



COVER PAGE

1. NAME OF COMMITTEE			2. TYPE OF COMMITTEE		
Laroche4CT			<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee		
3. TREASURER NAME					
First Kathy	MI F	Last Ronan		Suffix	
4. TREASURER ADDRESS					
Street Address 25 Mt Pleasant Rd		City Newtown		State CT	Zip Code 06470
5. ELECTION DATE		6. OFFICE SOUGHT (Complete only if Candidate Committee)		7. DISTRICT NUMBER (if applicable)	
11/03/2026		State Senator		S028	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Amybeth	MI	Last Laroche		Suffix	
9. TYPE OF REPORT					
April 10 Filing - Original					
10. PERIOD COVERED					
		Beginning Date		Ending Date	
		01/01/2026	thru	03/31/2026	
11. CERTIFICATION					
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.					
Electronic Filing		Kathy Ronan		04/08/2026 4:52:28PM	
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	
Laroche4CT	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)	\$10,103.00	\$10,103.00
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$1.25	\$1.25
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)	\$10,104.25	\$10,104.25
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$10,104.25	\$10,104.25
20. Expenses Paid by Committee (Section N)	\$2,751.52	\$2,751.52
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	\$7,352.73	\$7,352.73
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)	\$50.00	\$50.00
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)	\$1,099.47	\$1,099.47
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	
Laroche4CT		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 Ronan		First Kathy		MI F	Contribution ID # 0112
Residential Street Address 25 Mount Pleasant Rd		City Newtown		State CT	Zip Code 06470
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
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 01/09/2026 Aggregate Contributions \$100.00	

Last Name McClay		First Steven		MI	Contribution ID # 0053
Residential Street Address 12 Elana Ln		City Sandy Hook		State CT	Zip Code 06482
Principal Occupation Operations Supervisor			Name of Employer Lockheed Martin		
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
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/11/2026 Aggregate Contributions \$25.00	

Last Name Zachos		First John		MI	Contribution ID # 0100
Residential Street Address 52 Elm Dr		City Newtown		State CT	Zip Code 06470
Principal Occupation Demand Planning Manager			Name of Employer Duracell		
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
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/14/2026 Aggregate Contributions \$25.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Landy	First James	MI	Contribution ID # 0048
Residential Street Address 150 Head of Meadow Rd	City Newtown	State CT	Zip Code 06470
Principal Occupation Compliance Officer	Name of Employer NYL Ins.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/15/2026	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Buzzi Jr	First Andrew	MI	Contribution ID # 0010
Residential Street Address 38 Obtuse Rd	City Newtown	State CT	Zip Code 06470
Principal Occupation Attorney	Name of Employer Buzzi Parkin 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 01/16/2026	Aggregate Contributions \$340.00
			Amount of Contribution \$340.00

Last Name Stolfi	First Stephen	MI	Contribution ID # 0090
Residential Street Address 39 The Blvd	City Newtown	State CT	Zip Code 06470
Principal Occupation Chief Commercial Officer	Name of Employer Ativion		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/16/2026	Aggregate Contributions \$340.00
			Amount of Contribution \$340.00

Last Name Zachos	First Ann	MI	Contribution ID # 0098
Residential Street Address 52 Elm Dr	City Newtown	State CT	Zip Code 06470
Principal Occupation Food Service	Name of Employer Stew Leonard, A&S		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/17/2026	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
Laroche4CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Cuocci	First Vincent	MI	Contribution ID # 0018
Residential Street Address 30 Little Brook Ln	City Newtown	State CT	Zip Code 06470
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/17/2026	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Engel	First Joseph	MI	Contribution ID # 0021
Residential Street Address 144 Lincoln Ave .	City Eastchester	State NY	Zip Code 10709
Principal Occupation Electrical Engineering	Name of Employer ODETNY		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/17/2026	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Freedman	First David	MI	Contribution ID # 0025
Residential Street Address 4 Laurel Rd	City Newtown	State CT	Zip Code 06470
Principal Occupation Human Resources	Name of Employer Subway		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/18/2026	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name O'Brien	First Sharon	MI	Contribution ID # 0056
Residential Street Address 190 Moore Hill Dr	City Southington	State CT	Zip Code 06489
Principal Occupation Real Estate Sales	Name of Employer Self: Hillside Properties		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/18/2026	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Pertoso	First Tracey	MI	Contribution ID # 0062
Residential Street Address 34 Winton Farm Rd	City Newtown	State CT	Zip Code 06470
Principal Occupation Attorney	Name of Employer Yale New Haven 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 01/20/2026	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Conlon	First Jennifer	MI	Contribution ID # 0016
Residential Street Address 7 Sebastian Trl	City Newtown	State CT	Zip Code 06470
Principal Occupation homemaker	Name of Employer homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/20/2026	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Zachos	First John	MI	Contribution ID # 0099
Residential Street Address 52 Elm Dr	City Newtown	State CT	Zip Code 06470
Principal Occupation Demand Planning Manager	Name of Employer Duracell		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/20/2026	Aggregate Contributions \$75.00
			Amount of Contribution \$50.00

Last Name Sampson	First Rob	MI	Contribution ID # 0082
Residential Street Address 276 Bound Line Rd	City Wolcott	State CT	Zip Code 06716
Principal Occupation Realtor	Name of Employer Realty 3 of CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/20/2026	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
Laroche4CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Pisani	First Derek	MI	Contribution ID # 0064
Residential Street Address 28 Parmalee Hill Rd	City Newtown	State CT	Zip Code 06470
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/21/2026	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Landau	First David	MI	Contribution ID # 0045
Residential Street Address 13 Wiley Ln	City Newtown	State CT	Zip Code 06470
Principal Occupation Real Estate	Name of Employer Landau Ventures		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/21/2026	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Landau	First JENNIFER	MI	Contribution ID # 0046
Residential Street Address 13 Wiley Ln	City Newtown	State CT	Zip Code 06470
Principal Occupation Real Estate	Name of Employer Landau Ventures		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/21/2026	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Morgan	First Michael	MI	Contribution ID # 0054
Residential Street Address 300 Big Rock Rd	City Salisbury	State NC	Zip Code 28146
Principal Occupation Police Detective	Name of Employer City of Salisbury		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/22/2026	Aggregate Contributions \$250.00
		Amount of Contribution \$250.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Burland	First Patrick	MI	Contribution ID # 0009
Residential Street Address 11 Ledge Rd	City Woodbridge	State CT	Zip Code 06525
Principal Occupation Digital Comm Mngr	Name of Employer ACC		
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 01/24/2026	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Warek	First Richard	MI	Contribution ID # 0094
Residential Street Address 3 Lone Oak Mdws	City Sandy Hook	State CT	Zip Code 06482
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 01/25/2026	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Roussas	First Sandy	MI	Contribution ID # 0079
Residential Street Address 38 Maltbie Rd	City Newtown	State CT	Zip Code 06470
Principal Occupation Attorney	Name of Employer Self		
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 01/26/2026	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name MacGuffie	First Robert	MI W	Contribution ID # 0113
Residential Street Address 144 Mayweed Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Insurance Agent	Name of Employer Evergreen Insurance, LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 01/30/2026	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
Laroche4CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Atherton	First Bryan	MI K	Contribution ID # 0114
Residential Street Address 30 Charter Ridge Dr	City Sandy Hook	State CT	Zip Code 06482
Principal Occupation Real Estate Broker	Name of Employer Atherton Real Estate Advisors		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/30/2026	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Pasquarella	First Dom	MI	Contribution ID # 0060
Residential Street Address 15 Butterfield Rd	City Newtown	State CT	Zip Code 06470
Principal Occupation Advertising	Name of Employer Mediassociates		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/30/2026	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Nicoletti	First Jennifer	MI	Contribution ID # 0055
Residential Street Address 68 Totem Trl	City Sandy Hook	State CT	Zip Code 06482
Principal Occupation Sales	Name of Employer Maplewood at Newtown		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/02/2026	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name O'Connor	First Barbara	MI	Contribution ID # 0129
Residential Street Address 36 Little Brook Ln	City Newtown	State CT	Zip Code 06470
Principal Occupation	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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/05/2026	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
Laroche4CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Pieretti	First Emily	MI	Contribution ID # 0063
Residential Street Address 14 Brandywine Ln	City Sandy Hook	State CT	Zip Code 06482
Principal Occupation Self Employed Esthetician	Name of Employer Emily Pieretti Beauty + Bridal		
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/06/2026	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00	

Last Name Koehm	First Andrew	MI	Contribution ID # 0044
Residential Street Address 5 Fernbrook Drew	City Brookfield	State CT	Zip Code 06804
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/07/2026	Aggregate Contributions \$25.00
If yes, list Event #		\$25.00	

Last Name DeMarco	First Rose	MI	Contribution ID # 0019
Residential Street Address 20 Sunset Hill Rd	City Brookfield	State CT	Zip Code 06804
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/07/2026	Aggregate Contributions \$50.00
If yes, list Event #		\$50.00	

Last Name Bolinsky	First Mitch	MI	Contribution ID # 0008
Residential Street Address 3 Wiley Ln	City Newtown	State CT	Zip Code 06470
Principal Occupation State Representative	Name of Employer CGA		
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/07/2026	Aggregate Contributions \$100.00
If yes, list Event #		\$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Catania	First Charles	MI	Contribution ID # 0014
Residential Street Address 20 Dailey Cir	City Vernon	State CT	Zip Code 06066
Principal Occupation Principal Consultant	Name of Employer Branding With Chuck		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/07/2026	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Accomando	First Debora	MI	Contribution ID # 0001
Residential Street Address 94 Walnut Tree Hill Rd	City Sandy Hook	State CT	Zip Code 06482
Principal Occupation Owner	Name of Employer Nutmeg Healthcare Recruiters		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/07/2026	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Accomando	First Robert	MI	Contribution ID # 0002
Residential Street Address 94 Walnut Tree Hill Rd	City Sandy Hook	State CT	Zip Code 06482
Principal Occupation COO	Name of Employer Nutmeg 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 02/07/2026	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Sauro	First John	MI	Contribution ID # 0083
Residential Street Address 18 Kitchawan Rd	City Pound Ridge	State NY	Zip Code 10576
Principal Occupation Owner	Name of Employer North Atlantic Mortgage Corp.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/07/2026	Aggregate Contributions \$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
Laroche4CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name TOWNZEN	First MATTHEW	MI	Contribution ID # 0093
Residential Street Address 404 Marklawn Ln	City Hutto	State TX	Zip Code 78634
Principal Occupation Soldier	Name of Employer U.S. Army		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 02/07/2026	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Wang	First Hsuan-Hui	MI A	Contribution ID # 0156
Residential Street Address 46 Village Walk	City Wilton	State CT	Zip Code 06897
Principal Occupation Teacher	Name of Employer New Canaan Public Schools		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>02072026A</u>		Date Received 02/07/2026	Aggregate Contributions \$50.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Covey	First Matthew	MI M	Contribution ID # 0157
Residential Street Address 181 Center St	City Manchester	State CT	Zip Code 06040
Principal Occupation Manager	Name of Employer McKinnens 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>02072026A</u>		Date Received 02/07/2026	Aggregate Contributions \$100.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Buzzi	First Michele	MI	Contribution ID # 0158
Residential Street Address 38 Obtuse Rd	City Newtown	State CT	Zip Code 06470
Principal Occupation Marketing	Name of Employer Buzzi Parkin		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>02072026A</u>		Date Received 02/07/2026	Aggregate Contributions \$340.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$340.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Allen		First Lisa		MI	Contribution ID # 0159
Residential Street Address 5 Elana Ln		City Sandy Hook		State CT	Zip Code 06482
Principal Occupation N/A			Name of Employer N/A		
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 # <u>02072026A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 02/07/2026	
Last Name Kearney		First Joseph		MI W	Contribution ID # 0160
Residential Street Address 9 Daniels Hill Rd		City Newtown		State CT	Zip Code 06470
Principal Occupation VP Retail, Bus.Dev.			Name of Employer DFA, 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		Amount of Contribution
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>02072026A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 02/07/2026	
Last Name Rahtelli		First Donna		MI	Contribution ID # 0161
Residential Street Address 16 Timber Mill Rd		City Sandy Hook		State CT	Zip Code 06482
Principal Occupation Educator			Name of Employer Diocese of Bridgeport		
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 # <u>02072026A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 02/07/2026	
Last Name Larkin		First Erin		MI	Contribution ID # 0115
Residential Street Address 10 Marlin Rd		City Newtown		State CT	Zip Code 06482
Principal Occupation			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		Amount of Contribution
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 02/08/2026	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Larkin	First Ryan	MI	Contribution ID # 0116
Residential Street Address 10 Marlin Rd	City Newtown	State CT	Zip Code 06482
Principal Occupation Student	Name of Employer None		
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 02/08/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Larkin	First Tim	MI	Contribution ID # 0117
Residential Street Address 10 Marlin Rd	City Newtown	State CT	Zip Code 06482
Principal Occupation Police Officer	Name of Employer Town of Monroe		
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 02/08/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Manusky	First Anne	MI	Contribution ID # 0051
Residential Street Address 20 Morning Glory Dr	City Easton	State CT	Zip Code 06612
Principal Occupation homemaker	Name of Employer homemaker		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/08/2026	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Porriello	First John Porriello	MI	Contribution ID # 0069
Residential Street Address 567 Main St	City South Glastonbury	State CT	Zip Code 06073
Principal Occupation Wealth Manager	Name of Employer Lifeline Financial, LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/08/2026	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
Laroche4CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Foncello	First Marty	MI	Contribution ID # 0022
Residential Street Address 11 Drover Rd	City Brookfield	State CT	Zip Code 06804
Principal Occupation State Representative	Name of Employer State of Connecticut		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/09/2026	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Timper	First Teresa	MI	Contribution ID # 0092
Residential Street Address 11 Elana Ln	City Sandy Hook	State CT	Zip Code 06482
Principal Occupation School Guidance Counselor	Name of Employer NYC Department of Education		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/09/2026	Aggregate Contributions \$125.00
		Amount of Contribution \$125.00	

Last Name Orlowski	First Daniel	MI	Contribution ID # 0057
Residential Street Address 16 Bridge End Farm Ln	City Sandy Hook	State CT	Zip Code 06482
Principal Occupation Owner	Name of Employer Truck Yeah Media		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/10/2026	Aggregate Contributions \$340.00
		Amount of Contribution \$340.00	

Last Name Sefsik	First Peter, Jr.	MI	Contribution ID # 0118
Residential Street Address 10 Roberts Dr	City Bethel	State CT	Zip Code 06801
Principal Occupation Meat Cutter	Name of Employer Caraluzzi's Market		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/12/2026	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
Laroche4CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Sefsik	First Marie	MI	Contribution ID # 0119
Residential Street Address 10 Roberts Dr	City Bethel	State CT	Zip Code 06801
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/12/2026	Aggregate Contributions \$5.00
			\$5.00

Last Name Jarvis	First Jennifer	MI	Contribution ID # 0041
Residential Street Address 52 Old Hawleyville Rd	City Bethel	State CT	Zip Code 06801
Principal Occupation Administrative	Name of Employer Grace Family Church		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/15/2026	Aggregate Contributions \$25.00
			\$25.00

Last Name Renzuella-Haddy	First Kelly	MI	Contribution ID # 0074
Residential Street Address 155 Currituck Rd	City Newtown	State CT	Zip Code 06470
Principal Occupation Department of Defense Contractor	Name of Employer Leonardo DRS		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/15/2026	Aggregate Contributions \$25.00
			\$25.00

Last Name Robertson	First Tiffany	MI	Contribution ID # 0076
Residential Street Address 50 Poverty Hollow Rd	City Newtown	State CT	Zip Code 06470
Principal Occupation Fiduciary Strategist	Name of Employer KeyBank		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/16/2026	Aggregate Contributions \$25.00
			\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Fitchett	First Keith	MI W	Contribution ID # 0120
Residential Street Address 12 Cherry St	City Sandy Hook	State CT	Zip Code 06482
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	Amount of Contribution Date Received 02/16/2026 Aggregate Contributions \$28.00 \$28.00

Last Name Carroll	First Philip	MI	Contribution ID # 0121
Residential Street Address 1 Fieldstone Dr	City Newtown	State CT	Zip Code 06470
Principal Occupation Dept. of Motor Vehicles	Name of Employer State of CT		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <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	Amount of Contribution Date Received 02/16/2026 Aggregate Contributions \$100.00 \$100.00

Last Name Larkin	First Jennifer	MI J	Contribution ID # 0162
Residential Street Address 10 Marlin Rd	City Sandy Hook	State CT	Zip Code 06482
Principal Occupation Marketing	Name of Employer Blue Crest		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Amount of Contribution Date Received 02/18/2026 Aggregate Contributions \$75.00 \$75.00

Last Name Pertoso	First Robert	MI	Contribution ID # 0061
Residential Street Address 34 Winton Farm Rd	City Newtown	State CT	Zip Code 06470
Principal Occupation Director of Sales	Name of Employer Seymour Oil & Propane		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Amount of Contribution Date Received 02/22/2026 Aggregate Contributions \$5.00 \$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Gardner-Young	First Fernanda	MI	Contribution ID # 0026
Residential Street Address 98 Hopewell Woods Rd	City Redding	State CT	Zip Code 06896
Principal Occupation homemaker	Name of Employer homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/22/2026	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Hampton	First Gregory	MI	Contribution ID # 0031
Residential Street Address 99 Walnut Tree Hill Rd	City Sandy Hook	State CT	Zip Code 06482
Principal Occupation Pilot	Name of Employer Solairus Aviation		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/22/2026	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Hampton	First Yolanda	MI	Contribution ID # 0033
Residential Street Address 99 Walnut Tree Hill Rd	City Sandy Hook	State CT	Zip Code 06482
Principal Occupation homemaker	Name of Employer homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/22/2026	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Atkinson	First Mary	MI	Contribution ID # 0004
Residential Street Address 8 Waterview Dr	City Sandy Hook	State CT	Zip Code 06482
Principal Occupation School Counselor	Name of Employer Joel Barlow High School		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/23/2026	Aggregate Contributions \$10.00
		Amount of Contribution \$10.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Reiss	First Cathy	MI	Contribution ID # 0072
Residential Street Address 42 Obtuse Rd	City Newtown	State CT	Zip Code 06470
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/23/2026	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Reiss	First Scott	MI	Contribution ID # 0073
Residential Street Address 42 Obtuse Rd	City Newtown	State CT	Zip Code 06470
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/23/2026	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Gelder	First Josh	MI	Contribution ID # 0027
Residential Street Address 301 Derby Ave	City Derby	State CT	Zip Code 06418
Principal Occupation Chief compliance officer	Name of Employer United Aero Group		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/25/2026	Aggregate Contributions \$150.00
			Amount of Contribution \$150.00

Last Name Sorrentino	First Daniel	MI J	Contribution ID # 0122
Residential Street Address 4 Surrey Trl	City Sandy Hook	State CT	Zip Code 06482
Principal Occupation Owner/Manager	Name of Employer Ren Corporation		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 02/25/2026	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Boczar	First David	MI J	Contribution ID # 0123
Residential Street Address 6 Newman Dr	City Easton	State CT	Zip Code 06612
Principal Occupation Financial Planner	Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/26/2026	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name Waugh	First Steven	MI G	Contribution ID # 0124
Residential Street Address 10 Cross Bow Ln	City Easton	State CT	Zip Code 06612
Principal Occupation Retired	Name of Employer Town of Easton		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/26/2026	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name Maiorano	First Glenn	MI	Contribution ID # 0141
Residential Street Address 18 Fair Oak Dr	City Easton	State CT	Zip Code 06612
Principal Occupation Tech Consultant	Name of Employer Accenture		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/26/2026	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name Rocchio	First Scott	MI	Contribution ID # 0077
Residential Street Address 353 Woodland Ln	City Orange	State CT	Zip Code 06477
Principal Occupation Chiropractor	Name of Employer Southern CT Chiropractic		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/27/2026	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
Laroche4CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Wiley	First Denise	MI	Contribution ID # 0125
Residential Street Address 71 Algonquin Trl	City Sandy Hook	State CT	Zip Code 06482
Principal Occupation Office Manager	Name of Employer United Methodist Church of Monroe		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input 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 03/01/2026	Aggregate Contributions \$200.00
		Amount of Contribution \$200.00	

Last Name Sorrentino	First Melissa	MI G	Contribution ID # 0126
Residential Street Address 4 Surrey Trl	City Sandy Hook	State CT	Zip Code 06482
Principal Occupation	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/02/2026	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Simon	First Neuseli	MI	Contribution ID # 0086
Residential Street Address 57 Taunton Lake Rd	City Newtown	State CT	Zip Code 06470
Principal Occupation International Compensation Analyst	Name of Employer Cartus Corporation		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/02/2026	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Stolfi	First Kristen	MI	Contribution ID # 0089
Residential Street Address 39 The Blvd	City Newtown	State CT	Zip Code 06470
Principal Occupation Real Estate Agent	Name of Employer Berkshire Hathaway		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/02/2026	Aggregate Contributions \$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
Laroche4CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Zukowski	First Deborra	MI	Contribution ID # 0101
Residential Street Address 4 Cornfield Ridge Rd	City Newtown	State CT	Zip Code 06470
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 03/02/2026	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Hawley	First Robert	MI	Contribution ID # 0034
Residential Street Address 27 Swamp Rd	City Newtown	State CT	Zip Code 06470
Principal Occupation Security Officer	Name of Employer Lockheed Martin		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/02/2026	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Atkinson	First Mary	MI	Contribution ID # 0003
Residential Street Address 8 Waterview Dr	City Sandy Hook	State CT	Zip Code 06482
Principal Occupation School Counselor	Name of Employer Joel Barlow High School		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/02/2026	Aggregate Contributions \$15.00
			Amount of Contribution \$5.00

Last Name Canfield	First Kenneth	MI	Contribution ID # 0011
Residential Street Address 7 Fox Run Ln S	City Newtown	State CT	Zip Code 06470
Principal Occupation CNC Machining	Name of Employer Arch Medical Solutions Newtown		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input 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 03/03/2026	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
Laroche4CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Hamilton	First Kathy	MI	Contribution ID # 0029
Residential Street Address 18 Nunnawauk Rd	City Newtown	State CT	Zip Code 06470
Principal Occupation Realtor	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 checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/03/2026	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Goodridge	First Steven	MI B	Contribution ID # 0137
Residential Street Address 3 Long View Heights Rd	City Newtown	State CT	Zip Code 06470
Principal Occupation Sales Consultant	Name of Employer Eder-Goodman		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input 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 03/03/2026	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Goodridge	First Susanbeth	MI	Contribution ID # 0138
Residential Street Address 3 Longview Heights Rd	City Newtown	State CT	Zip Code 06470
Principal Occupation Assistant Rep Registrar	Name of Employer Town of Newtown		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input 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 03/03/2026	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Goodridge	First Ryan	MI Y	Contribution ID # 0139
Residential Street Address 3 Longview Heights Rd	City Newtown	State CT	Zip Code 06470
Principal Occupation Store Manager	Name of Employer Caraluzzi's		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input 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 03/03/2026	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
Laroche4CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Speiser	First Thomas	MI	Contribution ID # 0087
Residential Street Address 3 Farm Field Ridge Rd	City Sandy Hook	State CT	Zip Code 06482
Principal Occupation Plumber	Name of Employer Rob Rozz		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/03/2026	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Canfield	First Kenneth	MI C	Contribution ID # 0127
Residential Street Address 7 Fox Run Ln S	City Newtown	State CT	Zip Code 06470
Principal Occupation Mechanic	Name of Employer NJK Automotive		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 03/03/2026	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Canfield	First Erica	MI R	Contribution ID # 0128
Residential Street Address 7 Fox Run Ln S	City Newtown	State CT	Zip Code 06470
Principal Occupation Registrar of Voters	Name of Employer Town of Newtown		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 03/03/2026	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Ruben	First Ben	MI	Contribution ID # 0080
Residential Street Address 115A Brushy Hill Rd	City Newtown	State CT	Zip Code 06470
Principal Occupation Broker	Name of Employer The BAR Group		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/04/2026	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
Laroche4CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Ruben	First Nina	MI	Contribution ID # 0081
Residential Street Address 115A Brushy Hill Rd	City Newtown	State CT	Zip Code 06470
Principal Occupation homemaker	Name of Employer homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/04/2026	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Dittmar	First Meghan	MI	Contribution ID # 0020
Residential Street Address 15 Timbermill Rd	City Sandy Hook	State CT	Zip Code 06482
Principal Occupation Speech Language Pathologist	Name of Employer Danbury Hospital		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/04/2026	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Rahtelli	First Joseph	MI	Contribution ID # 0070
Residential Street Address 16 Timbermill Rd	City Sandy Hook	State CT	Zip Code 06482
Principal Occupation Engineer	Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input 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 03/04/2026	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Pisani	First Domenica	MI	Contribution ID # 0065
Residential Street Address 28 Parmalee Hill Rd	City Newtown	State CT	Zip Code 06470
Principal Occupation Coach	Name of Employer Elite Gymnastics Center 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 03/04/2026	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
Laroche4CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Improta	First Paul	MI	Contribution ID # 0040
Residential Street Address 11 Highview Ter	City Bethel	State CT	Zip Code 06801
Principal Occupation Insurance Agent	Name of Employer Underwriters, 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 03/04/2026	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Boland	First Mark	MI	Contribution ID # 0007
Residential Street Address 66 Taunton Hill Rd	City Newtown	State CT	Zip Code 06470
Principal Occupation Insurance	Name of Employer Skyward Specialty 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 type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/06/2026	Aggregate Contributions \$200.00
			Amount of Contribution \$200.00

Last Name Catalina	First Tom	MI	Contribution ID # 0012
Residential Street Address 59 Butterfield Rd	City Newtown	State CT	Zip Code 06470
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 03/06/2026	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Catalina	First Toni	MI	Contribution ID # 0013
Residential Street Address 59 Butterfield Rd	City Newtown	State CT	Zip Code 06470
Principal Occupation President	Name of Employer EAAL Equity 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 03/06/2026	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name hudak	First lori	MI	Contribution ID # 0038
Residential Street Address 53 Riverside Rd	City Sandy Hook	State CT	Zip Code 06482
Principal Occupation Instructor	Name of Employer SNHU		
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 03/07/2026	Aggregate Contributions \$15.00
		Amount of Contribution \$15.00	

Last Name Halstead	First Debbie	MI	Contribution ID # 0028
Residential Street Address 23 Cherry St	City Sandy Hook	State CT	Zip Code 06482
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 03/07/2026	Aggregate Contributions \$10.00
		Amount of Contribution \$10.00	

Last Name MacGuffie	First Robert	MI	Contribution ID # 0050
Residential Street Address 144 Mayweed Rd .	City Fairfield	State CT	Zip Code 06824
Principal Occupation insurance agent	Name of Employer Evergreen Insurance		
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 03/07/2026	Aggregate Contributions \$140.00
		Amount of Contribution \$140.00	

Last Name Ramsey	First Donald	MI	Contribution ID # 0071
Residential Street Address 3 Prospect Dr	City Newtown	State CT	Zip Code 06470
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 03/08/2026	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
Laroche4CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Hawley	First Tiffany	MI	Contribution ID # 0035
Residential Street Address 27 Swamp Rd	City Newtown	State CT	Zip Code 06470
Principal Occupation Owner	Name of Employer Tallow Dream Cream 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 03/08/2026	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name Bloom	First Barbara	MI	Contribution ID # 0005
Residential Street Address 25 Philo Curtis Rd	City Sandy Hook	State CT	Zip Code 06482
Principal Occupation Paraeducator	Name of Employer Newtown 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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/08/2026	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name Bloom	First Dennis	MI	Contribution ID # 0006
Residential Street Address 25 Philo Curtis Rd	City Sandy Hook	State CT	Zip Code 06482
Principal Occupation Senior Center Driver	Name of Employer Town of Southbury		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input 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 03/08/2026	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name Matthew	First Mihalcik	MI	Contribution ID # 0052
Residential Street Address 93 Berkshire Rd	City Sandy Hook	State CT	Zip Code 06482
Principal Occupation Commercial lending	Name of Employer Newtown Savings 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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/09/2026	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
Laroche4CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Humire	First Melissa	MI	Contribution ID # 0039
Residential Street Address 8 Fox Run Ln S	City Newtown	State CT	Zip Code 06470
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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/10/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Termini	First Steven	MI	Contribution ID # 0091
Residential Street Address 8 Fox Run Ln S	City Newtown	State CT	Zip Code 06470
Principal Occupation Lmsw	Name of Employer Hospital		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/10/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Widmann	First Constance	MI	Contribution ID # 0096
Residential Street Address 74 Hattertown Rd	City Newtown	State CT	Zip Code 06470
Principal Occupation Realtor	Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input 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 03/10/2026	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Palmieri	First Joseph	MI A	Contribution ID # 0140
Residential Street Address 195 N Park Ave	City Easton	State CT	Zip Code 06612
Principal Occupation Farm/Tree Service	Name of Employer Palmieri Farm		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input 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 03/10/2026	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
Laroche4CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Landin	First Steven	MI	Contribution ID # 0047
Residential Street Address 26 Main St	City Newtown	State CT	Zip Code 06470
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 03/13/2026	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Wright	First Jeffrey	MI	Contribution ID # 0097
Residential Street Address 1925 Huntington Tpke	City Trumbull	State CT	Zip Code 06611
Principal Occupation Painting Contractor	Name of Employer J.A.Wright & Co,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 03/14/2026	Aggregate Contributions \$200.00
		Amount of Contribution \$200.00	

Last Name Sheridan	First John	MI	Contribution ID # 0085
Residential Street Address 2 12th St .	City Hoboken	State NJ	Zip Code 07030
Principal Occupation Sr Technology Manager	Name of Employer NYS Courts		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input 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 03/14/2026	Aggregate Contributions \$340.00
		Amount of Contribution \$340.00	

Last Name Carroll	First Nick	MI	Contribution ID # 0130
Residential Street Address 10 Hitfield Rd	City Newtown	State CT	Zip Code 06470
Principal Occupation Kitchen Clerk	Name of Employer Big Y		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input 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 03/15/2026	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
Laroche4CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Mick	First Michelle	MI C	Contribution ID # 0131
Residential Street Address 10 Hitfield Rd	City Newtown	State CT	Zip Code 06470
Principal Occupation Postal Clerk	Name of Employer USPS		
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 03/15/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Carroll	First Sharon	MI F	Contribution ID # 0132
Residential Street Address 10 Hitfield Rd	City Newtown	State CT	Zip Code 06470
Principal Occupation Manager	Name of Employer Big Y		
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 03/15/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Carroll	First Robert	MI J	Contribution ID # 0133
Residential Street Address 10 Hitfield Rd	City Newtown	State CT	Zip Code 06470
Principal Occupation Grocer Manager	Name of Employer Big Y		
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 03/15/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Schierloh	First Ed	MI	Contribution ID # 0084
Residential Street Address 6 Shady Rest Blvd	City Sandy Hook	State CT	Zip Code 06482
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/16/2026	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
Laroche4CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Formica	First Antonio	MI	Contribution ID # 0023
Residential Street Address 11 Founders Ln	City Sandy Hook	State CT	Zip Code 06482
Principal Occupation Professional Pilot	Name of Employer Solairus Aviation		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input 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 03/18/2026	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Formica	First Barbara	MI	Contribution ID # 0024
Residential Street Address 11 Founders Ln	City Sandy Hook	State CT	Zip Code 06482
Principal Occupation Paraeducator	Name of Employer Weston 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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/18/2026	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Beeble	First Timothy	MI R	Contribution ID # 0134
Residential Street Address 63 Grassy Plain St	City Bethel	State CT	Zip Code 06801
Principal Occupation Registrar of Voters	Name of Employer Town of Bethel		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input 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 03/20/2026	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name MacGuffie	First Adrienne	MI	Contribution ID # 0049
Residential Street Address 144 Mayweed Rd	City Fairfield	State CT	Zip Code 06824
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 03/21/2026	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Kellerman	First Kiley	MI	Contribution ID # 0042
Residential Street Address 4 Brookfield Ave	City Fairfield	State CT	Zip Code 06825
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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/22/2026	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Clark	First Bruce	MI	Contribution ID # 0015
Residential Street Address 100 Wasserman Way	City Newtown	State CT	Zip Code 06470
Principal Occupation Property manager	Name of Employer Potatuck land 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"/> 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	

Last Name Montague	First Dave	MI R	Contribution ID # 0135
Residential Street Address 4 Kip Ln	City Newtown	State CT	Zip Code 06470
Principal Occupation Arborist	Name of Employer NEH Service		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input 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 03/23/2026	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name Henneberry	First Kenneth	MI W	Contribution ID # 0153
Residential Street Address 31 Deer Run	City Bethel	State CT	Zip Code 06801
Principal Occupation Retired	Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input 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 03/23/2026	Aggregate Contributions \$30.00
		Amount of Contribution \$30.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Finn	First Steven	MI W	Contribution ID # 0154
Residential Street Address 10 Twelve O'Clock Cir	City Trumbull	State CT	Zip Code 06611
Principal Occupation Hair stylist	Name of Employer Steven Nicole Salon		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/24/2026	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Sorensen	First Brigette	MI A	Contribution ID # 0136
Residential Street Address 160 Boggs Hill Rd	City Newtown	State CT	Zip Code 06470
Principal Occupation Visual Artist	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	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 03/24/2026	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Szatkowski	First Paul	MI R	Contribution ID # 0142
Residential Street Address 24 Winthrop Rd	City Bethel	State CT	Zip Code 06801
Principal Occupation	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 03/24/2026	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name Hampton	First Gertrude	MI	Contribution ID # 0030
Residential Street Address 611 E Hill Rd	City Southbury	State CT	Zip Code 06488
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/24/2026	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
Laroche4CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Cuocci	First Helen	MI	Contribution ID # 0017
Residential Street Address 30 Little Brook Ln	City Newtown	State CT	Zip Code 06470
Principal Occupation Shift mgr	Name of Employer CVS		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 03/25/2026	Aggregate Contributions \$5.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name Ryan	First Diane	MI S	Contribution ID # 0143
Residential Street Address 13 Karen Dr	City Bethel	State CT	Zip Code 06801
Principal Occupation Retired	Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 03/25/2026	Aggregate Contributions \$20.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$20.00	

Last Name Hislop	First Frank	MI T	Contribution ID # 0144
Residential Street Address 5 Evergreen Dr	City Bethel	State CT	Zip Code 06801
Principal Occupation	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 03/25/2026	Aggregate Contributions \$10.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$10.00	

Last Name Cornwell	First Bruce	MI A	Contribution ID # 0145
Residential Street Address 2 Buckboard Rdg	City Bethel	State CT	Zip Code 06801
Principal Occupation	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 03/25/2026	Aggregate Contributions \$20.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$20.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Gualtieri	First Deno	MI S	Contribution ID # 0147
Residential Street Address 26 Codfish Hill Rd	City Bethel	State CT	Zip Code 06801
Principal Occupation N/A	Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/25/2026	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Frank	First Paul	MI CT	Contribution ID # 0149
Residential Street Address 143 Nashville Rd	City Bethel	State CT	Zip Code 06801
Principal Occupation Fleet/Warehouse Manager	Name of Employer The NY-CONN Corporation		
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 03/25/2026	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name Tasi	First Lisa	MI V	Contribution ID # 0155
Residential Street Address 70 Weathervane Dr	City Easton	State CT	Zip Code 06612
Principal Occupation Coder Specialist	Name of Employer HHCHealth		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/26/2026	Aggregate Contributions \$20.00
		Amount of Contribution \$20.00	

Last Name Szegedi	First Deborah	MI K	Contribution ID # 0148
Residential Street Address 215 N Park Ave	City Easton	State CT	Zip Code 06612
Principal Occupation Town Clerk	Name of Employer Town of Easton		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/26/2026	Aggregate Contributions \$10.00
		Amount of Contribution \$10.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Dacey	First Beverlee	MI F	Contribution ID # 0146
Residential Street Address 257 Redding Rd	City Easton	State CT	Zip Code 06612
Principal Occupation Manufacturing	Name of Employer Amodex Products		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" 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 Wheatley	First David	MI	Contribution ID # 0095
Residential Street Address 341 Rock House Rd	City Easton	State CT	Zip Code 06612
Principal Occupation Financial Advisor	Name of Employer Tidewater Wealth Management		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input 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 Kellerman	First Taylor	MI	Contribution ID # 0043
Residential Street Address 4 Brookfield Ave	City Fairfield	State CT	Zip Code 06825
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 03/26/2026	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Palmer	First Joe	MI	Contribution ID # 0058
Residential Street Address 263 Middlebrook Dr	City Fairfield	State CT	Zip Code 06824
Principal Occupation Sale/Marketing	Name of Employer Radius		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input 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 \$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
Laroche4CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Palmieri	First John	MI	Contribution ID # 0059
Residential Street Address 88 Juniper Ln	City Southport	State CT	Zip Code 06890
Principal Occupation Sales	Name of Employer Broadcom		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 03/26/2026	Aggregate Contributions \$25.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name Romanino	First Philip	MI	Contribution ID # 0078
Residential Street Address 23A Narragansett Trl	City Sandy Hook	State CT	Zip Code 06482
Principal Occupation Business Broker	Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 03/26/2026	Aggregate Contributions \$25.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name Riccitelli	First Stephen	MI	Contribution ID # 0075
Residential Street Address 32 Button Shop Rd	City Newtown	State CT	Zip Code 06470
Principal Occupation Security Officer	Name of Employer Sikorsky Aircraft		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 03/26/2026	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Pisani	First Ryan	MI	Contribution ID # 0067
Residential Street Address 28 Parmalee Hill Rd	City Newtown	State CT	Zip Code 06470
Principal Occupation Shipping processor / Supervisor	Name of Employer Good Directions 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 03/27/2026	Aggregate Contributions \$25.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Wlasuk	First Pete	MI	Contribution ID # 0110
Residential Street Address 4 Hattertown Rd	City Newtown	State CT	Zip Code 06470
Principal Occupation Plumber	Name of Employer Self employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/28/2026	Aggregate Contributions \$10.00
			\$10.00

Last Name Sprock	First Kristin	MI	Contribution ID # 0111
Residential Street Address 119 Rockwell Rd	City Bethel	State CT	Zip Code 06801
Principal Occupation Teacher	Name of Employer Bethel 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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/28/2026	Aggregate Contributions \$25.00
			\$25.00

Last Name Mordente	First Anthony	MI N	Contribution ID # 0150
Residential Street Address 17 Bayberry Ln	City Levittown	State NY	Zip Code 11756
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>03282026A</u>	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 03/28/2026	Aggregate Contributions \$100.00
			\$100.00

Last Name Gallagi	First Frank	MI	Contribution ID # 0151
Residential Street Address 178 Green Acre Ln	City Fairfield	State CT	Zip Code 06824
Principal Occupation CFO	Name of Employer FEMSelect Health, Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>03282026A</u>	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 03/28/2026	Aggregate Contributions \$25.00
			\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Olivieri	First Carlos	MI R	Contribution ID # 0152
Residential Street Address 880 Old Post Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Construction management	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>03282026A</u>	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 \$100.00
			Amount of Contribution \$100.00

Last Name Knapp	First Ryan	MI	Contribution ID # 0106
Residential Street Address 11 Jeremiah Rd	City Sandy Hook	State CT	Zip Code 06482
Principal Occupation Engineer	Name of Employer Naiad Dynamics		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/29/2026	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Schierloh	First Carey	MI	Contribution ID # 0107
Residential Street Address 6 Shady Rest Blvd	City Sandy Hook	State CT	Zip Code 06482
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 03/29/2026	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Capeci	First Bradley	MI	Contribution ID # 0108
Residential Street Address 52 Bear Hills Rd	City Newtown	State CT	Zip Code 06470
Principal Occupation Sales Engineer	Name of Employer OEM Controls		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/29/2026	Aggregate Contributions \$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
Laroche4CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Wlasuk	First Antoinette	MI	Contribution ID # 0109
Residential Street Address 4 Hattertown Rd	City Newtown	State CT	Zip Code 06470
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 03/29/2026	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name Capeci	First A. Jeffrey	MI	Contribution ID # 0104
Residential Street Address 52 Bear Hills Rd	City Newtown	State CT	Zip Code 06470
Principal Occupation unemployed	Name of Employer unemployed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/30/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Buzzi	First Julia	MI	Contribution ID # 0105
Residential Street Address 104 Great Hill Dr	City Bethel	State CT	Zip Code 06801
Principal Occupation Administration	Name of Employer Grace Medical Aesthetics		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input 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 03/30/2026	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name Nicoletti	First Joseph	MI	Contribution ID # 0102
Residential Street Address 68 Totem Trl	City Sandy Hook	State CT	Zip Code 06482
Principal Occupation Sr. Account Executive	Name of Employer Alera Group		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/31/2026	Aggregate Contributions \$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
Laroche4CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Robb	First Dennis	MI	Contribution ID # 0103
Residential Street Address 131 Nonopoge Rd	City Fairfield	State CT	Zip Code 06825
Principal Occupation Electrical	Name of Employer Premier energy Services		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/31/2026	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Total of Section B			\$10,103.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Total on Line 14, Column A of Summary Page)			\$10,103.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	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
City	State	Zip Code	Date Received
		Aggregate Contributions	

Total of Section C1		
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I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Laroche4CT				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		
Laroche4CT				April 10 Filing - Original		
D. Loans Received this Period						
Name of Lender			Source of Loan:		Date of Receipt	
			Bank	Candidate	Individual	Other
Street Address		City	State	Zip Code	Is there a cosigner or Guarantor of this loan? Yes No	
Name of Cosigner/Guarantor (if applicable)						
Street Address				City	State	Zip Code
Total of Section D						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT	
Laroche4CT	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			
Laroche4CT	April 10 Filing - Original			
G. Interest from Deposits in Authorized Accounts				
Name of Institution	Date Received	Amount		
Newtown Savings Bank	01/30/2026			
Street Address	City	State	Zip Code	Amount
32 Church Hill Rd	Newtown	CT	06470	\$0.07
Name of Institution	Date Received	Amount		
Newtown Savings Bank	02/27/2026			
Street Address	City	State	Zip Code	Amount
32 Church Hill Rd	Newtown	CT	06470	\$0.41
Name of Institution	Date Received	Amount		
Newtown Savings Bank	03/31/2026			
Street Address	City	State	Zip Code	Amount
32 Church Hill Rd	Newtown	CT	06470	\$0.73
Total of Section G				\$1.21

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Laroche4CT	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
Laroche4CT	April 10 Filing - Original

I. Miscellaneous Monetary Receipts not Considered Contributions

Name	Date of Transaction	Amount Received
State of CT/SEEC/CEP	03/26/2026	
Street Address	City	State
55 Farmington Ave	Hartford	CT
Zip Code		
		06105
Description		
Deposit via the "penny test"		\$0.04
Total of Section I		\$0.04

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Original

J1. Event Information

Event # Date of Event 02/07/2026	Letter A	Description Speech Event	Was this a fundraising event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Location: Street Address 8 Simpson St	City Newtown	State CT	Zip Code 06470
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Was this event hosted at a personal residence?	<input type="checkbox"/> Yes	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.
	<input checked="" type="checkbox"/> No	

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

Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	<input type="checkbox"/> Yes	(If yes, enter Total Receipts here.)	<input type="text" value="\$0.00"/>
	<input checked="" type="checkbox"/> No		

Event # Date of Event 03/28/2026	Letter A	Description Meet and Greet Event	Was this a fundraising event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Location: Street Address 144 Mayweed Rd	City Fairfield	State CT	Zip Code 06824
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Was this event hosted at a personal residence?	<input checked="" type="checkbox"/> Yes	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.
	<input type="checkbox"/> No	

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

Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	<input type="checkbox"/> Yes	(If yes, enter Total Receipts here.)	<input type="text" value="\$0.00"/>
	<input type="checkbox"/> No		

Total of Section J1			\$0.00
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II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Original

J3. In-Kind Donations Not Considered Contributions

Name of the Donor				
Street Address		City	State	Zip Code
Donation Given by:	Description of Donation			Fair Market Value of Donation
Individual	Date Received	Event #	Aggregate value for this event	
Business Entity				
Sole Proprietorship				

Total of Section J3**II. EVENT ACTIVITY (Sections J1 - J4)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	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?		
Adrienne MacGuffie		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Street Address		City	State	Zip Code
144 Mayweed Rd		Fairfield	CT	06824
Description of Donation			Fair Market Value of Donation	
Coffee and pastries				
Event #	Aggregate value of this Event - all hosts	Aggregate value of all Events - this host/candidate		
03282026A	\$50.00	\$50.00	\$50.00	

Total of Section J4**\$50.00**

III. NONMONETARY RECEIPTS (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	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
Laroche4CT	April 10 Filing - Original

L. Refundable Deposit to Telephone Company

Last Name of Individual	First Name	MI	Date Deposit Made
Residential Street Address	City	State	Zip Code
Name of Telephone company			
Street Address	City	State	Zip Code

Total of Section L

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Anedot	Date of Payment 01/11/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Pay Drive St Ste 1770	City New Orleans	State LA	Zip Code 70112
Purpose of Expend BNK	Description Anedot processing 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 # \$1.30

Name of Payee Anedot	Date of Payment 01/14/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Pay Drive St Ste 1770	City New Orleans	State LA	Zip Code 70112
Purpose of Expend BNK	Description Anedot processing 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 # \$1.30

Name of Payee Anedot	Date of Payment 01/15/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Pay Drive St Ste 1770	City New Orleans	State LA	Zip Code 70112
Purpose of Expend BNK	Description Anedot processing 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 # \$4.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Anedot	Date of Payment 01/16/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Pay Drive St Ste 1770	City New Orleans	State LA	Zip Code 70112
Purpose of Expend BNK	Description Anedot processing 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 # \$27.80

Name of Payee Anedot	Date of Payment 01/17/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Pay Drive St Ste 1770	City New Orleans	State LA	Zip Code 70112
Purpose of Expend BNK	Description Anedot processing 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 # \$8.90

Name of Payee Anedot	Date of Payment 01/18/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Pay Drive St Ste 1770	City New Orleans	State LA	Zip Code 70112
Purpose of Expend BNK	Description Anedot processing 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 # \$2.60

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Anedot	Date of Payment 01/20/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Pay Drive St Ste 1770	City New Orleans	State LA	Zip Code 70112
Purpose of Expend BNK	Description Anedot processing 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 # \$10.20

Name of Payee Anedot	Date of Payment 01/21/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Pay Drive St Ste 1770	City New Orleans	State LA	Zip Code 70112
Purpose of Expend BNK	Description Anedot processing 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 # \$12.90

Name of Payee Anedot	Date of Payment 01/22/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Pay Drive St Ste 1770	City New Orleans	State LA	Zip Code 70112
Purpose of Expend BNK	Description Anedot processing 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 # \$10.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Anedot	Date of Payment 01/24/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Pay Drive St Ste 1770	City New Orleans	State LA	Zip Code 70112
Purpose of Expend BNK	Description Anedot processing 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 # \$4.30

Name of Payee Anedot	Date of Payment 01/25/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Pay Drive St Ste 1770	City New Orleans	State LA	Zip Code 70112
Purpose of Expend BNK	Description Anedot processing 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 # \$2.30

Name of Payee Anedot	Date of Payment 01/26/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Pay Drive St Ste 1770	City New Orleans	State LA	Zip Code 70112
Purpose of Expend BNK	Description Anedot processing 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 # \$4.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Anedot	Date of Payment 01/30/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Pay Drive St Ste 1770	City New Orleans	State LA	Zip Code 70112
Purpose of Expend BNK	Description Anedot processing 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 # \$4.30

Name of Payee Anedot	Date of Payment 02/02/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Pay Drive St Ste 1770	City New Orleans	State LA	Zip Code 70112
Purpose of Expend BNK	Description Anedot processing 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 # \$4.30

Name of Payee Anedot	Date of Payment 02/06/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Pay Drive St Ste 1770	City New Orleans	State LA	Zip Code 70112
Purpose of Expend BNK	Description Anedot processing 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 # \$4.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Anedot		Date of Payment 02/07/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expend BNK	Description Anedot processing 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 #	\$26.40

Name of Payee Anedot		Date of Payment 02/08/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expend BNK	Description Anedot processing 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 #	\$4.60

Name of Payee Anedot		Date of Payment 02/09/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expend BNK	Description Anedot processing 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 #	\$7.60

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Anedot		Date of Payment 02/10/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expend BNK	Description Anedot processing 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 #	\$13.90

Name of Payee Anedot		Date of Payment 02/15/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expend BNK	Description Anedot processing 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 #	\$2.60

Name of Payee Anedot		Date of Payment 02/16/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expend BNK	Description Anedot processing 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 #	\$1.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Amybeth Laroche		Date of Payment 02/18/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>102</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 12 Elana Ln		City Sandy Hook	State CT	Zip Code 06482
Purpose of Expend Misc *	Description Misc items: office supplies, website expenses and things for kick-off speech and future events			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 #
				\$929.47

Name of Payee Anedot		Date of Payment 02/22/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expend BNK	Description Anedot processing 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 #
				\$7.40

Name of Payee Anedot		Date of Payment 02/23/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expend BNK	Description Anedot processing 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 #
				\$3.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee Anedot		Date of Payment 02/25/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expend BNK	Description Anedot processing 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 #	\$6.30
Name of Payee Truck Yeah Media		Date of Payment 02/25/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 69		City Southbury	State CT	Zip Code 06488
Purpose of Expend A-SIGN	Description Mobile digital billboard sign (on a truck)			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 # 02072026A	\$500.00
Name of Payee Anedot		Date of Payment 02/27/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expend BNK	Description Anedot processing 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 #	\$4.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Anedot	Date of Payment 03/02/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Pay Drive St Ste 1770	City New Orleans	State LA	Zip Code 70112
Purpose of Expend BNK	Description Anedot processing 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 # \$11.00

Name of Payee Anedot	Date of Payment 03/03/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Pay Drive St Ste 1770	City New Orleans	State LA	Zip Code 70112
Purpose of Expend BNK	Description Anedot processing 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 # \$16.90

Name of Payee Anedot	Date of Payment 03/04/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Pay Drive St Ste 1770	City New Orleans	State LA	Zip Code 70112
Purpose of Expend BNK	Description Anedot processing 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 # \$17.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Proforma		Date of Payment 03/04/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>103</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 640814		City Cincinnati	State OH	Zip Code 45264
Purpose of Expend PRNT	Description Promotional Mailing Inserts			Amount \$170.16
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Proforma		Date of Payment 03/04/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>104</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 640814		City Cincinnati	State OH	Zip Code 45264
Purpose of Expend A-OTH	Description Campaign buttons saying Laroche for CT			Amount \$380.41
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Anedot		Date of Payment 03/06/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expend BNK	Description Anedot processing Fees			Amount \$12.90
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Anedot	Date of Payment 03/07/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Pay Drive St Ste 1770	City New Orleans	State LA	Zip Code 70112
Purpose of Expend BNK	Description Anedot processing 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 #
			\$8.50

Name of Payee Anedot	Date of Payment 03/08/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Pay Drive St Ste 1770	City New Orleans	State LA	Zip Code 70112
Purpose of Expend BNK	Description Anedot processing 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 #
			\$4.40

Name of Payee Anedot	Date of Payment 03/09/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Pay Drive St Ste 1770	City New Orleans	State LA	Zip Code 70112
Purpose of Expend BNK	Description Anedot processing 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 #
			\$1.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Anedot	Date of Payment 03/10/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Pay Drive St Ste 1770	City New Orleans	State LA	Zip Code 70112
Purpose of Expend BNK	Description Anedot processing 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 # \$3.30

Name of Payee Anedot	Date of Payment 03/13/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Pay Drive St Ste 1770	City New Orleans	State LA	Zip Code 70112
Purpose of Expend BNK	Description Anedot processing 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 # \$2.30

Name of Payee Anedot	Date of Payment 03/14/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Pay Drive St Ste 1770	City New Orleans	State LA	Zip Code 70112
Purpose of Expend BNK	Description Anedot processing 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 # \$22.20

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Anedot		Date of Payment 03/16/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expend BNK	Description Anedot processing 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 #	\$1.30

Name of Payee Anedot		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 Pay Drive St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expend BNK	Description Anedot processing 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 #	\$8.60

Name of Payee USPS		Date of Payment 03/19/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 23 Barnabas Rd Ste 5		City Hawleyville	State CT	Zip Code 06440
Purpose of Expend POST	Description Mailed SEEC Form CEP 12 (penny test) by certified mail with return receipt requested			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 #	\$10.48

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Anedot		Date of Payment 03/21/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expend BNK	Description Anedot processing 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 #	\$4.30

Name of Payee Anedot		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 Pay Drive St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expend BNK	Description Anedot processing 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 #	\$1.30

Name of Payee Anedot		Date of Payment 03/23/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expend BNK	Description Anedot processing 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 #	\$4.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Anedot	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 Pay Drive St Ste 1770	City New Orleans	State LA	Zip Code 70112
Purpose of Expend BNK	Description Anedot processing 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 # \$2.00

Name of Payee Toriana Sauro	Date of Payment 03/24/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>106</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 18 Kitchawan Rd	City Pound Ridge	State NY	Zip Code 10576
Purpose of Expend A-WEB	Description Video editing and graphic design work for material being posted on social media	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 # \$242.50

Name of Payee Anedot	Date of Payment 03/25/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Pay Drive St Ste 1770	City New Orleans	State LA	Zip Code 70112
Purpose of Expend BNK	Description Anedot processing 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 # \$0.50

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Anedot	Date of Payment 03/26/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Pay Drive St Ste 1770	City New Orleans	State LA	Zip Code 70112
Purpose of Expend BNK	Description Anedot processing 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 # \$12.80

Name of Payee Anedot	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 Pay Drive St Ste 1770	City New Orleans	State LA	Zip Code 70112
Purpose of Expend BNK	Description Anedot processing 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 # \$1.30

Name of Payee Anedot	Date of Payment 03/28/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Pay Drive St Ste 1770	City New Orleans	State LA	Zip Code 70112
Purpose of Expend BNK	Description Anedot Processing 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 # \$2.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Anedot		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expend BNK	Description Anedot Processing 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 #	\$7.80

Name of Payee Anedot		Date of Payment 03/30/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expend BNK	Description Anedot Processing 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 #	\$1.20

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 23 Barnabas Rd Ste 5		City Hawleyville	State CT	Zip Code 06440
Purpose of Expend POST	Description Book of stamps for mailing bills, thank you notes and whatever else might need to get mailed			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
Laroche4CT	April 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee Amybeth Laroche		Date of Payment 03/30/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>107</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 12 Elana Ln		City Sandy Hook	State CT	Zip Code 06482
Purpose of Expend FNDR *	Description Rental of rooms at Newtown Community Center for kick-off speech event and team meeting next day			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 # 02072026A
				\$170.00
Name of Payee Anedot		Date of Payment 03/31/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Pay Drive St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expend BNK	Description Anedot Processing 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 #
				\$4.60
Total of Section N				\$2,751.52

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	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?	
Amybeth Laroche		02/18/2026	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address	City	State	Zip Code	Amount
12 Elana Ln	Sandy Hook	CT	06482	
Purpose of Expenditure (by code)	Description	Event #		\$929.47
Misc *	Misc items: office supplies, website, and things for kick-off speech and future events			
Name of Payee (Name of vendor who candidate paid directly)		Date of Payment	Is Reimbursement Claimed?	
Amybeth Laroche		03/30/2026	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address	City	State	Zip Code	Amount
12 Elana Ln	Sandy Hook	CT	06482	
Purpose of Expenditure (by code)	Description	Event #		\$170.00
FNDR *	Rental of rooms at Newtown Community Center for kick-off speech event and team meeting next day	02072026A		
Total of Section O				\$1,099.47

IV. EXPENDITURES (Sections N - S)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Laroche4CT				April 10 Filing - Original	
P. Expenses Incurred on Committee Credit Card					
Name of Issuing Institution			Type of Credit Card: Visa Master Card Discover American Express Other		
Name of Vendor				Date of Transaction	
Street Address			City		State Zip Code
Purpose of Expenditure (by code)	Description				Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Yes No	Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum					
Total of Section P					

IV. EXPENDITURES (Sections N - S)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Laroche4CT				April 10 Filing - Original	
Q. Expenses Incurred By Committee but Not Paid During this Period					
Name of Creditor				Date Incurred	
Street Address			City		State Zip Code
Purpose of Expenditure (by code)	Description				Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Yes No	Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and completes Itemization in Addendum Q					
Total of Section Q					

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Laroche	Amybeth		01/05/2026	<input checked="" type="checkbox"/> Check # 102 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant
Amazon

Street Address of Vendor	City	State	Zip Code
410 Terry Ave N	Seattle	WA	98109

Purpose of Expenditure (by code)	Description
OFFICE	tablecloth to use for events

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
If yes, assign an Expenditure # and completes Itemization in Addendum R				\$12.71

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Laroche	Amybeth		01/07/2026	<input checked="" type="checkbox"/> Check # 102 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant
Amazon

Street Address of Vendor	City	State	Zip Code
410 Terry Ave N	Seattle	WA	98109

Purpose of Expenditure (by code)	Description
OFFICE	Phone tripod to be used for events

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
If yes, assign an Expenditure # and completes Itemization in Addendum R				\$25.51

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Laroche	Amybeth		01/09/2026	<input checked="" type="checkbox"/> Check # 102 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant
Bluehost

Street Address of Vendor	City	State	Zip Code
5335 Gate Pkwy Fl 2	Jacksonville	FL	32256

Purpose of Expenditure (by code)	Description
WEB	website domain and hosting

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
If yes, assign an Expenditure # and completes Itemization in Addendum R				\$133.12

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Laroche	Amybeth		01/11/2026	<input checked="" type="checkbox"/> Check # 102 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant
Amazon

Street Address of Vendor	City	State	Zip Code
410 Terry Ave N	Seattle	WA	98109

Purpose of Expenditure (by code)	Description
OFFICE	Name tags for events

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
If yes, assign an Expenditure # and completes Itemization in Addendum R				\$11.69

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Laroche	Amybeth		01/14/2026	<input checked="" type="checkbox"/> Check # 102 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant
Walmart

Street Address of Vendor	City	State	Zip Code
702 SW 8th St	Bentonville	AR	72716

Purpose of Expenditure (by code)	Description
OFFICE	Cash box and accordion file folder

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
If yes, assign an Expenditure # and completes Itemization in Addendum R				\$28.46

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Laroche	Amybeth		01/15/2026	<input checked="" type="checkbox"/> Check # 102 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant
Envato

Street Address of Vendor	City	State	Zip Code
PO Box 16122 Collins St W	Victoria	AU	

Purpose of Expenditure (by code)	Description
WEB	Website builder for WordPress

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
If yes, assign an Expenditure # and completes Itemization in Addendum R				\$74.67

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Laroche	First Amybeth	MI	Date of Payment to Vendor 01/15/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 102 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant

Amazon

Street Address of Vendor 410 Terry Ave N	City Seattle	State WA	Zip Code 98109
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Purpose of Expenditure (by code) OFFICE	Description Printer ink and envelopes
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$36.14
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Laroche	First Amybeth	MI	Date of Payment to Vendor 01/16/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 102 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant

Signs.com

Street Address of Vendor 8000 Haskell Ave	City Van Nuys	State CA	Zip Code 91406
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Purpose of Expenditure (by code) A-OTH	Description Podium sign to be used for multiple events
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$43.30
If yes, assign an Expenditure # and completes Itemization in Addendum R			

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Laroche	Amybeth		01/18/2026	<input checked="" type="checkbox"/> Check # 102 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant
Signs.com

Street Address of Vendor	City	State	Zip Code
8000 Haskell Ave	Van Nuys	CA	91406

Purpose of Expenditure (by code)	Description
A-OTH	Backdrop banner with campaign name to be used for multiple events

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
If yes, assign an Expenditure # and completes Itemization in Addendum R				\$343.56

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Laroche	Amybeth		01/19/2026	<input checked="" type="checkbox"/> Check # 102 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant
Amazon

Street Address of Vendor	City	State	Zip Code
410 Terry Ave N	Seattle	WA	98109

Purpose of Expenditure (by code)	Description
OFFICE	tablecloth and thank you notes

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
If yes, assign an Expenditure # and completes Itemization in Addendum R				\$28.61

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

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

Name of Vendor Paid by Committee Worker/Consultant
Amazon

Street Address of Vendor	City	State	Zip Code
410 Terry Ave N	Seattle	WA	98109

Purpose of Expenditure (by code)	Description
OFFICE	envelopes

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
If yes, assign an Expenditure # and completes Itemization in Addendum R				\$20.09

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Laroche	Amybeth		02/03/2026	<input checked="" type="checkbox"/> Check # 102 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant
Amazon

Street Address of Vendor	City	State	Zip Code
410 Terry Ave N	Seattle	WA	98109

Purpose of Expenditure (by code)	Description
OFFICE	phone tripod

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
If yes, assign an Expenditure # and completes Itemization in Addendum R				\$25.51

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Laroche	Amybeth		02/04/2026	<input checked="" type="checkbox"/> Check # 102 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant

Amazon

Street Address of Vendor	City	State	Zip Code
410 Terry Ave N	Seattle	WA	98109

Purpose of Expenditure (by code)	Description
OFFICE	mic stand and holder for events

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
If yes, assign an Expenditure # and completes Itemization in Addendum R				\$47.81

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Laroche	Amybeth		02/06/2026	<input checked="" type="checkbox"/> Check # 102 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant

Dollar Tree store

Street Address of Vendor	City	State	Zip Code
838 Stony Hill Rd	Bethel	CT	06801

Purpose of Expenditure (by code)	Description
FNDR *	Balloons for kick-off speech event

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
If yes, assign an Expenditure # and completes Itemization in Addendum R			02072026A	\$38.29

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Laroche	Amybeth		02/13/2026	<input checked="" type="checkbox"/> Check # 102 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant
Bee Publishing Co

Street Address of Vendor	City	State	Zip Code
5 Church Hill Rd	Newtown	CT	06470

Purpose of Expenditure (by code)	Description
WEB	Photos to use for social media and other promotional opportunities

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
If yes, assign an Expenditure # and completes Itemization in Addendum R				\$60.00

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Laroche	Amybeth		03/17/2026	<input checked="" type="checkbox"/> Check # 107 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant
Newtown Community Center

Street Address of Vendor	City	State	Zip Code
8 Simpson St	Newtown	CT	06470

Purpose of Expenditure (by code)	Description
FNDR *	Rental of rooms at Newtown Community Center for kick-off speech event and team meeting next day

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
If yes, assign an Expenditure # and completes Itemization in Addendum R			02072026A	\$170.00

Total of Section R	\$1,099.47
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IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	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