | State TX | Zip Code 75071 |
| Principal Occupation Nursing | Name of Employer Medical City, McKinney TX | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/21/2026 | Aggregate Contributions \$200.00 |
| | | Amount of Contribution \$200.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|---|---|---|-------------------------------------|
| Last Name Paterna | First Andrew | MI | Contribution ID # 0071 |
| Residential Street Address 301 Strawberry Ln | City South Windsor | State CT | Zip Code 06074 |
| Principal Occupation Professor-Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/22/2026 | Aggregate Contributions \$330.00 |
| | | | Amount of Contribution \$325.00 |

| | | | |
|---|---|---|-------------------------------------|
| Last Name Adeyemi | First Ty | MI | Contribution ID # 0072 |
| Residential Street Address 100 Woodside Dr | City Wethersfield | State CT | Zip Code 06109 |
| Principal Occupation Technology | Name of Employer Self employment | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/22/2026 | Aggregate Contributions \$200.00 |
| | | | Amount of Contribution \$200.00 |

| | | | |
|---|---|---|-------------------------------------|
| Last Name Iweka | First Ijeoma | MI | Contribution ID # 0073 |
| Residential Street Address 111 Cheshire Dr | City South Windsor | State CT | Zip Code 06074 |
| Principal Occupation Physician Scientist | Name of Employer Takeda | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/22/2026 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|---|---|---|-----------------------------------|
| Last Name Humphrey | First Damian | MI | Contribution ID # 0074 |
| Residential Street Address 6 Birch Hill Dr | City South Windsor | State CT | Zip Code 06074 |
| Principal Occupation CFO | Name of Employer Humphrey Solutions, LLC | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/23/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|---|---|---|-----------------------------------|
| Last Name Conery | First Michael | MI | Contribution ID # 0075 |
| Residential Street Address 48 Case Hill Cir | City South Windsor | State CT | Zip Code 06074 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/23/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|---|---|---|-----------------------------------|
| Last Name Conery | First Tracy | MI | Contribution ID # 0076 |
| Residential Street Address 48 Case Hill Cir | City South Windsor | State CT | Zip Code 06074 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/23/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|---|---|---|-------------------------------------|
| Last Name Okeke | First Uche | MI | Contribution ID # 0077 |
| Residential Street Address 13 Woodland Park | City Windsor | State CT | Zip Code 06095 |
| Principal Occupation Nurse | Name of Employer Apple healthcare | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/23/2026 | Aggregate Contributions \$200.00 |
| | | | Amount of Contribution \$200.00 |

| | | | |
|---|---|---|-------------------------------------|
| Last Name Fowors | First Johnny | MI | Contribution ID # 0078 |
| Residential Street Address 19 Mill St | City Manchester | State CT | Zip Code 06042 |
| Principal Occupation Retired Banker | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/23/2026 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|---|-----------------------------|--|------------------------------------|
| Last Name Zimmerman | First Craig | MI S | Contribution ID # 0079 |
| Residential Street Address 5A Amato Dr | City South Windsor | State CT | Zip Code 06074 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/23/2026 |
| | | Aggregate Contributions \$200.00 | Amount of Contribution \$200.00 |

| | | | |
|---|-------------------------------------|--|-----------------------------------|
| Last Name Ohenhen | First Odegua | MI TX | Contribution ID # 0080 |
| Residential Street Address 8014 Hidden Terrace Dr | City Sugar Land | State TX | Zip Code 77479 |
| Principal Occupation Computer Analyst | Name of Employer Prosperity Bank | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/23/2026 |
| | | Aggregate Contributions \$50.00 | Amount of Contribution \$50.00 |

| | | | |
|---|-------------------------------|--|-----------------------------------|
| Last Name DUBOIS | First COLIN | MI CT | Contribution ID # 0081 |
| Residential Street Address 27 Brian Rd | City West Hartford | State CT | Zip Code 06110 |
| Principal Occupation Insurance | Name of Employer Travelers | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/23/2026 |
| | | Aggregate Contributions \$50.00 | Amount of Contribution \$50.00 |

| | | | |
|---|-----------------------------|--|------------------------------------|
| Last Name Okasia | First Theo | MI CT | Contribution ID # 0082 |
| Residential Street Address 8 Applewood Rd | City Bloomfield | State CT | Zip Code 06002 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/23/2026 |
| | | Aggregate Contributions \$100.00 | Amount of Contribution \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|---|---|---|-------------------------------------|
| Last Name Moemeka | First Goziem | MI | Contribution ID # 0083 |
| Residential Street Address 395 Fern St | City West Hartford | State CT | Zip Code 06119 |
| Principal Occupation Consulting | Name of Employer Resource Group Staffing & Consulting, LLC. | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Amount of Contribution | | | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/23/2026 | Aggregate Contributions \$200.00 |
| | | Amount of Contribution \$200.00 | |

| | | | |
|---|---|---|-------------------------------------|
| Last Name Osakwe | First Gregory | MI | Contribution ID # 0084 |
| Residential Street Address 3035 Phelps Rd | City West Suffield | State CT | Zip Code 06093 |
| Principal Occupation Attorney | Name of Employer Osakwe Law offices | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Amount of Contribution | | | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/23/2026 | Aggregate Contributions \$340.00 |
| | | Amount of Contribution \$340.00 | |

| | | | |
|---|---|---|-------------------------------------|
| Last Name Heneden | First Best | MI | Contribution ID # 0085 |
| Residential Street Address 625 N Cockrell Hill Rd | City Desoto | State TX | Zip Code 75115 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Amount of Contribution | | | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/24/2026 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

| | | | |
|---|---|---|-------------------------------------|
| Last Name Wagner | First Stephen | MI | Contribution ID # 0086 |
| Residential Street Address 181 Tumblebrook Dr | City South Windsor | State CT | Zip Code 06074 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Amount of Contribution | | | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/24/2026 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$75.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-------------------------------------|
| Last Name Wagner | First Karen | MI | Contribution ID # 0087 |
| Residential Street Address 181 Tumblebrook Dr | City South Windsor | State CT | Zip Code 06074 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/24/2026 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

| | | | |
|--|--|---|-------------------------------------|
| Last Name Adebayo | First Babatunde | MI | Contribution ID # 0088 |
| Residential Street Address 157 Church St | City New Haven | State CT | Zip Code 06510 |
| Principal Occupation Attorney | Name of Employer Adebayo Law, LLC | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/24/2026 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

| | | | |
|--|--|---|------------------------------------|
| Last Name Sliech | First Nicholas | MI | Contribution ID # 0089 |
| Residential Street Address 28 Virginia St | City Agawam | State MA | Zip Code 01001 |
| Principal Occupation Operations Account Specialist | Name of Employer Travelers Insurance Company | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/25/2026 | Aggregate Contributions \$25.00 |
| | | Amount of Contribution \$25.00 | |

| | | | |
|--|--|---|-------------------------------------|
| Last Name Badiru | First Bola | MI | Contribution ID # 0090 |
| Residential Street Address 226 Matianuck Ave | City Windsor | State CT | Zip Code 06095 |
| Principal Occupation Employeeed | Name of Employer Options unlimited | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/25/2026 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | | | |
|---|--|--|---|--|---|
| Last Name Meyers | | First Karen | | MI S | Contribution ID # 0091 |
| Residential Street Address 1141 Strong Rd | | City South Windsor | | State CT | Zip Code 06074 |
| Principal Occupation Retired | | | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution \$5.00 |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Date Received 03/26/2026 | |
| | | | | Aggregate Contributions \$5.00 | |

| | | | | | |
|---|--|--|---|---|--|
| Last Name Jeski | | First Linda | | MI M | Contribution ID # 0092 |
| Residential Street Address 90 Mohegan Trl | | City South Windsor | | State CT | Zip Code 06074 |
| Principal Occupation Retired | | | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution \$25.00 |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Date Received 03/26/2026 | |
| | | | | Aggregate Contributions \$25.00 | |

| | | | | | |
|---|--|--|---|--|---|
| Last Name Walsh | | First Joan | | MI F | Contribution ID # 0093 |
| Residential Street Address 14-5 Arthur Dr | | City South Windsor | | State CT | Zip Code 06074 |
| Principal Occupation Retired | | | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution \$100.00 |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Date Received 03/26/2026 | |
| | | | | Aggregate Contributions \$100.00 | |

| | | | | | |
|---|--|--|---|--|---|
| Last Name Walsh | | First Warren | | MI H | Contribution ID # 0094 |
| Residential Street Address 14-5 Arthur Dr | | City South Windsor | | State CT | Zip Code 06074 |
| Principal Occupation Retired | | | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution \$100.00 |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Date Received 03/26/2026 | |
| | | | | Aggregate Contributions \$100.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-----------------------------------|
| Last Name Apter | First Philip | MI P | Contribution ID # 0095 |
| Residential Street Address 2402 Mill Pond Dr | City South Windsor | State CT | Zip Code 06074 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/26/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Pelkey | First John | MI P | Contribution ID # 0096 |
| Residential Street Address 446 Pleasant Valley Dr | City South Windsor | State CT | Zip Code 06074 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/26/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Favreau | First Janice | MI E | Contribution ID # 0097 |
| Residential Street Address 446 Pleasant Valley Dr | City South Windsor | State CT | Zip Code 06074 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/26/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Dopirak Sr. | First William | MI J | Contribution ID # 0098 |
| Residential Street Address 102 Strawberry Land | City South Windsor | State CT | Zip Code 06074 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/26/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|-----------------------------|--|-----------------------------------|
| Last Name Johnson | First Dwight | MI W | Contribution ID # 0099 |
| Residential Street Address 84 Brian Rd | City South Windsor | State CT | Zip Code 06074 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/26/2026 |
| | | Aggregate Contributions \$10.00 | Amount of Contribution \$10.00 |

| | | | |
|--|---|--|-----------------------------------|
| Last Name Lewis | First Mindy | MI | Contribution ID # 0100 |
| Residential Street Address 170 Long Hill Rd | City South Windsor | State CT | Zip Code 06074 |
| Principal Occupation Registrar of Voters | Name of Employer Town of South Windsor | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/26/2026 |
| | | Aggregate Contributions \$20.00 | Amount of Contribution \$20.00 |

| | | | |
|--|-----------------------------|--|-----------------------------------|
| Last Name Hoff | First Barbara | MI | Contribution ID # 0101 |
| Residential Street Address 51 Wild Life Trl | City South Windsor | State CT | Zip Code 06074 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/26/2026 |
| | | Aggregate Contributions \$25.00 | Amount of Contribution \$25.00 |

| | | | |
|--|-----------------------------|--|-----------------------------------|
| Last Name Sands | First Meghan | MI E | Contribution ID # 0104 |
| Residential Street Address 80 Judy Ln | City South Windsor | State CT | Zip Code 06074 |
| Principal Occupation Student | Name of Employer Student | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/26/2026 |
| | | Aggregate Contributions \$20.00 | Amount of Contribution \$20.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | | | |
|---|--|--|--|---|---------------------------------------|
| Last Name Elumogo | | First Anslem | | MI | Contribution ID # 0105 |
| Residential Street Address 51 Gaulin Rd | | City Columbia | | State CT | Zip Code 06237 |
| Principal Occupation Retired | | | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | Amount of Contribution \$25.00 |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | | Date Received 03/27/2026 Aggregate Contributions \$25.00 | |

| | | | | | |
|---|--|---|--|---|---------------------------------------|
| Last Name Sands | | First Valrie | | MI L | Contribution ID # 0102 |
| Residential Street Address 80 Judy Ln | | City South Windsor | | State CT | Zip Code 06074 |
| Principal Occupation CPA | | | Name of Employer Lines & Sands | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | Amount of Contribution \$20.00 |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card | | Date Received 03/27/2026 Aggregate Contributions \$20.00 | |

| | | | | | |
|---|--|---|--|---|---------------------------------------|
| Last Name Sands | | First Christopher | | MI T | Contribution ID # 0103 |
| Residential Street Address 80 Judy Ln | | City South Windsor | | State CT | Zip Code 06074 |
| Principal Occupation Computer Programmer | | | Name of Employer Schneider Electric | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | Amount of Contribution \$20.00 |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card | | Date Received 03/27/2026 Aggregate Contributions \$20.00 | |

| | | | | | |
|---|--|---|--|---|---------------------------------------|
| Last Name Elango | | First Anitha | | MI | Contribution ID # 0106 |
| Residential Street Address 108 Lisa Dr | | City South Windsor | | State CT | Zip Code 06074 |
| Principal Occupation Teacher | | | Name of Employer Manchester Community College | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | Amount of Contribution \$50.00 |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | | Date Received 03/28/2026 Aggregate Contributions \$50.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|---|--|---|-----------------------------------|
| Last Name Ramasamy | First Kavya | MI | Contribution ID # 0107 |
| Residential Street Address 108 Lisa Dr | City South Windsor | State CT | Zip Code 06074 |
| Principal Occupation Student | Name of Employer Student | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/28/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|---|--|---|------------------------------------|
| Last Name Ramasamy | First Surya | MI | Contribution ID # 0108 |
| Residential Street Address 108 Lisa Dr | City South Windsor | State CT | Zip Code 06074 |
| Principal Occupation Financial Analyst | Name of Employer NBC | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/28/2026 | Aggregate Contributions \$10.00 |
| | | | Amount of Contribution \$10.00 |

| | | | |
|---|--|---|-----------------------------------|
| Last Name Yanaway | First Siera | MI | Contribution ID # 0109 |
| Residential Street Address 139 Kent Ln | City South Windsor | State CT | Zip Code 06074 |
| Principal Occupation Manager | Name of Employer CCADV | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/28/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|---|--|---|-----------------------------------|
| Last Name Manhertz | First Jencin | MI C | Contribution ID # 0116 |
| Residential Street Address 20 Christine Ln | City South Windsor | State CT | Zip Code 06074 |
| Principal Occupation Teller/Accounts | Name of Employer AEFCU (American Eagle) | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/28/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | | | |
|---|--|--|---|--|---|
| Last Name Maturo | | First Rose | | MI | Contribution ID # 0115 |
| Residential Street Address 167 Lisa Dr | | City South Windsor | | State CT | Zip Code 06074 |
| Principal Occupation retired | | | Name of Employer retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution \$5.00 |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Date Received 03/29/2026 | |
| | | | | Aggregate Contributions \$5.00 | |

| | | | | | |
|---|--|--|---|--|---|
| Last Name Kennedy Jr | | First Joseph | | MI P | Contribution ID # 0112 |
| Residential Street Address 81 Alison Dr | | City South Windsor | | State CT | Zip Code 06074 |
| Principal Occupation Retired | | | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution \$5.00 |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Date Received 03/30/2026 | |
| | | | | Aggregate Contributions \$5.00 | |

| | | | | | |
|---|--|--|---|--|---|
| Last Name Kennedy | | First Timothy | | MI J | Contribution ID # 0113 |
| Residential Street Address 81 Alison Dr | | City South Windsor | | State CT | Zip Code 06074 |
| Principal Occupation Retired | | | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution \$5.00 |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Date Received 03/30/2026 | |
| | | | | Aggregate Contributions \$5.00 | |

| | | | | | |
|---|--|--|---|--|---|
| Last Name Kennedy | | First Christopher | | MI | Contribution ID # 0114 |
| Residential Street Address 81 Alison Dr | | City South Windsor | | State CT | Zip Code 06074 |
| Principal Occupation Server | | | Name of Employer Goodwin Hotel | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution \$5.00 |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Date Received 03/30/2026 | |
| | | | | Aggregate Contributions \$5.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-----------------------------------|
| Last Name Iweka | First Rob | MI C | Contribution ID # 0117 |
| Residential Street Address 111 Cheshire Dr | City South Windsor | State CT | Zip Code 06074 |
| Principal Occupation Student | Name of Employer Student | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/31/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Iweka | First Blossom | MI O | Contribution ID # 0118 |
| Residential Street Address 111 Cheshire Dr | City South Windsor | State CT | Zip Code 06074 |
| Principal Occupation Student | Name of Employer Student | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/31/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Green | First Michael | MI | Contribution ID # 0119 |
| Residential Street Address 43 Bancroft Ln | City South Windsor | State CT | Zip Code 06074 |
| Principal Occupation Insurance | Name of Employer Travelers Insurance | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/31/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|--|-------------------|
| Total of Section B | | | \$6,885.00 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS | | | \$6,885.00 |

(Sections A + B) (Total on Line 14, Column A of Summary Page)

I. MONETARY RECEIPTS (Section A-I)

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

C1. Contributions from Other Committees

| | | | | | | |
|-------------------|-------|---|-------------------|-------------------------|----|------------------------|
| Name of Committee | | | Name of Treasurer | | | |
| Address | | Is this contribution associated with an event reported in Section J1? | | Yes | No | Amount of Contribution |
| | | If yes, list Event # | | | | |
| City | State | Zip Code | Date Received | Aggregate Contributions | | |

Total of Section C1

I. MONETARY RECEIPTS (Section A-I)

| | |
|-----------------------------|----------------------------|
| NAME OF COMMITTEE | TYPE OF REPORT |
| Amadasun for State Rep 2026 | April 10 Filing - Original |

C2. Reimbursements or Surplus Distributions from other Committees

| | | | | | |
|-------------------|-------------|---------------|---|-------------------|--|
| Name of Committee | | | Name of Treasurer | | |
| Address | | Date Received | | Amount of Receipt | |
| City | State | Zip Code | Payment Type | | |
| | | | Reimbursement for shared expense | | |
| | | | Surplus distribution from exploratory committee | | |
| Expenditure # | Description | | | | |

Total of Section C2

I. MONETARY RECEIPTS (Section A-I)

| NAME OF COMMITTEE | TYPE OF REPORT |
|-----------------------------|----------------------------|
| Amadasun for State Rep 2026 | April 10 Filing - Original |

D. Loans Received this Period

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

I. MONETARY RECEIPTS (Section A-I)

| NAME OF COMMITTEE | TYPE OF REPORT |
|-----------------------------|----------------------------|
| Amadasun for State Rep 2026 | April 10 Filing - Original |

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

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

I. Monetary Receipts (Section A-I)

| NAME OF COMMITTEE | TYPE OF REPORT |
|-----------------------------|----------------------------|
| Amadasun for State Rep 2026 | April 10 Filing - Original |

G. Interest from Deposits in Authorized Accounts

| Name of Institution | Date Received | Amount | |
|---------------------------|---------------|--------|----------|
| Street Address | City | State | Zip Code |
| Total of Section G | | | |

I. MONETARY RECEIPTS (Section A-I)

| NAME OF COMMITTEE | TYPE OF REPORT |
|-----------------------------|----------------------------|
| Amadasun for State Rep 2026 | April 10 Filing - Original |

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

| Purpose of Grant: | Grant Cycle: | Date Received | Amount |
|---|---|---------------|--------|
| Initial Grant Adjustment Supplemental/Post Election Deficit | Primary General Election Special Election | | |
| Total of Section H | | | |

I. MONETARY RECEIPTS (Section A-I)

| NAME OF COMMITTEE | TYPE OF REPORT |
|-----------------------------|----------------------------|
| Amadasun for State Rep 2026 | April 10 Filing - Original |

I. Miscellaneous Monetary Receipts not Considered Contributions

| Name | Date of Transaction | Amount Received |
|---------------------------|---------------------|-----------------|
| State of Connecticut | 03/27/2026 | |
| Street Address | City | State |
| 55 Farmington Ave | Hartford | CT |
| Description | Zip Code | |
| Penny Test | 06105 | \$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 |
| Amadasun for State Rep 2026 | April 10 Filing - Original |

J1. Event Information

| | | | | |
|--------------------------|--------|-------------|--|--|
| Event # Date of Event | Letter | Description | Was this a fundraising event? Yes No | |
|--------------------------|--------|-------------|--|--|

| | | | |
|--------------------------|------|-------|----------|
| Location: Street Address | City | State | Zip Code |
|--------------------------|------|-------|----------|

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

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

| | | |
|--|-----|--------------------------------------|
| Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? | Yes | (If yes, enter Total Receipts here.) |
| | No | |

| | |
|----------------------------|--|
| Total of Section J1 | |
|----------------------------|--|

II. EVENT ACTIVITY (Sections J1 - J4)

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

J3. In-Kind Donations Not Considered Contributions

| |
|-------------------|
| Name of the Donor |
|-------------------|

| | | | |
|----------------|------|-------|----------|
| Street Address | City | State | Zip Code |
|----------------|------|-------|----------|

| | | | | |
|--|-------------------------|---------|--------------------------------|-------------------------------|
| Donation Given by: 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 |
| Amadasun for State Rep 2026 | April 10 Filing - Original |

J4. In-Kind Donations Not Considered Contributions Associated with a House Party

| | | | |
|-------------------------|---|---|-------------------------------|
| Name of Host | | Is this event supporting more than one candidate? | |
| | | Yes | No |
| | | If yes, complete Itemization in Addendum J4 | |
| Street Address | City | State | Zip Code |
| Description of Donation | | | Fair Market Value of Donation |
| Event # | Aggregate value of this Event - all hosts | Aggregate value of all Events - this host/candidate | |

Total of Section J4

III. NONMONETARY RECEIPTS (Sections K - L)

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

K. In-Kind Contributions

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

Total of Section K

III. Non Monetary Receipts (Sections K - L)

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

L. Refundable Deposit to Telephone Company

| | | | |
|----------------------------|------------|-------|-------------------|
| Last Name of Individual | First Name | MI | Date Deposit Made |
| Residential Street Address | City | State | Zip Code |
| Name of Telephone company | | | Amount of Deposit |
| Street Address | City | State | |
| Total of Section L | | | |

IV. EXPENDITURES (Sections N - S)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Amadasun for State Rep 2026 | April 10 Filing - Original |
| N. Expenses Paid By Committee | |

| | | | | |
|---|----------------------------|--|---|-------------------|
| Name of Payee Bank of America | | Date of Payment 03/17/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 243 Hartford Tpke | | City Vernon | State CT | Zip Code 06066 |
| Purpose of Expend BNK | Description Check order | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$53.92 |

| | | | | |
|---|---------------------------------|--|---|-------------------|
| Name of Payee Anedot, Inc. | | Date of Payment 03/18/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 1340 Poydras St Ste 1770 | | City New Orleans | State LA | Zip Code 70112 |
| Purpose of Expend BNK | Description Credit Card Fees | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$1.50 |

| | | | | |
|---|---------------------------------|--|---|-------------------|
| Name of Payee Anedot, Inc. | | Date of Payment 03/20/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 1340 Poydras St Ste 1770 | | City New Orleans | State LA | Zip Code 70112 |
| Purpose of Expend BNK | Description Credit Card Fees | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$24.50 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Amadasun for State Rep 2026 | April 10 Filing - Original |
| N. Expenses Paid By Committee | |

| | | | | |
|---|---------------------------------|----------------------------------|---|-------------------|
| Name of Payee Anedot, Inc. | | Date of Payment 03/22/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 1340 Poydras St Ste 1770 | | City New Orleans | State LA | Zip Code 70112 |
| Purpose of Expend BNK | Description Credit Card Fees | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | \$112.00 |

| | | | | |
|---|-----------------------------|----------------------------------|---|-------------------|
| Name of Payee Stephen Wagner | | Date of Payment 03/23/2026 | Method of Payment <input checked="" type="checkbox"/> Check # <u>1002</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 181 Tumblebrook Dr | | City South Windsor | State CT | Zip Code 06074 |
| Purpose of Expend RMB | Description Rubber Stamp | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | \$24.46 |

| | | | | |
|---|---------------------------------|----------------------------------|---|-------------------|
| Name of Payee Anedot, Inc. | | Date of Payment 03/24/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 1340 Poydras St Ste 1770 | | City New Orleans | State LA | Zip Code 70112 |
| Purpose of Expend BNK | Description Credit Card Fees | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | \$71.10 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Amadasun for State Rep 2026 | April 10 Filing - Original |
| N. Expenses Paid By Committee | |

| | | | | |
|---|---|----------------------------------|---|-------------------|
| Name of Payee Babatunde Adebayo | | Date of Payment 03/26/2026 | Method of Payment <input checked="" type="checkbox"/> Check # <u>1003</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 157 Church St | | City New Haven | State CT | Zip Code 06510 |
| Purpose of Expend REF | Description Full refund of contribution 88 | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | \$100.00 |

| | | | | |
|---|---------------------------------|----------------------------------|---|-------------------|
| Name of Payee Anedot, Inc. | | Date of Payment 03/27/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 1340 Poydras St Ste 1770 | | City New Orleans | State LA | Zip Code 70112 |
| Purpose of Expend BNK | Description Credit Card Fees | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | \$21.80 |

| | | | | |
|---|-----------------------|----------------------------------|---|-------------------|
| Name of Payee USPS | | Date of Payment 03/30/2026 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 850 Clark St | | City South Windsor | State CT | Zip Code 06074 |
| Purpose of Expend POST | Description Stamps | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | \$15.60 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Amadasun for State Rep 2026 | April 10 Filing - Original |
| N. Expenses Paid By Committee | |

| | | | |
|---|--|---|-----------------------|
| Name of Payee Anedot, Inc. | Date of Payment 03/31/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 1340 Poydras St Ste 1770 | City New Orleans | State LA | Zip Code 70112 |
| Purpose of Expend REF | Description Full refund of contribution 107 | Amount | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # \$5.00 |

| | | | |
|---|--|---|------------------------|
| Name of Payee Anedot, Inc. | Date of Payment 03/31/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 1340 Poydras St Ste 1770 | City New Orleans | State LA | Zip Code 70112 |
| Purpose of Expend REF | Description Full refund of contribution 108 | Amount | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # \$10.00 |

| | | | |
|---|--|---|-----------------------|
| Name of Payee Anedot, Inc. | Date of Payment 03/31/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 1340 Poydras St Ste 1770 | City New Orleans | State LA | Zip Code 70112 |
| Purpose of Expend BNK | Description Credit Card Fees | Amount | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # \$3.70 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Amadasun for State Rep 2026 | April 10 Filing - Original |
| N. Expenses Paid By Committee | |

| | | | | |
|---|---------------------------------|--|---|-------------------|
| Name of Payee Anedot, Inc. | | Date of Payment 03/31/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 1340 Poydras St Ste 1770 | | City New Orleans | State LA | Zip Code 70112 |
| Purpose of Expend BNK | Description Credit Card Fees | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$4.50 |

| | | | | |
|---|---|--|---|-------------------|
| Name of Payee Michael Okoh | | Date of Payment 03/31/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 145 Benedict Dr | | City South Windsor | State CT | Zip Code 06074 |
| Purpose of Expend REF | Description Full refund of contribution 33 (Donor cancelled check) | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$100.00 |

Total of Section N**\$548.08**

| 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 |
| Amadasun for State Rep 2026 | | | | | April 10 Filing - Original |
| P. Expenses Incurred on Committee Credit Card | | | | | |
| Name of Issuing Institution | | | Type of Credit Card: Visa Master Card Discover American Express Other | | |
| Name of Vendor | | | | Date of Transaction | |
| Street Address | | | City | State | Zip Code |
| Purpose of Expenditure (by code) | Description | | | | Amount |
| 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 # | |
| Total of Section P | | | | | |

IV. EXPENDITURES (Sections N - S)

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

Q. Expenses Incurred By Committee but Not Paid During this Period

| | | | |
|---|-------------|-------------------------------|--------------------------------------|
| Name of Creditor | | Date Incurred | |
| Street Address | | City | State Zip Code |
| Purpose of Expenditure (bv code) | Description | | Amount Incurred (Estimate or Actual) |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Yes No | Expenditure # (if applicable) | Event # |
| If yes, assign an Expenditure # and completes Itemization in Addendum Q | | | |

Total of Section Q

IV. EXPENDITURES (Sections N - S)

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

R. Itemization of Reimbursements and Secondary Payees

| | | | | |
|---|-------------------------------|------------------|---|---|
| Last Name of Worker/Consultant Wagner | First Stephen | MI G | Date of Payment to Vendor 03/21/2026 | Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1002 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
| Name of Vendor Paid by Committee Worker/Consultant Rubber Stamp Warehouse | | | | |
| Street Address of Vendor PO Box 245 | | City Waterloo | State NE | Zip Code 68069 |
| Purpose of Expenditure (by code) OVHD | Description Rubber Stamp | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # | Amount \$24.46 | |
| If yes, assign an Expenditure # and completes Itemization in Addendum R | | | | |
| Total of Section R | | | | \$24.46 |

IV. EXPENDITURES (Sectuibs N - S)

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

S. Surplus Distribution of Equipment and Furniture

| | | | | |
|---------------------------|------|-------|----------|----------------------------------|
| Name of Recipient | | | | |
| Street Address | City | State | Zip Code | Original Purchase Amount of Item |
| Description of Item | | | | |
| Total of Section S | | | | |

| Section J4. ADDENDUM | |
|---|----------------|
| NAME OF COMMITTEE | TYPE OF REPORT |
| | |
| J4. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum | |
| Event # | |
| Name of Candidate | |

| Section N. ADDENDUM | |
|---|-----------------------|
| NAME OF COMMITTEE | TYPE OF REPORT |
| | |
| N. Expenses Paid By Committee - Addendum | |
| Expenditure # | Amount of Expenditure |
| | |
| Name of Candidate | Office Sought |

| Section P. ADDENDUM | |
|---|-----------------------|
| NAME OF COMMITTEE | TYPE OF REPORT |
| | |
| P. Expenses Incurred on Committee Credit Card - Addendum | |
| Expenditure # | Amount of Expenditure |
| | |
| Name of Candidate | Office Sought |

| Section Q. ADDENDUM | |
|---|-----------------------|
| NAME OF COMMITTEE | TYPE OF REPORT |
| Q. Expenses Incurred by Committee but Not Paid During this Period - Addendum | |
| Expenditure # | Amount of Expenditure |
| Name of Candidate | Office Sought |

| Section R. ADDENDUM | |
|---|-----------------------|
| NAME OF COMMITTEE | TYPE OF REPORT |
| R. Itemization of Reimbursements and Secondary Payees - Addendum | |
| Expenditure # | Amount of Expenditure |
| Name of Candidate | Office Sought |