



COVER PAGE

| | | | | | |
|--|--|-----------------------------|---|-------------------------------------|--|
| 1. NAME OF COMMITTEE | | | 2. TYPE OF COMMITTEE | | |
| Mark4CT | | | <input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee | | |
| 3. TREASURER NAME | | | | | |
| First Mary | MI | Last Zlotnick | | Suffix | |
| 4. TREASURER ADDRESS | | | | | |
| Street Address 177 Notch Rd | City Granby | State CT | Zip Code 06035 | | |
| 5. ELECTION DATE | 6. OFFICE SOUGHT (Complete only if Candidate Committee) | | | 7. DISTRICT NUMBER (if applicable) | |
| 11/03/2026 | State Representative | | | R062 | |
| 8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee) | | | | | |
| First Mark | MI W | Last Anderson | | Suffix | |
| 9. TYPE OF REPORT | | | | | |
| April 10 Filing - Original | | | | | |
| 10. PERIOD COVERED | | | | | |
| Beginning Date | | Ending Date | | | |
| 01/22/2026 | | 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 | Mary Zlotnick | 04/07/2026 7:37:39PM | | | |
| SIGNATURE | PRINT NAME OF THE SIGNER | DATE CERTIFIED | | | |
| | | | | | |
| A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes. | | | | | |

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

SUMMARY PAGE TOTALS

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT | |
|---|----------------------------|-----------------------|
| Mark4CT | 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) | \$3,040.00 | \$3,040.00 |
| 15. Receipts from Other Committees (Sections C1 and C2) | \$0.00 | \$0.00 |
| 16. Other Monetary Receipts (Section D through I) | \$0.00 | \$0.00 |
| 17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1) | \$0.00 | \$0.00 |
| 18. Total Monetary Receipts (add totals for lines 14 through 17) | \$3,040.00 | \$3,040.00 |
| 19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B) | \$3,040.00 | \$3,040.00 |
| 20. Expenses Paid by Committee (Section N) | \$270.03 | \$270.03 |
| 21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns) | \$2,769.97 | \$2,769.97 |
| 22. In-Kind Donations not Considered Contributions Received (Section J3) | \$0.00 | \$0.00 |
| 23. In-Kind Donations not Considered Contributions - House Party (Section J4) | \$0.00 | \$0.00 |
| 24. In-Kind Contributions Received (Section K) | \$0.00 | \$0.00 |
| 25. Refundable Deposit to Telephone Company (Section L) | \$0.00 | \$0.00 |
| 26. Beginning Loan Balance | \$0.00 | |
| 26a. + Loans Received (Section D) | \$0.00 | \$0.00 |
| 26b. + Interest and Penalties on Loan(s) | \$0.00 | \$0.00 |
| 26c. - Payments on Loan(s) | \$0.00 | \$0.00 |
| 26d. Total Outstanding Loan Amount | \$0.00 | |
| 27. Campaign Expenses Paid By Candidate (Section O) | \$0.00 | \$0.00 |
| 28. Expenses Incurred on Committee Credit Card (Section P) | \$0.00 | \$0.00 |
| 29. Expenses Incurred by Committee During this Period but Not Paid (Section Q) | \$0.00 | |
| 29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q) | \$0.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Mark4CT | 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 ZLOTNICK | First MARY | MI C | Contribution ID # 0001 |
| Residential Street Address 177 Notch Rd | City Granby | State CT | Zip Code 06035 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 02/12/2026 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$50.00 |

| | | | |
|--|--|---|-------------------------------------|
| Last Name ZLOTNICK | First Richard | MI K | Contribution ID # 0002 |
| Residential Street Address 177 Notch Rd | City Granby | State CT | Zip Code 06035 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 02/12/2026 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$50.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Sundie | First Bryan | MI | Contribution ID # 0057 |
| Residential Street Address 152 Spencer Hill Rd | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Communications | Name of Employer State 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 02/13/2026 | 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 |
| Mark4CT | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|---|--|---|------------------------------------|
| Last Name Bischoff | First Florence | MI | Contribution ID # 0003 |
| Residential Street Address 76 Granville Rd | City North Granby | State CT | Zip Code 06060 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 02/19/2026 | Aggregate Contributions \$25.00 |
| | | | Amount of Contribution \$25.00 |

| | | | |
|---|--|---|-------------------------------------|
| Last Name Marshall | First Kara | MI R | Contribution ID # 0004 |
| Residential Street Address 45 Bushy Hill Rd | City Granby | State CT | Zip Code 06035 |
| Principal Occupation Energy Efficiency | Name of Employer Eversource | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 02/19/2026 | Aggregate Contributions \$110.00 |
| | | | Amount of Contribution \$10.00 |

| | | | |
|---|--|---|-------------------------------------|
| Last Name LINDEYER | First ROBERT | MI | Contribution ID # 0005 |
| Residential Street Address 367 N Granby Rd | City North Granby | State CT | Zip Code 06060 |
| Principal Occupation Clinical Engineer | Name of Employer Hartford 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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 02/19/2026 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|---|--|---|------------------------------------|
| Last Name Roman | First Garry | MI L | Contribution ID # 0006 |
| Residential Street Address 9 Juniper Dr | City Granby | State CT | Zip Code 06035 |
| Principal Occupation Sales | Name of Employer Hartford Business Supply | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input 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 02/19/2026 | Aggregate Contributions \$20.00 |
| | | | Amount of Contribution \$5.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Mark4CT | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|------------------------------------|
| Last Name Roman | First Kim | MI S | Contribution ID # 0007 |
| Residential Street Address 9 Juniper Dr | City Granby | State CT | Zip Code 06035 |
| Principal Occupation Assistant to President | Name of Employer Hartford Business Supply | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input 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 02/19/2026 | Aggregate Contributions \$20.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Roman | First Colby | MI | Contribution ID # 0008 |
| Residential Street Address 9 Juniper Dr | City Granby | State CT | Zip Code 06035 |
| Principal Occupation Student | Name of Employer Student | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 02/19/2026 | Aggregate Contributions \$20.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Roman | First Carmelo | MI | Contribution ID # 0009 |
| Residential Street Address 9 Juniper Dr | City Granby | State CT | Zip Code 06035 |
| Principal Occupation Student | Name of Employer Student | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 02/19/2026 | Aggregate Contributions \$20.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Spence | First Jeffrey | MI A | Contribution ID # 0010 |
| Residential Street Address 32 Heather Ln | City North Granby | State CT | Zip Code 06060 |
| Principal Occupation Water Well Driller | Name of Employer Spence Well Drilling | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 02/20/2026 | 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 |
| Mark4CT | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|---|
| Last Name Johnson | First Paula | MI H | Contribution ID # 0011 |
| Residential Street Address 289 Simsbury Rd | City West Granby | State CT | Zip Code 06090 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 02/21/2026 | Aggregate Contributions \$50.00 Amount of Contribution \$25.00 |

| | | | |
|--|--|---|---|
| Last Name Johnson | First Lowell | MI C | Contribution ID # 0012 |
| Residential Street Address 289 Simsbury Rd | City West Granby | State CT | Zip Code 06090 |
| Principal Occupation President | Name of Employer The Johnson Gage Co | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 02/21/2026 | Aggregate Contributions \$50.00 Amount of Contribution \$25.00 |

| | | | |
|--|--|---|---|
| Last Name Wilke | First Alfred | MI G | Contribution ID # 0013 |
| Residential Street Address 124 Higley Rd | City West Granby | State CT | Zip Code 06090 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 02/23/2026 | Aggregate Contributions \$100.00 Amount of Contribution \$100.00 |

| | | | |
|--|--|---|---|
| Last Name Neumann | First Karen | MI | Contribution ID # 0015 |
| Residential Street Address 26 Buttles Rd | City Granby | State CT | Zip Code 06035 |
| 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 02/23/2026 | Aggregate Contributions \$5.00 Amount of Contribution \$5.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Mark4CT | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|-----------------------------|--|-----------------------------------|
| Last Name Neumann | First Mark | MI | Contribution ID # 0014 |
| Residential Street Address 26 Buttles Rd | City Granby | State CT | Zip Code 06035 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 02/25/2026 |
| | | Aggregate Contributions \$30.00 | Amount of Contribution \$25.00 |

| | | | |
|--|-----------------------------|--|-----------------------------------|
| Last Name Ruhm | First Judith | MI | Contribution ID # 0054 |
| Residential Street Address 11 Livery Pool Rd | City New Hartford | State CT | Zip Code 06057 |
| 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 03/08/2026 |
| | | Aggregate Contributions \$75.00 | Amount of Contribution \$75.00 |

| | | | |
|--|-----------------------------|--|-----------------------------------|
| Last Name Washington | First George | MI | Contribution ID # 0055 |
| Residential Street Address 43 Briarwood Rd | City Barkhamsted | State CT | Zip Code 06063 |
| 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 03/08/2026 |
| | | Aggregate Contributions \$50.00 | Amount of Contribution \$50.00 |

| | | | |
|--|-----------------------------------|--|-----------------------------------|
| Last Name Wilmington | First Sean | MI | Contribution ID # 0056 |
| Residential Street Address 10 Orchard Hill Dr | City Granby | State CT | Zip Code 06035 |
| Principal Occupation Sales | Name of Employer Trinity Solar | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input 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 03/08/2026 |
| | | 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 |
| Mark4CT | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|------------------------------------|
| Last Name King | First Susan | MI | Contribution ID # 0045 |
| Residential Street Address 132 E West Hill Rd | City Barkhamsted | State CT | Zip Code 06063 |
| Principal Occupation CPA | Name of Employer King, King & Associates, CPAs | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/19/2026 | Aggregate Contributions \$50.00 |
| | | | Amount of Contribution \$50.00 |

| | | | |
|--|--|---|-------------------------------------|
| Last Name Viets | First Peter | MI | Contribution ID # 0046 |
| Residential Street Address 2 Hunt Glen Dr | City Granby | State CT | Zip Code 06035 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/19/2026 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|--|--|---|-------------------------------------|
| Last Name Daggerhart | First John | MI | Contribution ID # 0047 |
| Residential Street Address 32 Hartford Ave | City Granby | State CT | Zip Code 06035 |
| Principal Occupation General Manager | Name of Employer State Line Oil | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/19/2026 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Helt | First Lourena | MI | Contribution ID # 0048 |
| Residential Street Address 55 Birdsvie Ave | City New Hartford | State CT | Zip Code 06057 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/19/2026 | Aggregate Contributions \$25.00 |
| | | | Amount of Contribution \$25.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Mark4CT | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-------------------------------------|
| Last Name Mentzer | First Kip | MI | Contribution ID # 0049 |
| Residential Street Address 225 Old Forge Rd | City Riverton | State CT | Zip Code 06065 |
| Principal Occupation RETIRED | Name of Employer RETIRED | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/19/2026 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|--|--|---|-------------------------------------|
| Last Name McGurn | First Robert | MI | Contribution ID # 0050 |
| Residential Street Address 47 Hunt Glen Dr | City Granby | State CT | Zip Code 06035 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/19/2026 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Alexander | First Linda | MI | Contribution ID # 0051 |
| Residential Street Address 155 Fieldstone Dr | City Windsor | State CT | Zip Code 06095 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/19/2026 | Aggregate Contributions \$50.00 |
| | | | Amount of Contribution \$50.00 |

| | | | |
|--|--|---|-------------------------------------|
| Last Name Mission | First Walter | MI | Contribution ID # 0052 |
| Residential Street Address 15 Woodland Dr | City Granby | State CT | Zip Code 06035 |
| Principal Occupation retired | Name of Employer retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/19/2026 | Aggregate Contributions \$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 |
| Mark4CT | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-------------------------------------|
| Last Name Heggland | First Andrew | MI | Contribution ID # 0053 |
| Residential Street Address 57 South Rd | City East Hartland | State CT | Zip Code 06027 |
| Principal Occupation Physician | Name of Employer Connecticut Children'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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/19/2026 | Aggregate Contributions \$340.00 |
| | | | Amount of Contribution \$340.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Mathis | First J Ward | MI | Contribution ID # 0024 |
| Residential Street Address 61 Cider Mill Hts | City North Granby | State CT | Zip Code 06060 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/19/2026 | Aggregate Contributions \$50.00 |
| | | | Amount of Contribution \$25.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Mathis | First Carol | MI L | Contribution ID # 0025 |
| Residential Street Address 61 Cider Mill Hts | City North Granby | State CT | Zip Code 06060 |
| 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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/19/2026 | Aggregate Contributions \$50.00 |
| | | | Amount of Contribution \$25.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Beckwith | First Scott | MI | Contribution ID # 0037 |
| Residential Street Address 15 Moosehorn Rd | City West Granby | State CT | Zip Code 06090 |
| Principal Occupation Principal Sales Engineer | Name of Employer NCR Voyix | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/20/2026 | Aggregate Contributions \$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 |
| Mark4CT | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|---|---|---|-------------------------------------|
| Last Name Olsen | First Jeff | MI | Contribution ID # 0038 |
| Residential Street Address 63A Walnut Hill Rd | City East Hartland | State CT | Zip Code 06027 |
| Principal Occupation IT lead | Name of Employer NY Life | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/20/2026 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|---|---|---|------------------------------------|
| Last Name Moss | First Robert | MI | Contribution ID # 0039 |
| Residential Street Address 197 Salmon Brook St | City Granby | State CT | Zip Code 06035 |
| Principal Occupation school van driver | Name of Employer CREC | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/20/2026 | Aggregate Contributions \$50.00 |
| | | | Amount of Contribution \$50.00 |

| | | | |
|---|---|---|-------------------------------------|
| Last Name Neumann | First Albert | MI | Contribution ID # 0040 |
| Residential Street Address 101 N Canton Rd | City Barkhamsted | State CT | Zip Code 06063 |
| 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 03/20/2026 | Aggregate Contributions \$340.00 |
| | | | Amount of Contribution \$340.00 |

| | | | |
|---|---|---|------------------------------------|
| Last Name Hulbert | First Carol | MI | Contribution ID # 0041 |
| Residential Street Address 168 Hungary Rd | City Granby | State CT | Zip Code 06035 |
| 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 03/20/2026 | 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 |
| Mark4CT | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-------------------------------------|
| Last Name Eberly | First Maureen | MI | Contribution ID # 0042 |
| Residential Street Address 37 Silkey Rd | City North Granby | State CT | Zip Code 06060 |
| 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 03/20/2026 | Aggregate Contributions \$200.00 |
| | | | Amount of Contribution \$200.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Buzzi | First Thomas | MI | Contribution ID # 0043 |
| Residential Street Address 651 Niles Rd | City New Hartford | State CT | Zip Code 06057 |
| Principal Occupation President | Name of Employer CT | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/20/2026 | Aggregate Contributions \$25.00 |
| | | | Amount of Contribution \$25.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Blake | First Kevin | MI | Contribution ID # 0044 |
| Residential Street Address 504 Cider Barrel Way | City North Granby | State CT | Zip Code 06060 |
| Principal Occupation Flooring | Name of Employer Action carpet | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/20/2026 | Aggregate Contributions \$50.00 |
| | | | Amount of Contribution \$50.00 |

| | | | |
|--|--|---|-------------------------------------|
| Last Name Vanderbilt | First John | MI | Contribution ID # 0016 |
| Residential Street Address 15 Fox Hunt Cir | City Granby | State CT | Zip Code 06035 |
| 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 03/21/2026 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$50.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Mark4CT | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-------------------------------------|
| Last Name Vanderbilt | First Margery | MI | Contribution ID # 0017 |
| Residential Street Address 15 Fox Hunt Cir | City Granby | State CT | Zip Code 06035 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/21/2026 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$50.00 | |

| | | | |
|--|---|---|------------------------------------|
| Last Name Davis | First Dean | MI E | Contribution ID # 0019 |
| Residential Street Address 55 Bridle Dr | City Barkhamsted | State CT | Zip Code 06063 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card | Date Received 03/21/2026 | Aggregate Contributions \$20.00 |
| | | Amount of Contribution \$20.00 | |

| | | | |
|--|---|---|------------------------------------|
| Last Name Kornegay | First John | MI | Contribution ID # 0036 |
| Residential Street Address 14 Fotge Hill Rd | City Pleasant Valley | State CT | Zip Code 06063 |
| 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 \$50.00 |
| | | Amount of Contribution \$50.00 | |

| | | | |
|--|---|---|------------------------------------|
| Last Name Kibbe | First Joel | MI N | Contribution ID # 0021 |
| Residential Street Address 61 Lakeside Dr | City Granby | State CT | Zip Code 06035 |
| Principal Occupation PE/Health Teacher | Name of Employer Intensive Education Academy | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input 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 03/22/2026 | Aggregate Contributions \$10.00 |
| | | Amount of Contribution \$5.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Mark4CT | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|------------------------------------|
| Last Name Kibbe | First Laura | MI J | Contribution ID # 0022 |
| Residential Street Address 61 Lakeside Dr | City Granby | State CT | Zip Code 06035 |
| Principal Occupation Project Manager | Name of Employer Care Quest Inovation Partners | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input 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 03/22/2026 | Aggregate Contributions \$10.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Benham | First Jennifer | MI | Contribution ID # 0031 |
| Residential Street Address 33A Loomis Hts | City New Hartford | State CT | Zip Code 06057 |
| 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 03/22/2026 | Aggregate Contributions \$50.00 |
| | | | Amount of Contribution \$50.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Simanski | First William | MI | Contribution ID # 0032 |
| Residential Street Address 12 Kilmer Ln | City Granby | State CT | Zip Code 06035 |
| 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 03/22/2026 | Aggregate Contributions \$50.00 |
| | | | Amount of Contribution \$50.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Taylor | First Stephen | MI | Contribution ID # 0033 |
| Residential Street Address 33 Barkhamsted Rd | City West Granby | State CT | Zip Code 06090 |
| Principal Occupation Retired | Name of Employer Connecticut | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input 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 03/22/2026 | 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 |
| Mark4CT | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|---|---|---|------------------------------------|
| Last Name Regner | First Alan | MI | Contribution ID # 0034 |
| Residential Street Address 70 Woodchuck Ln | City New Hartford | State CT | Zip Code 06057 |
| 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 03/22/2026 | Aggregate Contributions \$25.00 |
| | | | Amount of Contribution \$25.00 |

| | | | |
|---|---|---|------------------------------------|
| Last Name Deschaine | First Susan | MI | Contribution ID # 0035 |
| Residential Street Address 44 Birdview Ave | City New Hartford | State CT | Zip Code 06057 |
| Principal Occupation Nurse | Name of Employer Elara Caring | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input 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 Jansen | First John | MI A | Contribution ID # 0026 |
| Residential Street Address 150 N Granby Rd | City Granby | State CT | Zip Code 06035 |
| Principal Occupation Carpenter | Name of Employer John Jansen | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input 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 \$25.00 |
| | | | Amount of Contribution \$25.00 |

| | | | |
|---|---|---|-------------------------------------|
| Last Name Lanigan | First William | MI R | Contribution ID # 0027 |
| Residential Street Address 3 Hunters Rdg | City Granby | State CT | Zip Code 06035 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card | Date Received 03/23/2026 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$50.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Mark4CT | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|---|--|---|-------------------------------------|
| Last Name Lanigan | First Susan | MI S | Contribution ID # 0028 |
| Residential Street Address 3 Hunters Rdg | City Granby | State CT | Zip Code 06035 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/23/2026 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$50.00 |

| | | | |
|---|--|---|------------------------------------|
| Last Name Senland | First Aage | MI | Contribution ID # 0018 |
| Residential Street Address 14 Hampton Village Dr | City Granby | State CT | Zip Code 06035 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/23/2026 | Aggregate Contributions \$20.00 |
| | | | Amount of Contribution \$20.00 |

| | | | |
|---|--|---|------------------------------------|
| Last Name DePaul | First Doreen | MI | Contribution ID # 0030 |
| Residential Street Address 17 High Hill Rd | City Canton | State CT | Zip Code 06019 |
| Principal Occupation Director- Business | Name of Employer Ultimate Wireforms, 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/23/2026 | Aggregate Contributions \$10.00 |
| | | | Amount of Contribution \$10.00 |

| | | | |
|---|--|---|------------------------------------|
| Last Name Huk | First Raymond | MI | Contribution ID # 0023 |
| Residential Street Address 20 Farmview Ln | City Granby | State CT | Zip Code 06035 |
| Principal Occupation Owner | Name of Employer Clothing Care of Granby | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input 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 \$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 |
| Mark4CT | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|------------------------------------|
| Last Name Cassotto | First Cynthia | MI A | Contribution ID # 0020 |
| Residential Street Address 246 Center Hill Rd | City Barkhamsted | State CT | Zip Code 06063 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/25/2026 | Aggregate Contributions \$25.00 |
| | | | Amount of Contribution \$25.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Levesque | First Emily | MI CT | Contribution ID # 0029 |
| Residential Street Address 356 Salmon Brook St | City Granby | State CT | Zip Code 06035 |
| Principal Occupation Office manager | Name of Employer Landtek | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/25/2026 | Aggregate Contributions \$10.00 |
| | | | Amount of Contribution \$10.00 |

| | | | |
|--|--|--|-------------------|
| Total of Section B | | | \$3,040.00 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS | | | \$3,040.00 |

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

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Mark4CT | 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Amount of Contribution |
| City | State | Zip Code | Date Received |
| | | | Aggregate Contributions |

| | | | |
|----------------------------|--|--|--|
| Total of Section C1 | | | |
|----------------------------|--|--|--|

I. MONETARY RECEIPTS (Section A-I)

| | | | | | |
|--|-------------|----------|---|----------------------------|-------------------|
| NAME OF COMMITTEE | | | | TYPE OF REPORT | |
| Mark4CT | | | | 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 | |
| Mark4CT | | | | 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 | Amount Received |
| Total of Section D | | | | | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|-------------------|----------------------------|
| NAME OF COMMITTEE | TYPE OF REPORT |
| Mark4CT | 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 |
| Mark4CT | April 10 Filing - Original |

G. Interest from Deposits in Authorized Accounts

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

I. MONETARY RECEIPTS (Section A-I)

| | |
|-------------------|----------------------------|
| NAME OF COMMITTEE | TYPE OF REPORT |
| Mark4CT | 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 |
| Mark4CT | April 10 Filing - Original |

I. Miscellaneous Monetary Receipts not Considered Contributions

| | | |
|----------------|---------------------|-----------------|
| Name | Date of Transaction | Amount Received |
| Street Address | City | State |
| | | Zip Code |
| Description | | |

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

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Mark4CT | April 10 Filing - Original |

J1. Event Information

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

Total of Section J1

II. EVENT ACTIVITY (Sections J1 - J4)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Mark4CT | April 10 Filing - Original |

J3. In-Kind Donations Not Considered Contributions

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

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

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Mark4CT | April 10 Filing - Original |

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

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

Total of Section J4

III. NONMONETARY RECEIPTS (Sections K - L)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Mark4CT | 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 | | | |
| | | | Fair Market Value of this Contribution |

Total of Section K

III. Non Monetary Receipts (Sections K - L)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Mark4CT | April 10 Filing - Original |

L. Refundable Deposit to Telephone Company

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

Total of Section L

IV. EXPENDITURES (Sections N - S)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Mark4CT | April 10 Filing - Original |
| N. Expenses Paid By Committee | |

| | | | | |
|---|---------------------------|----------------------------------|---|-------------------|
| Name of Payee Anedot | | Date of Payment 02/13/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 1340 Poydas St Ste 1770 | | City New Orleans | State LA | Zip Code 70112 |
| Purpose of Expend BNK | Description Anedot fee | | | 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 # | \$0.50 |

| | | | | |
|---|---------------------------|----------------------------------|---|-------------------|
| 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 Poydas St Ste 1770 | | City New Orleans | State LA | Zip Code 70112 |
| Purpose of Expend BNK | Description Anedot fee | | | 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 03/08/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 1340 Poydas St Ste 1770 | | City New Orleans | State LA | Zip Code 70112 |
| Purpose of Expend BNK | Description Anedot fee | | | 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 # | \$2.30 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Mark4CT | April 10 Filing - Original |
| N. Expenses Paid By Committee | |

| | | | | |
|---|---------------------------|--|---|-------------------|
| 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 Poydas St Ste 1770 | | City New Orleans | State LA | Zip Code 70112 |
| Purpose of Expend BNK | Description Anedot fee | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$3.30 |

| | | | | |
|---|---------------------------|--|---|-------------------|
| Name of Payee Anedot | | Date of Payment 03/19/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 1340 Poydas St Ste 1770 | | City New Orleans | State LA | Zip Code 70112 |
| Purpose of Expend BNK | Description Anedot fee | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$2.30 |

| | | | | |
|---|---------------------------|--|---|-------------------|
| Name of Payee Anedot | | Date of Payment 03/19/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 1340 Poydas St Ste 1770 | | City New Orleans | State LA | Zip Code 70112 |
| Purpose of Expend BNK | Description Anedot fee | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$4.30 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Mark4CT | April 10 Filing - Original |
| N. Expenses Paid By Committee | |

| | | | |
|---|--|---|-------------------|
| Name of Payee Anedot | Date of Payment 03/19/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 1340 Poydas St Ste 1770 | City New Orleans | State LA | Zip Code 70112 |
| Purpose of Expend BNK | Description Anedot fee | Amount | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | \$4.30 |

| | | | |
|---|--|---|-------------------|
| Name of Payee Anedot | Date of Payment 03/19/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 1340 Poydas St Ste 1770 | City New Orleans | State LA | Zip Code 70112 |
| Purpose of Expend BNK | Description Anedot fee | Amount | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | \$1.30 |

| | | | |
|---|--|---|-------------------|
| Name of Payee Anedot | Date of Payment 03/19/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 1340 Poydas St Ste 1770 | City New Orleans | State LA | Zip Code 70112 |
| Purpose of Expend BNK | Description Anedot fee | Amount | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | \$4.30 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Mark4CT | April 10 Filing - Original |
| N. Expenses Paid By Committee | |

| | | | | |
|---|---------------------------|----------------------------------|---|-------------------|
| Name of Payee Anedot | | Date of Payment 03/19/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 1340 Poydas St Ste 1770 | | City New Orleans | State LA | Zip Code 70112 |
| Purpose of Expend BNK | Description Anedot fee | | | 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 03/19/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 1340 Poydas St Ste 1770 | | City New Orleans | State LA | Zip Code 70112 |
| Purpose of Expend BNK | Description Anedot fee | | | 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 # | \$2.30 |

| | | | | |
|---|---------------------------|----------------------------------|---|-------------------|
| Name of Payee Anedot | | Date of Payment 03/19/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 1340 Poydas St Ste 1770 | | City New Orleans | State LA | Zip Code 70112 |
| Purpose of Expend BNK | Description Anedot fee | | | 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 |
| Mark4CT | April 10 Filing - Original |
| N. Expenses Paid By Committee | |

| | | | |
|---|--|---|------------------------|
| Name of Payee Anedot | Date of Payment 03/19/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 1340 Poydas St Ste 1770 | City New Orleans | State LA | Zip Code 70112 |
| Purpose of Expend BNK | Description Anedot fee | Amount | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # \$13.90 |

| | | | |
|---|--|---|-----------------------|
| Name of Payee Anedot | Date of Payment 03/20/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 1340 Poydas St Ste 1770 | City New Orleans | State LA | Zip Code 70112 |
| Purpose of Expend BNK | Description Anedot fee | Amount | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # \$2.30 |

| | | | |
|---|--|---|-----------------------|
| Name of Payee Anedot | Date of Payment 03/20/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 1340 Poydas St Ste 1770 | City New Orleans | State LA | Zip Code 70112 |
| Purpose of Expend BNK | Description Anedot fee | Amount | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # \$1.30 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Mark4CT | April 10 Filing - Original |
| N. Expenses Paid By Committee | |

| | | | |
|---|--|---|-------------------|
| Name of Payee Anedot | Date of Payment 03/20/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 1340 Poydas St Ste 1770 | City New Orleans | State LA | Zip Code 70112 |
| Purpose of Expend BNK | Description Anedot fee | Amount | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | \$8.30 |

| | | | |
|---|--|---|-------------------|
| Name of Payee Anedot | Date of Payment 03/20/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 1340 Poydas St Ste 1770 | City New Orleans | State LA | Zip Code 70112 |
| Purpose of Expend BNK | Description Anedot fee | Amount | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | \$1.30 |

| | | | |
|---|--|---|-------------------|
| Name of Payee Anedot | Date of Payment 03/20/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 1340 Poydas St Ste 1770 | City New Orleans | State LA | Zip Code 70112 |
| Purpose of Expend BNK | Description Anedot fee | Amount | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | \$13.90 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Mark4CT | April 10 Filing - Original |
| N. Expenses Paid By Committee | |

| | | | |
|---|--|---|-----------------------|
| Name of Payee Anedot | Date of Payment 03/20/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 1340 Poydas St Ste 1770 | City New Orleans | State LA | Zip Code 70112 |
| Purpose of Expend BNK | Description Anedot fee | Amount | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # \$2.30 |

| | | | |
|---|--|---|-----------------------|
| Name of Payee Anedot | Date of Payment 03/20/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 1340 Poydas St Ste 1770 | City New Orleans | State LA | Zip Code 70112 |
| Purpose of Expend BNK | Description Anedot fee | Amount | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # \$4.30 |

| | | | |
|---|--|---|-----------------------|
| Name of Payee Anedot | Date of Payment 03/20/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 1340 Poydas St Ste 1770 | City New Orleans | State LA | Zip Code 70112 |
| Purpose of Expend BNK | Description Anedot fee | Amount | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # \$2.30 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Mark4CT | 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 Poydas St Ste 1770 | | City New Orleans | State LA | Zip Code 70112 |
| Purpose of Expend BNK | Description Anedot fee | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$2.30 |

| | | | | |
|---|---------------------------|--|---|-------------------|
| 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 Poydas St Ste 1770 | | City New Orleans | State LA | Zip Code 70112 |
| Purpose of Expend BNK | Description Anedot fee | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$2.15 |

| | | | | |
|---|---------------------------|--|---|-------------------|
| 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 Poydas St Ste 1770 | | City New Orleans | State LA | Zip Code 70112 |
| Purpose of Expend BNK | Description Anedot fee | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$2.15 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Mark4CT | April 10 Filing - Original |
| N. Expenses Paid By Committee | |

| | | | |
|---|--|---|-------------------|
| 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 Poydas St Ste 1770 | City New Orleans | State LA | Zip Code 70112 |
| Purpose of Expend BNK | Description Anedot fee | Amount | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | \$1.30 |

| | | | |
|---|--|---|-------------------|
| 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 Poydas St Ste 1770 | City New Orleans | State LA | Zip Code 70112 |
| Purpose of Expend BNK | Description Anedot fee | Amount | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | \$1.30 |

| | | | |
|---|---|---|-------------------|
| 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 Poydas St Ste 1770 | City New Orleans | State LA | Zip Code 70112 |
| Purpose of Expend BNK | Description Anedot fee | Amount | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | <input type="checkbox"/> Yes <input 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 |
| Mark4CT | April 10 Filing - Original |
| N. Expenses Paid By Committee | |

| | | | | |
|---|---------------------------|--|---|-------------------|
| 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 Poydas St Ste 1770 | | City New Orleans | State LA | Zip Code 70112 |
| Purpose of Expend BNK | Description Anedot fee | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$2.30 |

| | | | | |
|---|---------------------------|--|---|-------------------|
| 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 Poydas St Ste 1770 | | City New Orleans | State LA | Zip Code 70112 |
| Purpose of Expend BNK | Description Anedot fee | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$2.30 |

| | | | | |
|---|---------------------------|--|---|-------------------|
| 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 Poydas St Ste 1770 | | City New Orleans | State LA | Zip Code 70112 |
| Purpose of Expend BNK | Description Anedot fee | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$0.70 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Mark4CT | April 10 Filing - Original |

N. Expenses Paid By Committee

| | | |
|---------------|-----------------|--|
| Name of Payee | Date of Payment | Method of Payment |
| Anedot | 03/25/2026 | <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT |

| | | | |
|-------------------------|-------------|-------|----------|
| Street Address | City | State | Zip Code |
| 1340 Poydas St Ste 1770 | New Orleans | LA | 70112 |

| | | |
|---|--|--------|
| Purpose of Expend | Description | Amount |
| BNK | Anadot fee | \$0.70 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | Expenditure # (if applicable) Event # | |

| | | |
|---------------|-----------------|---|
| Name of Payee | Date of Payment | Method of Payment |
| Mary Zlotnick | 03/31/2026 | <input checked="" type="checkbox"/> Check # <u>101</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |

| | | | |
|----------------|--------|-------|------------|
| Street Address | City | State | Zip Code |
| 177 Notch Rd | Granby | CT | 06035-1116 |

| | | |
|---|--|----------|
| Purpose of Expend | Description | Amount |
| RMB | Toner, Copy paper, Bank check stock, Postage stamps, Envelopes | \$168.83 |
| 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 # | |

Total of Section N**\$270.03**

| IV. EXPENDITURES (Sections N - S) | | | | | | |
|---|-------------|------|--|-----------------|----------------------------|---------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | | | TYPE OF REPORT | |
| | | | | | April 10 Filing - Original | |
| O. Expenses Paid By Candidate | | | | | | |
| Name of Payee (Name of vendor who candidate paid directly) | | | | Date of Payment | | Is Reimbursement Claimed? |
| | | | | | | Yes No |
| Street Address | | City | | State | Zip Code | |
| | | | | | | |
| Purpose of Expenditure (by code) | Description | | | Event # | | Amount |
| | | | | | | |
| Total of Section O | | | | | | |

| IV. EXPENDITURES (Sections N - S) | | | | | | |
|---|-------------|--|-----------|--|----------------------------|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | | | TYPE OF REPORT | |
| Mark4CT | | | | | 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 |
| Mark4CT | April 10 Filing - Original |

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

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

| | |
|---------------------------|--|
| Total of Section Q | |
|---------------------------|--|

IV. EXPENDITURES (Sections N - S)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Mark4CT | April 10 Filing - Original |

R. Itemization of Reimbursements and Secondary Payees

| | | | | |
|--|---------------|----|---|--|
| Last Name of Worker/Consultant ZLOTNICK | First MARY | MI | Date of Payment to Vendor 03/07/2026 | Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 101 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
|--|---------------|----|---|--|

| |
|---|
| Name of Vendor Paid by Committee Worker/Consultant Walmart |
|---|

| | | | |
|---|----------------------|-------------|-------------------|
| Street Address of Vendor 44 Prospect Hill Rd | City East Windsor | State CT | Zip Code 06088 |
|---|----------------------|-------------|-------------------|

| | |
|--|-------------|
| Purpose of Expenditure (by code) OFFICE | Description |
|--|-------------|

| | | | |
|---|-------------------------------|---------|-------------------|
| 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 \$87.20 |
| If yes, assign an Expenditure # and completes Itemization in Addendum R | | | |

| | | | | |
|--|---------------|----|---|--|
| Last Name of Worker/Consultant ZLOTNICK | First MARY | MI | Date of Payment to Vendor 03/10/2026 | Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 101 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
|--|---------------|----|---|--|

| |
|---|
| Name of Vendor Paid by Committee Worker/Consultant Staples |
|---|

| | | | |
|---|-----------------|-------------|-------------------|
| Street Address of Vendor 14 Hazard Ave | City Enfield | State CT | Zip Code 06082 |
|---|-----------------|-------------|-------------------|

| | |
|--|---------------------------|
| Purpose of Expenditure (by code) OFFICE | Description Copy paper |
|--|---------------------------|

| | | | |
|---|-------------------------------|---------|-------------------|
| 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 \$41.47 |
| 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 |
| Mark4CT | April 10 Filing - Original |

R. Itemization of Reimbursements and Secondary Payees

| | | | | |
|--|---------------|----|---|--|
| Last Name of Worker/Consultant ZLOTNICK | First MARY | MI | Date of Payment to Vendor 03/14/2026 | Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 101 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
|--|---------------|----|---|--|

| |
|--|
| Name of Vendor Paid by Committee Worker/Consultant Costco |
|--|

| | | | |
|--|-----------------|-------------|-------------------|
| Street Address of Vendor 75 Freshwater Blvd | City Enfield | State CT | Zip Code 06082 |
|--|-----------------|-------------|-------------------|

| | |
|--|---------------------------------|
| Purpose of Expenditure (by code) OFFICE | Description Bank check stock |
|--|---------------------------------|

| | | | |
|---|-------------------------------|---------|-------------------|
| 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 \$22.43 |
| If yes, assign an Expenditure # and completes Itemization in Addendum R | | | |

| | | | | |
|--|---------------|----|---|--|
| Last Name of Worker/Consultant ZLOTNICK | First MARY | MI | Date of Payment to Vendor 03/14/2026 | Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 101 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
|--|---------------|----|---|--|

| |
|--|
| Name of Vendor Paid by Committee Worker/Consultant USPS |
|--|

| | | | |
|--|----------------|-------------|-------------------|
| Street Address of Vendor 10 Bank St | City Granby | State CT | Zip Code 06035 |
|--|----------------|-------------|-------------------|

| | |
|--|-----------------------|
| Purpose of Expenditure (by code) POST | Description Stamps |
|--|-----------------------|

| | | | |
|---|-------------------------------|---------|-------------------|
| 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 \$15.60 |
| 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 |
| Mark4CT | April 10 Filing - Original |

R. Itemization of Reimbursements and Secondary Payees

| | | | | |
|---|-------------------------------|-------------------|---|--|
| Last Name of Worker/Consultant ZLOTNICK | First MARY | MI | Date of Payment to Vendor 03/30/2026 | Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 101 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
| Name of Vendor Paid by Committee Worker/Consultant Ocean State Job Lot | | | | |
| Street Address of Vendor 201 College Hwy | | City Southwick | State MA | Zip Code 01077 |
| Purpose of Expenditure (by code) OFFICE | Description 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 \$2.13 | |
| If yes, assign an Expenditure # and completes Itemization in Addendum R | | | | |
| Total of Section R | | | | \$168.83 |

IV. EXPENDITURES (Sectuibs N - S)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Mark4CT | 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 |