



COVER PAGE

1. NAME OF COMMITTEE			2. TYPE OF COMMITTEE		
Lucy 2026			<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee		
3. TREASURER NAME					
First Angela	MI	Last Jameson		Suffix	
4. TREASURER ADDRESS					
Street Address 1370 Ponus Ridge Rd	City New Canaan	State CT	Zip Code 06840		
5. ELECTION DATE	6. OFFICE SOUGHT (Complete only if Candidate Committee)			7. DISTRICT NUMBER (if applicable)	
11/03/2026	State Representative			R142	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Lucia "Lucy"	MI S	Last Dathan		Suffix	
9. TYPE OF REPORT					
April 10 Filing - Original					
10. PERIOD COVERED					
Beginning Date		Ending Date			
01/06/2026		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	Angela Jameson	04/08/2026 11:50:59AM			
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	
Lucy 2026	April 10 Filing - Original	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$0.00	
14. Contributions received from Individuals (Section A and B)	\$6,490.00	\$6,490.00
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)	\$6,490.00	\$6,490.00
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$6,490.00	\$6,490.00
20. Expenses Paid by Committee (Section N)	\$5,707.17	\$5,707.17
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	\$782.83	\$782.83
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
Lucy 2026	April 10 Filing - Original

A. Total Contributions from Small Contributors-Received this Period ONLY

For Nonparticipating Candidates ONLY

\$0.00**B. Itemized Contributions from Individuals**

Last Name Jameson	First Angela	MI	Contribution ID # 0162
Residential Street Address 1370 Ponus Ridge Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Amount of Contribution Date Received 01/23/2026 Aggregate Contributions \$100.00 \$100.00

Last Name Willett	First Karen	MI	Contribution ID # 0001
Residential Street Address 60 Spring Water Ln	City New Canaan	State CT	Zip Code 06840
Principal Occupation Homemaker	Name of Employer NA		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Amount of Contribution Date Received 01/28/2026 Aggregate Contributions \$5.00 \$5.00

Last Name Edmands	First Susan	MI B	Contribution ID # 0002
Residential Street Address 4 Mead St	City New Canaan	State CT	Zip Code 06840
Principal Occupation consultant	Name of Employer BST America LLc		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Amount of Contribution Date Received 01/28/2026 Aggregate Contributions \$5.00 \$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Hosten	First Colin	MI	Contribution ID # 0003
Residential Street Address 28 Dock Rd	City Norwalk	State CT	Zip Code 06854
Principal Occupation Lecturer	Name of Employer Fairfield University		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/30/2026	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Kantor	First Nicholas	MI	Contribution ID # 0004
Residential Street Address 25 Hawthorne Dr	City Norwalk	State CT	Zip Code 06851
Principal Occupation Advocate	Name of Employer Pro-Homes CT		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/01/2026	Aggregate Contributions \$20.00
		Amount of Contribution \$20.00	

Last Name Kantor	First Lauren	MI	Contribution ID # 0005
Residential Street Address 25 Hawthorne Dr	City Norwalk	State CT	Zip Code 06851
Principal Occupation Teacher	Name of Employer Wilton		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/01/2026	Aggregate Contributions \$20.00
		Amount of Contribution \$20.00	

Last Name MacKenzie	First Alyssa	MI	Contribution ID # 0006
Residential Street Address 80 Forest St	City New Canaan	State CT	Zip Code 06840
Principal Occupation Peer support provider	Name of Employer Mae lemonade with lupus		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/01/2026	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
Lucy 2026	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Hannich	First Lisa	MI	Contribution ID # 0007
Residential Street Address 90 Kimberly Pl	City New Canaan	State CT	Zip Code 06840
Principal Occupation Unemployed	Name of Employer Unemployed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/01/2026	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name rama	First Sandy	MI	Contribution ID # 0008
Residential Street Address 300 Glover Ave	City Norwalk	State CT	Zip Code 06850
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 02/01/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Boris	First Jamie	MI	Contribution ID # 0009
Residential Street Address 22 Crystal St	City New Canaan	State CT	Zip Code 06840
Principal Occupation Manager	Name of Employer ABC New Canaan		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 02/01/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Himmel	First Jane	MI	Contribution ID # 0010
Residential Street Address 50 Braeburn Dr	City New Canaan	State CT	Zip Code 06840
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 02/01/2026	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
Lucy 2026	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Englund	First Sven	MI R	Contribution ID # 0011
Residential Street Address 9 Fairty Dr	City New Canaan	State CT	Zip Code 06840
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 02/01/2026	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Fagerstal	First Christina	MI T	Contribution ID # 0012
Residential Street Address 289 Weed St	City New Canaan	State CT	Zip Code 06840
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 02/01/2026	Aggregate Contributions \$25.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name Cheung	First Emma	MI	Contribution ID # 0013
Residential Street Address 152 Hoyt Farm Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Student	Name of Employer NA		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 02/01/2026	Aggregate Contributions \$340.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$340.00	

Last Name Bermudez Hallstrom	First Andres	MI J	Contribution ID # 0014
Residential Street Address 158 Perry Ave	City Norwalk	State CT	Zip Code 06850
Principal Occupation Attorney	Name of Employer CT Division of Criminal Justice		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 02/01/2026	Aggregate Contributions \$20.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$20.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Turrentine	First Toddy	MI T	Contribution ID # 0015
Residential Street Address 79 Greenley Rd .	City New Canaan	State CT	Zip Code 06840
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/01/2026	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Seaman	First Deborah	MI A	Contribution ID # 0016
Residential Street Address 8 Old Saugatuck Rd	City Norwalk	State CT	Zip Code 06855
Principal Occupation Substitute teacher	Name of Employer Self as sub teacher		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/01/2026	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Woods Matthews	First Michelle	MI R	Contribution ID # 0017
Residential Street Address 51 Myrtle Street Ext	City Norwalk	State CT	Zip Code 06855
Principal Occupation Communications	Name of Employer Town of Stratford CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/01/2026	Aggregate Contributions \$10.00
		Amount of Contribution \$10.00	

Last Name Harris	First Tracey	MI	Contribution ID # 0018
Residential Street Address 236 S Bald Hill Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation CFO	Name of Employer The Southport School		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/01/2026	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
Lucy 2026	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Wennerstrand	First Anne	MI	Contribution ID # 0019
Residential Street Address 17 Rome St	City Norwalk	State CT	Zip Code 06851
Principal Occupation Clinical Social Worker	Name of Employer Integrated Psychotherapy LCSW PC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/01/2026
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Jones	First Elizabeth	MI A	Contribution ID # 0163
Residential Street Address 101 Harrison Ave	City New Canaan	State CT	Zip Code 06840
Principal Occupation Gardener	Name of Employer Elizabeth Jones		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 02/01/2026
		Aggregate Contributions \$10.00	Amount of Contribution \$10.00

Last Name Washer	First Louise	MI	Contribution ID # 0020
Residential Street Address 280 Silvermine Ave	City Norwalk	State CT	Zip Code 06850
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/02/2026
		Aggregate Contributions \$340.00	Amount of Contribution \$340.00

Last Name Niedzielski-Eichner	First Nora	MI	Contribution ID # 0021
Residential Street Address 7 Outer Rd	City Norwalk	State CT	Zip Code 06854
Principal Occupation Attorney	Name of Employer Clarick Gueron Reisbaum		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/02/2026
		Aggregate Contributions \$50.00	Amount of Contribution \$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Davis	First Michael	MI	Contribution ID # 0022
Residential Street Address 200 Glover Ave	City Norwalk	State CT	Zip Code 06850
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/02/2026	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Fields	First Mary	MI C	Contribution ID # 0023
Residential Street Address 280 Silvermine Ave	City Norwalk	State CT	Zip Code 06850
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/02/2026	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Westmoreland	First David	MI G	Contribution ID # 0024
Residential Street Address 50 Elmwood Ave	City Norwalk	State CT	Zip Code 06854
Principal Occupation Landscape Architect	Name of Employer Tuliptree Site Design Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/02/2026	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name feral	First priscilla	MI	Contribution ID # 0025
Residential Street Address 5 McKinley St	City Rowayton	State CT	Zip Code 06853
Principal Occupation president of Friends of Animals	Name of Employer Friends of Animals		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/02/2026	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
Lucy 2026	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Lee	First Lina	MI	Contribution ID # 0026
Residential Street Address 160 Ferris Hill Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Attorney	Name of Employer CBA		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 02/02/2026	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name matley	First justin	MI	Contribution ID # 0027
Residential Street Address 4 Cindy Ln	City Norwalk	State CT	Zip Code 06851
Principal Occupation audio producer	Name of Employer self employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/02/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Clancy	First Louise	MI	Contribution ID # 0028
Residential Street Address 126 Woodland Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/02/2026	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Goldstein	First Josh	MI	Contribution ID # 0029
Residential Street Address 22 Princes Pine Rd	City Norwalk	State CT	Zip Code 06850
Principal Occupation Attorney	Name of Employer Adelman Connors & Krevolin, LLP		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input 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 02/02/2026	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
Lucy 2026	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Stonehill	First Elisabeth	MI	Contribution ID # 0030
Residential Street Address 7 Ravenwood Rd	City Norwalk	State CT	Zip Code 06850
Principal Occupation Software Engineer	Name of Employer EDKS Associates		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 02/02/2026	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Tobitsch	First Meredith	MI	Contribution ID # 0031
Residential Street Address 203 Putnam Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Homemaker	Name of Employer Meredith Tobitsch		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 02/02/2026	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name DEGENSHEIN	First JAN	MI S	Contribution ID # 0032
Residential Street Address 407 Newtown Ave	City Norwalk	State CT	Zip Code 06851
Principal Occupation Architect - Planner	Name of Employer Degenshein Architects		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 02/02/2026	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name Lee	First Alison	MI V	Contribution ID # 0033
Residential Street Address 407 Newtown Ave	City Norwalk	State CT	Zip Code 06851
Principal Occupation digital content creator	Name of Employer Craftcast Productions, LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/02/2026	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
Lucy 2026	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Andrasko	First Joseph	MI D	Contribution ID # 0034
Residential Street Address 28 Dock Rd	City Norwalk	State CT	Zip Code 06854
Principal Occupation Banking	Name of Employer Synchrony		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/02/2026	Aggregate Contributions \$25.00
			\$25.00

Last Name DeVito	First David	MI CT	Contribution ID # 0035
Residential Street Address 263 S Bald Hill Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Realtor	Name of Employer Self employed independent contractor		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/02/2026	Aggregate Contributions \$5.00
			\$5.00

Last Name Rilling	First Lucia	MI C	Contribution ID # 0036
Residential Street Address 98 Gillies Ln	City Norwalk	State CT	Zip Code 06854
Principal Occupation Real Estate Agent	Name of Employer William Raveis		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/02/2026	Aggregate Contributions \$5.00
			\$5.00

Last Name Bennett	First Jason	MI J	Contribution ID # 0037
Residential Street Address 12 Olmstead Ct	City New Canaan	State CT	Zip Code 06840
Principal Occupation CTO	Name of Employer Circular Services, Inc		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/02/2026	Aggregate Contributions \$5.00
			\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Smyth	First Barbara	MI	Contribution ID # 0038
Residential Street Address 4 Brookhill Ln	City Norwalk	State CT	Zip Code 06851
Principal Occupation Mayor	Name of Employer City of Norwalk		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 02/03/2026	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Martin	First Rebecca	MI B	Contribution ID # 0039
Residential Street Address 185 North Ave	City Westport	State CT	Zip Code 06880
Principal Occupation Associate Director of Development	Name of Employer Reproductive Equity Now		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 02/03/2026	Aggregate Contributions \$10.00
		Amount of Contribution \$10.00	

Last Name Leija-Wheeler	First Tiffany	MI	Contribution ID # 0040
Residential Street Address 134 Millport Ave	City New Canaan	State CT	Zip Code 06840
Principal Occupation School Psychologist	Name of Employer Stamford Public Schools		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/03/2026	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Lauricella	First Diane	MI	Contribution ID # 0041
Residential Street Address 21 Little Fox Ln	City Norwalk	State CT	Zip Code 06850
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 02/04/2026	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Garfunkel	First Andy	MI	Contribution ID # 0042
Residential Street Address 41 Beau St	City Norwalk	State CT	Zip Code 06850
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 02/04/2026	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Fasciolo	First Adam	MI	Contribution ID # 0043
Residential Street Address 29 Marlborough Rd	City Norwalk	State CT	Zip Code 06851
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 02/04/2026	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name Levine	First Eva	MI S	Contribution ID # 0044
Residential Street Address 240 Davenport Ridge Rd	City New Canaan	State CT	Zip Code 06840
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 02/05/2026	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Dorfsman	First Michael	MI J	Contribution ID # 0045
Residential Street Address 172 Putnam Rd	City New Canaan	State CT	Zip Code 06840
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 02/05/2026	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
Lucy 2026	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Cohler	First Luke	MI	Contribution ID # 0046
Residential Street Address 375 Canoe Hill Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Headhunter	Name of Employer Human Capitalist LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/05/2026	Aggregate Contributions \$10.00
		Amount of Contribution \$10.00	

Last Name Rodgers	First Rachel	MI	Contribution ID # 0047
Residential Street Address 237 S Bald Hill Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Management Exec	Name of Employer Ipsos		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/06/2026	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Wieser Scott	First Kirsten	MI	Contribution ID # 0048
Residential Street Address 205 Silvermine Ave	City Norwalk	State CT	Zip Code 06850
Principal Occupation Caregiver	Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/06/2026	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name Dellinger	First Richard	MI N	Contribution ID # 0049
Residential Street Address 45 Purdy Rd E	City Norwalk	State CT	Zip Code 06850
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/06/2026	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Schoen	First Claire	MI C	Contribution ID # 0050
Residential Street Address 7 Studio Ln	City Norwalk	State CT	Zip Code 06850
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 02/06/2026	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name MARSHOCK	First PATRICIA	MI	Contribution ID # 0051
Residential Street Address 12 Edith Ln	City Norwalk	State CT	Zip Code 06851
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 02/06/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Hosten	First Colin	MI	Contribution ID # 0052
Residential Street Address 71 Aiken St # A14	City Norwalk	State CT	Zip Code 06851
Principal Occupation Lecturer	Name of Employer Fairfield University		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/07/2026	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Cosker	First Tom	MI	Contribution ID # 0053
Residential Street Address 52 Tall Pines Ln	City Rocky Hill	State CT	Zip Code 06067
Principal Occupation Advocate	Name of Employer DRCT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 02/07/2026	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
Lucy 2026	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Williams	First Brandalyn	MI	Contribution ID # 0054
Residential Street Address 26 Belden Ave # 1449	City Norwalk	State CT	Zip Code 06850
Principal Occupation Policy & Communications Strategist	Name of Employer City of Norwalk		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/07/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Klimpl	First Timothy	MI S	Contribution ID # 0055
Residential Street Address 109 Benedict Hill Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Attorney	Name of Employer Klimpl Benefits Law PLLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/07/2026	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Gulyas	First bryan	MI	Contribution ID # 0056
Residential Street Address 5 Cliffview	City Norwalk	State CT	Zip Code 06850
Principal Occupation Nope	Name of Employer Nope		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/07/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Kaye	First Joshua	MI D	Contribution ID # 0057
Residential Street Address 927 Silvermine Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Attorney	Name of Employer Arcadian Risk Capital		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/07/2026	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Ridley-Kaye	First Megan	MI E	Contribution ID # 0058
Residential Street Address 927 Silvermine Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Attorney	Name of Employer Hogan Lovells		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/07/2026	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Madigan	First Geraldyn	MI MO	Contribution ID # 0059
Residential Street Address 347 Galloway Oaks Dr	City Ballwin	State MO	Zip Code 63021
Principal Occupation Retail	Name of Employer Painted Tree		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/07/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Rothseid	First Ruth	MI CT	Contribution ID # 0060
Residential Street Address 205 Main St Apt 23	City New Canaan	State CT	Zip Code 06840
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/07/2026	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name West	First Sheri & Brian	MI CT	Contribution ID # 0061
Residential Street Address 255 W Hills Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Nonprofit	Name of Employer LiveGirl		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/07/2026	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Carroll	First Heather	MI	Contribution ID # 0062
Residential Street Address 118 Evergreen Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Retail	Name of Employer ESB		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 02/07/2026	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Chapman-Bakal	First Kathy	MI	Contribution ID # 0063
Residential Street Address 107 Pocconock Trl	City New Canaan	State CT	Zip Code 06840
Principal Occupation Real estate appraiser	Name of Employer Self employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/08/2026	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Mitrakis	First Nick	MI	Contribution ID # 0064
Residential Street Address 201 Mill Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation SVP Corporate Controller	Name of Employer WSP		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/08/2026	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Bettino	First Rita	MI	Contribution ID # 0065
Residential Street Address 94 Field Crest Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation CMO	Name of Employer Global Orange Development		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/08/2026	Aggregate Contributions \$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
Lucy 2026	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Hladick	First Jennifer	MI	Contribution ID # 0066
Residential Street Address 77 Knollwood Ln	City New Canaan	State CT	Zip Code 06840
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/08/2026	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Cullen	First Y	MI	Contribution ID # 0067
Residential Street Address 40 Pond View Ln	City New Canaan	State CT	Zip Code 06840
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/08/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Leung	First Janet	MI	Contribution ID # 0068
Residential Street Address 90 South Ave	City New Canaan	State CT	Zip Code 06840
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 02/08/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Barksdale	First Russell	MI	Contribution ID # 0069
Residential Street Address 249 Old Stamford Rd	City New Canaan	State CT	Zip Code 06840
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 02/08/2026	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
Lucy 2026	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Hott	First Terri	MI	Contribution ID # 0070
Residential Street Address 145 Orchard Dr	City New Canaan	State CT	Zip Code 06840
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/08/2026	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Lloyd	First Elaine	MI	Contribution ID # 0071
Residential Street Address 3 Holmewood Ln	City New Canaan	State CT	Zip Code 06840
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/08/2026	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Major	First Luella	MI	Contribution ID # 0072
Residential Street Address 9 Glenwood Ave Unit 13	City Norwalk	State CT	Zip Code 06854
Principal Occupation Nanny	Name of Employer Ellen De Moll		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/08/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Okeefe	First Dan	MI	Contribution ID # 0073
Residential Street Address 21 Brooks Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation State commissioner	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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/08/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Pavia	First Jack	MI T	Contribution ID # 0074
Residential Street Address 32 Vanderbilt Ave	City Norwalk	State CT	Zip Code 06854
Principal Occupation Intern	Name of Employer Norwalk Transit District		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/08/2026	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name Schilo	First Kristen	MI	Contribution ID # 0075
Residential Street Address 18 Seminary St	City New Canaan	State CT	Zip Code 06840
Principal Occupation Dog care	Name of Employer New Canaan Dogs		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/08/2026	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Ault	First Laura	MI M	Contribution ID # 0076
Residential Street Address 308 Greenley Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Writer	Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/08/2026	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name Shonfield	First Lise	MI	Contribution ID # 0077
Residential Street Address 34 Bayberry Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Consultant	Name of Employer True North College Advisors		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/08/2026	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name D'Arinzo	First Ken	MI	Contribution ID # 0078
Residential Street Address 28 Morehouse Ln	City Norwalk	State CT	Zip Code 06850
Principal Occupation Realtor	Name of Employer Ken D'Arinzo Real Estate		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/08/2026	Aggregate Contributions \$10.00
		Amount of Contribution \$10.00	

Last Name Bennett	First Jo	MI	Contribution ID # 0079
Residential Street Address 8 Silver Ledge Rd	City Norwalk	State CT	Zip Code 06850
Principal Occupation Volunteer & communications manager	Name of Employer Malta House		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/08/2026	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name D'Arinzo	First Debra	MI	Contribution ID # 0080
Residential Street Address 28 Morehouse Ln	City Norwalk	State CT	Zip Code 06850
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 02/08/2026	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name Stewart	First Julia	MI	Contribution ID # 0081
Residential Street Address 433 Old Stamford Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Social Media	Name of Employer Walter Stewarts 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 type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/08/2026	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
Lucy 2026	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Tepas	First Kevin	MI M	Contribution ID # 0082
Residential Street Address 7 Barnfield Rd	City Norwalk	State CT	Zip Code 06853
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/08/2026	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Lurie	First Richard	MI C	Contribution ID # 0083
Residential Street Address 341 Jelliff Mill Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/08/2026	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name Goldstein	First Elizabeth	MI	Contribution ID # 0084
Residential Street Address 22 Princes Pine Rd	City Norwalk	State CT	Zip Code 06850
Principal Occupation Sales	Name of Employer Datadog		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/08/2026	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name Reed	First Kristin	MI T	Contribution ID # 0085
Residential Street Address 824 N Wilton Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/08/2026	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
Lucy 2026	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Kinsella	First Katy	MI	Contribution ID # 0086
Residential Street Address 34 Channel Ave	City Norwalk	State CT	Zip Code 06854
Principal Occupation Sales	Name of Employer 1000		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/08/2026	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Duplock	First Sophie	MI	Contribution ID # 0087
Residential Street Address 2 Silvermine Rdg	City Norwalk	State CT	Zip Code 06850
Principal Occupation Paraeducator	Name of Employer New Canaan Public Schools		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/08/2026	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name Ault	First Andrew	MI	Contribution ID # 0088
Residential Street Address 308 Greenley Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Advertising	Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/08/2026	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name Rucci	First Barbara	MI B	Contribution ID # 0089
Residential Street Address 697 Valley Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Arts Educator	Name of Employer B. Rucci Studio		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/09/2026	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Buccolo	First Jesse	MI	Contribution ID # 0090
Residential Street Address 5 Alden Ave	City Norwalk	State CT	Zip Code 06855
Principal Occupation Deputy director	Name of Employer Norwalk acts		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/09/2026
		Aggregate Contributions \$25.00	Amount of Contribution \$25.00

Last Name Jellerette	First Diane	MI	Contribution ID # 0091
Residential Street Address 25 Ellen St	City Norwalk	State CT	Zip Code 06851
Principal Occupation Museum Director	Name of Employer Norwalk Historical Society		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/09/2026
		Aggregate Contributions \$25.00	Amount of Contribution \$25.00

Last Name Yordon	First Mary	MI X	Contribution ID # 0092
Residential Street Address 67 North St	City Easton	State CT	Zip Code 06612
Principal Occupation Teacher	Name of Employer Norwalk Public Schools		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/09/2026
		Aggregate Contributions \$25.00	Amount of Contribution \$25.00

Last Name Wells	First Sonja	MI	Contribution ID # 0093
Residential Street Address 71 Haviland Rd	City Stamford	State CT	Zip Code 06903
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/09/2026
		Aggregate Contributions \$5.00	Amount of Contribution \$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Sead	First Jalin	MI	Contribution ID # 0094
Residential Street Address 140 Main St	City Norwalk	State CT	Zip Code 06851
Principal Occupation Transportation Manager	Name of Employer Star Inc		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/09/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name DRUCKER	First RACHEL	MI D	Contribution ID # 0095
Residential Street Address 108 New Canaan Ave	City Norwalk	State CT	Zip Code 06850
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/09/2026	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Moore	First Lynne	MI	Contribution ID # 0096
Residential Street Address 813 Foxboro Dr	City Norwalk	State CT	Zip Code 06851
Principal Occupation Educator	Name of Employer Norwalk Public Schools		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/09/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Mitchell	First Julia	MI K	Contribution ID # 0164
Residential Street Address 923 Sturbridge Hill Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation AIRBNB Host Mother	Name of Employer Julia Mitchell		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 02/09/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Vollmer	First Edward	MI C	Contribution ID # 0165
Residential Street Address 377 Main St Unit 13	City New Canaan	State CT	Zip Code 06840
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/10/2026
		Aggregate Contributions \$5.00	Amount of Contribution \$5.00

Last Name Eaddy	First Nicolé	MI CT	Contribution ID # 0097
Residential Street Address 230 East Ave Apt C208	City Norwalk	State CT	Zip Code 06855
Principal Occupation Finance	Name of Employer GameChange Solar		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/10/2026
		Aggregate Contributions \$5.00	Amount of Contribution \$5.00

Last Name Lopez	First Johan	MI CT	Contribution ID # 0098
Residential Street Address 41 Fairfield Ave	City Norwalk	State CT	Zip Code 06854
Principal Occupation Analyst	Name of Employer World Bank		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/10/2026
		Aggregate Contributions \$25.00	Amount of Contribution \$25.00

Last Name Tepper	First Kathleen	MI CT	Contribution ID # 0099
Residential Street Address 186 Gillies Ln	City Norwalk	State CT	Zip Code 06854
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/10/2026
		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
Lucy 2026	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Kimmich	First Scott	MI	Contribution ID # 0100
Residential Street Address 186 Gillies Ln	City Norwalk	State CT	Zip Code 06854
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/10/2026	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Wexler	First Adam	MI	Contribution ID # 0101
Residential Street Address 84 Rilling Rdg	City New Canaan	State CT	Zip Code 06840
Principal Occupation Attorney	Name of Employer Take-Two Interactive		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/10/2026	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Baker	First Bonnie	MI	Contribution ID # 0102
Residential Street Address 925 New Norwalk Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Management consulting	Name of Employer The Change Collective		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/10/2026	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Orteig	First Elizabeth	MI	Contribution ID # 0103
Residential Street Address 108 Bayberry Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Antique Restorer	Name of Employer Elizabeth Orteig antique restoration		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/10/2026	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Rende	First Diane	MI K	Contribution ID # 0104
Residential Street Address 115 N Seir Hill Rd	City Norwalk	State CT	Zip Code 06850
Principal Occupation Accounting	Name of Employer Allen Management Inc		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 02/10/2026	Aggregate Contributions \$10.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$10.00	

Last Name Davidson	First David	MI S	Contribution ID # 0105
Residential Street Address 16 Betmarlea Rd .	City Norwalk	State CT	Zip Code 06850
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 02/10/2026	Aggregate Contributions \$5.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name Prescott	First Jennifer	MI	Contribution ID # 0106
Residential Street Address 5 Libby Rd	City Norwalk	State CT	Zip Code 06850
Principal Occupation Marketing Director	Name of Employer Consortium for School Networking		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 02/10/2026	Aggregate Contributions \$5.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name Watford	First benita	MI	Contribution ID # 0107
Residential Street Address 107 Maywood Rd	City Norwalk	State CT	Zip Code 06850
Principal Occupation rug hooking teacher	Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 02/10/2026	Aggregate Contributions \$5.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Wells	First Galen	MI W	Contribution ID # 0108
Residential Street Address 224 W Norwalk Rd	City Norwalk	State CT	Zip Code 06850
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/10/2026	Aggregate Contributions \$200.00
		Amount of Contribution \$200.00	

Last Name Wells	First Stuart	MI W	Contribution ID # 0109
Residential Street Address 224 W Norwalk Rd	City Norwalk	State CT	Zip Code 06850
Principal Occupation Registrar of Voters	Name of Employer City of Norwalk2038669045		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/10/2026	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name Sullivan	First Kathryn	MI	Contribution ID # 0110
Residential Street Address 1 Red Barn Ln	City Norwalk	State CT	Zip Code 06850
Principal Occupation Office manager	Name of Employer Private family		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/10/2026	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Stonehill	First David	MI	Contribution ID # 0111
Residential Street Address 7 Ravenwood Rd	City Norwalk	State CT	Zip Code 06850
Principal Occupation CTO	Name of Employer EDKS Associates LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/10/2026	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
Lucy 2026	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Duryea	First Tina	MI	Contribution ID # 0112
Residential Street Address 6 Deane Ct	City Norwalk	State CT	Zip Code 06853
Principal Occupation Artist	Name of Employer TL Duryea		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/10/2026	Aggregate Contributions \$15.00
		Amount of Contribution \$15.00	

Last Name Byron	First Jacquen	MI J	Contribution ID # 0113
Residential Street Address 100 San Vincenzo Pl Unit 5	City Norwalk	State CT	Zip Code 06854
Principal Occupation Accounting Clerk	Name of Employer Charter Brokerage LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/10/2026	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name Livingston	First Thomas	MI P	Contribution ID # 0114
Residential Street Address 23 Crockett St	City Norwalk	State CT	Zip Code 06853
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 02/10/2026	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Siegelbaum	First Beth	MI	Contribution ID # 0115
Residential Street Address 57 Russell St	City Norwalk	State CT	Zip Code 06855
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 02/10/2026	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
Lucy 2026	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Deal	First Ryan	MI	Contribution ID # 0116
Residential Street Address 141 Rowayton Woods Dr	City Norwalk	State CT	Zip Code 06854
Principal Occupation Nonprofit	Name of Employer Fairfield County's Community Foundation		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 02/10/2026	Aggregate Contributions \$5.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name Keefe	First Diane	MI M	Contribution ID # 0117
Residential Street Address 249 Chestnut Hill Rd	City Norwalk	State CT	Zip Code 06851
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 02/10/2026	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Wells	First Robin	MI	Contribution ID # 0118
Residential Street Address 71 Haviland Rd	City Stamford	State CT	Zip Code 06903
Principal Occupation Wealth Manager	Name of Employer Grove Capital Advisors		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 02/10/2026	Aggregate Contributions \$25.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name Heuvelman	First David	MI	Contribution ID # 0119
Residential Street Address 10 Buckingham Pl	City Norwalk	State CT	Zip Code 06851
Principal Occupation Attorney	Name of Employer DBH Legal LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 02/10/2026	Aggregate Contributions \$5.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Nussbaum	First Lauren	MI	Contribution ID # 0120
Residential Street Address 65 Whiffle Tree Ln	City New Canaan	State CT	Zip Code 06840
Principal Occupation Homemaker	Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/11/2026	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Meyer	First Alicia	MI C	Contribution ID # 0121
Residential Street Address 21 Maple St	City New Canaan	State CT	Zip Code 06840
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 02/11/2026	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Bergman	First Meredith	MI	Contribution ID # 0122
Residential Street Address 183 Smith Ridge Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation student	Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/11/2026	Aggregate Contributions \$20.00
		Amount of Contribution \$20.00	

Last Name Dathan	First Jacqueline	MI A	Contribution ID # 0166
Residential Street Address 950 Silvermine Rd	City New Canaan	State CT	Zip Code 06840
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 02/12/2026	Aggregate Contributions \$10.00
		Amount of Contribution \$10.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Dathan	First Charles	MI E	Contribution ID # 0167
Residential Street Address 950 Silvermine Rd	City New Canaan	State CT	Zip Code 06840
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 02/12/2026	Aggregate Contributions \$10.00
		Amount of Contribution \$10.00	

Last Name Dathan	First James	MI H	Contribution ID # 0168
Residential Street Address 950 Silvermine Rd	City New Canaan	State CT	Zip Code 06840
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 02/12/2026	Aggregate Contributions \$10.00
		Amount of Contribution \$10.00	

Last Name Roen	First Renee	MI	Contribution ID # 0123
Residential Street Address 723 Silvermine Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Strategt	Name of Employer The Estée Lauder companies 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 02/13/2026	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Brotherton	First Sue	MI	Contribution ID # 0124
Residential Street Address 45 Weed Ave .	City Norwalk	State CT	Zip Code 06850
Principal Occupation Chiropractic assistant	Name of Employer Chiropractic Associates		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 \$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
Lucy 2026	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Penn-Williams	First Brenda	MI	Contribution ID # 0125
Residential Street Address 21 Karen Dr	City Norwalk	State CT	Zip Code 06851
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/13/2026	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name E Bernier	First Andrea	MI	Contribution ID # 0126
Residential Street Address 232 W Norwalk Rd	City Norwalk	State CT	Zip Code 06850
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/14/2026	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Chadwick	First Jennifer	MI	Contribution ID # 0127
Residential Street Address 33 Geneva Rd	City Norwalk	State CT	Zip Code 06850
Principal Occupation Banker	Name of Employer Wells Fargo		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/15/2026	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Obuchowski	First Elsa	MI P	Contribution ID # 0169
Residential Street Address 41 East Ave	City Norwalk	State CT	Zip Code 06851
Principal Occupation Editor Writer	Name of Employer Elsa Peterson Ltd		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 02/15/2026	Aggregate Contributions \$20.00
		Amount of Contribution \$20.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Flaherty-Ludwig	First Mary Ellen	MI	Contribution ID # 0128
Residential Street Address 89 Soundview Ave	City Norwalk	State CT	Zip Code 06854
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/16/2026	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Bernier	First Robert	MI E	Contribution ID # 0129
Residential Street Address 232 W Norwalk Rd	City Norwalk	State CT	Zip Code 06850
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/16/2026	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Johnson	First Linda	MI K	Contribution ID # 0130
Residential Street Address 36 Fawn Ridge Ln	City Wilton	State CT	Zip Code 06897
Principal Occupation Realtor	Name of Employer self employed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/16/2026	Aggregate Contributions \$10.00
		Amount of Contribution \$10.00	

Last Name Orteig	First Steve	MI	Contribution ID # 0131
Residential Street Address 108 Bayberry Rd .	City New Canaan	State CT	Zip Code 06840
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/17/2026	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
Lucy 2026	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Silber	First Matthew	MI	Contribution ID # 0132
Residential Street Address 230 East Ave	City Norwalk	State CT	Zip Code 06855
Principal Occupation Teacher	Name of Employer Norwalk Public Schools		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/17/2026
		Aggregate Contributions \$5.00	Amount of Contribution \$5.00

Last Name O'Connell	First Pia	MI G	Contribution ID # 0170
Residential Street Address 12 Coachmans Ct	City Norwalk	State CT	Zip Code 06840
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 02/17/2026
		Aggregate Contributions \$25.00	Amount of Contribution \$25.00

Last Name MacKenzie	First Tess	MI	Contribution ID # 0133
Residential Street Address 174 Gerdes Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Self employed	Name of Employer Me		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/19/2026
		Aggregate Contributions \$5.00	Amount of Contribution \$5.00

Last Name MacKenzie	First Addi	MI	Contribution ID # 0134
Residential Street Address 174 Gerdes Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Teacher Assistant	Name of Employer Thistle Waithe Learning Center		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/19/2026
		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
Lucy 2026	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Baanante	First Sharon	MI R	Contribution ID # 0135
Residential Street Address 64 Comstock Hill Ave	City Norwalk	State CT	Zip Code 06850
Principal Occupation Relationship Management	Name of Employer Morgan Stanley		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 02/20/2026	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Murphy	First Mary	MI A	Contribution ID # 0136
Residential Street Address 43 Chichester Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Selectman	Name of Employer Town of New Canaan		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 02/20/2026	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name RAMIREZ	First ADAM	MI R	Contribution ID # 0137
Residential Street Address 40 Shady Knoll Ln	City New Canaan	State CT	Zip Code 06840
Principal Occupation Chief Risk Officer	Name of Employer Tokyo Century (USA) 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 02/21/2026	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Hannich	First Ivy	MI G	Contribution ID # 0171
Residential Street Address 90 Kimberly Pl	City New Canaan	State CT	Zip Code 06840
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 02/21/2026	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
Lucy 2026	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Hannich	First Charlotte	MI R	Contribution ID # 0172
Residential Street Address 90 Kimberly Pl	City New Canaan	State CT	Zip Code 06840
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 02/21/2026	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name Whitcher	First Joanna	MI M	Contribution ID # 0173
Residential Street Address 1108 Inverness Pl	City San Luis Obispo	State CA	Zip Code 93401
Principal Occupation Real Estate Management	Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/22/2026	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Hannich	First Ulrich	MI	Contribution ID # 0138
Residential Street Address 90 Kimberly Pl	City New Canaan	State CT	Zip Code 06840
Principal Occupation Attorney	Name of Employer UBS		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/22/2026	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name Murray	First Melissa	MI	Contribution ID # 0139
Residential Street Address 8 Norden Pl Apt 222	City Norwalk	State CT	Zip Code 06855
Principal Occupation Homemaker	Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/22/2026	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Gulyas	First Ashley	MI S	Contribution ID # 0140
Residential Street Address 5 Cliffview Dr	City Norwalk	State CT	Zip Code 06850
Principal Occupation music teacher	Name of Employer self employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/22/2026	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name McMurrer	First Jenn	MI CT	Contribution ID # 0141
Residential Street Address 71 Gregory Blvd	City Norwalk	State CT	Zip Code 06855
Principal Occupation Communications Director	Name of Employer City of Norwalk		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/23/2026	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name Badanes	First Jillian	MI CT	Contribution ID # 0142
Residential Street Address 36 Mead St	City New Canaan	State CT	Zip Code 06840
Principal Occupation Reinsurance manager	Name of Employer Swiss Re		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/24/2026	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Badanes	First Alan	MI CT	Contribution ID # 0143
Residential Street Address 175 Hickok Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/24/2026	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
Lucy 2026	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Smyth	First Peter	MI	Contribution ID # 0144
Residential Street Address 4 Brookhill Ln	City Norwalk	State CT	Zip Code 06851
Principal Occupation Graphic Designer	Name of Employer BrandSmyth LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/24/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name lmsilver@gmail.com	First Lisa	MI S	Contribution ID # 0145
Residential Street Address 181 Benedict Hill Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Homemaker	Name of Employer NA		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/24/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Duff	First Joanne	MI J	Contribution ID # 0146
Residential Street Address 2 Red Barn Ln	City Norwalk	State CT	Zip Code 06850
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/24/2026	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name Ormond	First Hilary	MI	Contribution ID # 0147
Residential Street Address 36 Brushy Ridge Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/24/2026	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
Lucy 2026	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Landers	First Danika	MI	Contribution ID # 0148
Residential Street Address 77 Grove St	City New Canaan	State CT	Zip Code 06840
Principal Occupation Product Designer	Name of Employer unemployed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 02/24/2026	Aggregate Contributions \$5.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name Golden	First Elizabeth	MI	Contribution ID # 0149
Residential Street Address 22 Sunrise Hill Rd	City Norwalk	State CT	Zip Code 06851
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 02/24/2026	Aggregate Contributions \$20.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$20.00	

Last Name Berliet	First Jean Pierre	MI	Contribution ID # 0174
Residential Street Address 166 Ferris Hill Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 02/24/2026	Aggregate Contributions \$5.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name HECKERLING	First Jessica	MI	Contribution ID # 0150
Residential Street Address 123 Colonial Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Owner	Name of Employer Face Communications		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 02/26/2026	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Howard	First Parisa	MI	Contribution ID # 0151
Residential Street Address 52 Adams Ln	City New Canaan	State CT	Zip Code 06840
Principal Occupation Marketing	Name of Employer Momentum Worldwide		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 02/26/2026	Aggregate Contributions \$25.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name Harris	First Mark	MI R	Contribution ID # 0152
Residential Street Address 236 S Bald Hill Rd .	City New Canaan	State CT	Zip Code 06840
Principal Occupation CFO	Name of Employer FGS Gobal		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 02/28/2026	Aggregate Contributions \$340.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$340.00	

Last Name Compton	First Stephanie	MI	Contribution ID # 0153
Residential Street Address 928 Amarillo	City Palo Alto	State CA	Zip Code 94303
Principal Occupation Teachers aide	Name of Employer Pausd		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 02/28/2026	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Bussmann	First Mary	MI R	Contribution ID # 0154
Residential Street Address 354 Seale Ave	City Palo Alto	State CA	Zip Code 94301
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 03/01/2026	Aggregate Contributions \$200.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$200.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Berliet	First Martine	MI C	Contribution ID # 0175
Residential Street Address 166 Ferris Hill Rd	City New Canaan	State CT	Zip Code 06840
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 03/02/2026	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Segalas	First Francesca	MI F	Contribution ID # 0176
Residential Street Address 48 Old Norwalk Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Dog Care	Name of Employer Francesca Segalas		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 03/02/2026	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name Beall	First James	MI	Contribution ID # 0155
Residential Street Address 34 Scofield Ln	City New Canaan	State CT	Zip Code 06840
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 03/03/2026	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Constantine	First Savet	MI	Contribution ID # 0156
Residential Street Address 135 Whipstick Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation State Legislator	Name of Employer Ct General Assembly		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/03/2026	Aggregate Contributions \$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
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B. Itemized Contributions from Individuals

Last Name Foley	First Jim	MI	Contribution ID # 0157
Residential Street Address 4 Ravenwood Rd	City Norwalk	State CT	Zip Code 06850
Principal Occupation Construction Estimating	Name of Employer A. Pappajohn Company		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/04/2026	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Walker	First Douglas	MI P	Contribution ID # 0158
Residential Street Address 4 Mead St	City New Canaan	State CT	Zip Code 06840
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 03/05/2026	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name Hampton	First Nicole	MI	Contribution ID # 0159
Residential Street Address 8 Norden Pl	City Norwalk	State CT	Zip Code 06855
Principal Occupation Unemployed	Name of Employer Unemployed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/05/2026	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name Dannemann	First Margaret	MI a	Contribution ID # 0160
Residential Street Address 71 Brushy Ridge Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Educator (part-time)	Name of Employer National Trust for Historic Preservation		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated 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 03/07/2026	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Dannemann	First Eric	MI W	Contribution ID # 0161
Residential Street Address 71 Brushy Ridge Rd	City New Canaan	State CT	Zip Code 06840
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 03/07/2026	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Total of Section B			\$6,490.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Total on Line 14, Column A of Summary Page)			\$6,490.00

I. MONETARY RECEIPTS (Section A-I)

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

C1. Contributions from Other Committees

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

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

NAME OF COMMITTEE				TYPE OF REPORT	
Lucy 2026				April 10 Filing - Original	
C2. Reimbursements or Surplus Distributions from other Committees					
Name of Committee			Name of Treasurer		
Address				Date Received	Amount of Receipt
City	State	Zip Code	Payment Type		
			Reimbursement for shared expense Surplus distribution from exploratory committee		
Expenditure #	Description				
Total of Section C2					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Lucy 2026				April 10 Filing - Original	
D. Loans Received this Period					
Name of Lender		Source of Loan:			Date of Receipt
		Bank	Candidate	Individual	Other
Street Address		City	State	Zip Code	Is there a cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)					
Street Address		City	State	Zip Code	Amount Received
Total of Section D					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Lucy 2026	April 10 Filing - Original

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

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

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Lucy 2026	April 10 Filing - Original

G. Interest from Deposits in Authorized Accounts

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Lucy 2026	April 10 Filing - Original

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

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Lucy 2026				April 10 Filing - Original	
I. Miscellaneous Monetary Receipts not Considered Contributions					
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
Description					
Total of Section I					

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Lucy 2026				April 10 Filing - Original	
J1. Event Information					
Event # Date of Event	Letter	Description	Was this a fundraising event? Yes No		
Location: Street Address			City	State	Zip Code
Was this event hosted at a personal residence?		Yes	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.		
		No			
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.		
		No			
Subpart 1:					
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		Yes	(If yes, enter Total Receipts here.)		
		No			
Total of Section J1					

II. EVENT ACTIVITY (Sections J1 - J4)

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

J3. In-Kind Donations Not Considered Contributions

Name of the Donor

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

Total of Section J3

II. EVENT ACTIVITY (Sections J1 - J4)

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

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

Name of Host	Is this event supporting more than one candidate? Yes No If yes, complete Itemization in Addendum J4
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Street Address	City	State	Zip Code
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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
Lucy 2026	April 10 Filing - Original

K. In-Kind Contributions

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

Total of Section K

III. Non Monetary Receipts (Sections K - L)

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

L. Refundable Deposit to Telephone Company

Last Name of Individual	First Name	MI	Date Deposit Made
Residential Street Address	City	State	Zip Code
Name of Telephone company			
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
Lucy 2026	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Day Campaign		Date of Payment 02/02/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 112 Bloomfield Ave		City Windsor	State CT	Zip Code 06095
Purpose of Expend WEB	Description Online Donation Setup Fee (Auto Pay)			Amount \$200.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Day Campaign		Date of Payment 03/24/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 112 Bloomfield Ave		City Windsor	State CT	Zip Code 06095
Purpose of Expend BNK	Description Fee for Partial Refund of Online Contributions			Amount \$309.40
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 Karen Willett		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 60 Spring Water Ln		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount \$3.70
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Susan Edmands		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 4 Mead St		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3.70

Name of Payee Colin Hosten		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 28 Dock Rd		City Norwalk	State CT	Zip Code 06854
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$39.98

Name of Payee Nicholas Kantor		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 25 Hawthorne Dr		City Norwalk	State CT	Zip Code 06851
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$15.79

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Lauren Kantor		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 25 Hawthorne Dr		City Norwalk	State CT	Zip Code 06851
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$15.79

Name of Payee Alyssa MacKenzie		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 80 Forest St # B		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3.70

Name of Payee Lisa Hannich		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 90 Kimberly Pl		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$19.82

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Sandy rama	Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 300 Glover Ave	City Norwalk	State CT	Zip Code 06850
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event # \$3.70

Name of Payee Jamie Boris	Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 22 Crystal St	City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event # \$3.70

Name of Payee Jane Himmel	Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 50 Braeburn Dr	City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event # \$80.30

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Sven Englund		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 9 Fairty Dr		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$80.30

Name of Payee Christina Fagerstal		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 289 Weed St 289 Weed St		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$19.82

Name of Payee Emma Cheung		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 152 Hoyt Farm Rd		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$273.84

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Andres Bermudez Hallstrom		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 158 Perry Ave		City Norwalk	State CT	Zip Code 06850
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$15.79

Name of Payee Toddy Turrentine		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 79 Greenley Rd .		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$39.98

Name of Payee Deborah Seaman		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 8 Old Saugatuck Rd		City Norwalk	State CT	Zip Code 06855
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$39.98

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee Michelle Woods Matthews		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 51 Myrtle Street Ext 51 Myrtle Street Ext , 5169658058		City Norwalk	State CT	Zip Code 06855
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$7.73
Name of Payee Tracey Harris		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 236 S Bald Hill Rd		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$80.30
Name of Payee Anne Wennerstrand		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 17 Rome St		City Norwalk	State CT	Zip Code 06851
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$80.30

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Louise Washer		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 280 Silvermine Ave		City Norwalk	State CT	Zip Code 06850
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$273.84

Name of Payee Nora Niedzielski-Eichner		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 7 Outer Rd		City Norwalk	State CT	Zip Code 06854
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$39.98

Name of Payee Michael Davis		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 200 Glover Ave Apt 260		City Norwalk	State CT	Zip Code 06850
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$80.30

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Mary Fields		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 280 Silvermine Ave		City Norwalk	State CT	Zip Code 06850
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$39.98

Name of Payee David Westmoreland		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 50 Elmwood Ave		City Norwalk	State CT	Zip Code 06854
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$39.98

Name of Payee priscilla feral		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 5 McKinley Street 5 McKinley St		City Rowayton	State CT	Zip Code 06853
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$19.82

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Lina Lee		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 160 Ferris Hill Road 160 Ferris Hill Rd		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$39.98

Name of Payee justin matley		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 4 Cindy Ln		City Norwalk	State CT	Zip Code 06851
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3.70

Name of Payee Louise Clancy		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 126 Woodland Rd		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$19.82

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Josh Goldstein		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 22 Princes Pine Rd		City Norwalk	State CT	Zip Code 06850
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$19.82

Name of Payee Elisabeth Stonehill		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 7 Ravenwood Rd		City Norwalk	State CT	Zip Code 06850
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$19.82

Name of Payee Meredith Tobitsch		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 203 Putnam Rd		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3.70

IV. EXPENDITURES (Sections N - S)

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

Name of Payee JAN DEGENSHEIN		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 407 Newtown Avenue 407 Newtown Ave		City Norwalk	State CT	Zip Code 06851
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3.70

Name of Payee Alison Lee		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 407 Newtown Av 407 Newtown Ave		City Norwalk	State CT	Zip Code 06851
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3.70

Name of Payee Joseph Andrasko		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 28 Dock Rd		City Norwalk	State CT	Zip Code 06854
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$19.82

IV. EXPENDITURES (Sections N - S)

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

Name of Payee David DeVito		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 263 S Bald Hill Rd		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3.70

Name of Payee Lucia Rilling		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 98 Gillies Ln		City Norwalk	State CT	Zip Code 06854
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3.70

Name of Payee Jason Bennett		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 12 Olmstead Ct		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3.70

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Barbara Smyth		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 4 Brookhill Ln		City Norwalk	State CT	Zip Code 06851
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$39.98

Name of Payee Rebecca Martin		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 185 N Avenue 185 North Ave		City Westport	State CT	Zip Code 06880
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$7.73

Name of Payee Tiffany Leija-Wheeler		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 134 Millport Ave		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$80.30

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Diane Lauricella		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 21 Little Fox Ln		City Norwalk	State CT	Zip Code 06850
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3.70

Name of Payee Andy Garfunkel		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 41 Beau St		City Norwalk	State CT	Zip Code 06850
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$39.98

Name of Payee Adam Fasciolo		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 29 Marlborough Rd		City Norwalk	State CT	Zip Code 06851
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3.70

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Eva Levine	Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 240 Davenport Ridge Road 240 Davenport Ridge Rd	City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$19.82

Name of Payee Michael Dorfsman	Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 172 Putnam Rd	City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$3.70

Name of Payee Luke Cohler	Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 375 Canoe Hill Rd	City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$7.73

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee Rachel Rodgers		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 237 S Bald Hill Rd		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$80.30
Name of Payee Kirsten Wieser Scott		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 205 Silvermine Ave		City Norwalk	State CT	Zip Code 06850
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3.70
Name of Payee Richard Dellinger		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 45 Purdy Rd E # 45 Purdy Road East		City Norwalk	State CT	Zip Code 06850
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$39.98

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Claire Schoen		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 7 Studio Ln 7 Studio Ln		City Norwalk	State CT	Zip Code 06850
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$80.30

Name of Payee PATRICIA MARSHOCK		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 12 Edith Ln		City Norwalk	State CT	Zip Code 06851
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3.70

Name of Payee Colin Hosten		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 71 Aiken St # A14		City Norwalk	State CT	Zip Code 06851
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$19.82

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Tom Cosker		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 52 Tall Pines Ln		City Rocky Hill	State CT	Zip Code 06067
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$19.82

Name of Payee Brandalyn Williams		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 26 Belden Ave # 1449		City Norwalk	State CT	Zip Code 06850
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3.70

Name of Payee Timothy Klimpl		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 109 Benedict Hill Rd		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$19.82

IV. EXPENDITURES (Sections N - S)

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

Name of Payee bryan Gulyas		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 5 Cliffview		City Norwalk	State CT	Zip Code 06850
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3.70

Name of Payee Joshua Kaye		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 927 Silvermine Road 927 Silvermine Rd		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$39.98

Name of Payee Megan Ridley-Kaye		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 927 Silvermine Rd		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$39.98

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Geraldyn Madigan		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 347 Galloway Oaks Dr		City Ballwin	State MO	Zip Code 63021
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3.70

Name of Payee Ruth Rothseid		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 205 Main St Apt 23		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$7.73

Name of Payee Sheri & Brian West		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 255 W Hills Rd		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$39.98

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Heather Carroll		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 118 Evergreen Rd		City New Canaan		State CT
Zip Code 06840				
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$39.98

Name of Payee Kathy Chapman-Bakal		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 107 Pocconock Trl		City New Canaan		State CT
Zip Code 06840				
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$39.98

Name of Payee Nick Mitrakis		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 201 Mill Rd		City New Canaan		State CT
Zip Code 06840				
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$39.98

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Rita Bettino		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 94 Field Crest Rd		City New Canaan		State CT
Zip Code 06840				
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$19.82

Name of Payee Jennifer Hladick		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 77 Knollwood Ln		City New Canaan		State CT
Zip Code 06840				
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$39.98

Name of Payee Y Cullen		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 40 Pond View Ln		City New Canaan		State CT
Zip Code 06840				
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3.70

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Janet Leung		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 90 South Ave		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3.70

Name of Payee Russell Barksdale		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 249 Old Stamford Rd # 249 Old Stamford Road		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$80.30

Name of Payee Terri Hott		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 145 Orchard Dr		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$39.98

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Elaine Lloyd	Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 3 Holmewood Ln	City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event # \$19.82

Name of Payee Luella Major	Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 9 Glenwood Ave Unit 13	City Norwalk	State CT	Zip Code 06854
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event # \$3.70

Name of Payee Dan Okeefe	Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 21 Brooks Rd	City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event # \$3.70

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee Jack Pavia		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 32 Vanderbilt Ave		City Norwalk	State CT	Zip Code 06854
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3.70
Name of Payee Kristen Schilo		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 18 Seminary St		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$19.82
Name of Payee Laura Ault		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 308 Greenley Rd		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3.70

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee Lise Shonfield		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 34 Bayberry Rd 34 Bayberry Rd		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3.70
Name of Payee Ken D'Arinzo		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 28 Morehouse Ln		City Norwalk	State CT	Zip Code 06850
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$7.73
Name of Payee Jo Bennett		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 8 Silver Ledge Rd # 8 Silver Ledge road		City Norwalk	State CT	Zip Code 06850
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3.70

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Debra DArinzo		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 28 Morehouse Ln		City Norwalk	State CT	Zip Code 06850
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3.70

Name of Payee Julia Stewart		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 433 Old Stamford Rd		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$19.82

Name of Payee Kevin Tepas		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 7 Barnfield Rd		City Norwalk	State CT	Zip Code 06853
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$39.98

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Richard Lurie		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 341 Jelliff Mill Rd		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3.70

Name of Payee Elizabeth Goldstein		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 22 Princes Pine Rd		City Norwalk	State CT	Zip Code 06850
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3.70

Name of Payee Kristin Reed		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 824 N Wilton Rd		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$80.30

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee Katy Kinsella		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 34 Channel Ave		City Norwalk	State CT	Zip Code 06854
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$80.30
Name of Payee Sophie Duplock		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2 Silvermine Rdg		City Norwalk	State CT	Zip Code 06850
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3.70
Name of Payee Andrew Ault		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 308 Greenley Road 308 Greenley Rd		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3.70

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Barbara Rucci		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 697 Valley Rd		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$19.82

Name of Payee Jesse Buccolo		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 5 Alden Ave		City Norwalk	State CT	Zip Code 06855
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$19.82

Name of Payee Diane Jellerette		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 25 Ellen St		City Norwalk	State CT	Zip Code 06851
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$19.82

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Mary Yordon		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 67 North St		City Easton	State CT	Zip Code 06612
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$19.82

Name of Payee Sonja Wells		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 71 Haviland Rd		City Stamford	State CT	Zip Code 06903
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3.70

Name of Payee Jalin Sead		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 140 Main St Unit 10		City Norwalk	State CT	Zip Code 06851
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3.70

IV. EXPENDITURES (Sections N - S)

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

Name of Payee RACHEL DRUCKER		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 108 New Canaan Ave Unit 320		City Norwalk	State CT	Zip Code 06850
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$39.98

Name of Payee Lynne Moore		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 813 Foxboro Dr		City Norwalk	State CT	Zip Code 06851
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3.70

Name of Payee Nicolé Eaddy		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 230 East Ave Apt C208		City Norwalk	State CT	Zip Code 06855
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3.70

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Johan Lopez	Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 41 Fairfield Avenue 6 Hendricks Ave	City Norwalk	State CT	Zip Code 06854
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event # \$19.82

Name of Payee Kathleen Tepper	Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 186 Gillies Ln	City Norwalk	State CT	Zip Code 06854
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event # \$19.82

Name of Payee Scott Kimmich	Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 186 Gillies Ln	City Norwalk	State CT	Zip Code 06854
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event # \$19.82

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Adam Wexler		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 84 Rilling Rdg		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$19.82

Name of Payee Bonnie Baker		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 925 New Norwalk Rd		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$39.98

Name of Payee Elizabeth Orteig		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 108 Bayberry Rd		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$39.98

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Diane Rende		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 115 N Seir Hill Rd		City Norwalk	State CT	Zip Code 06850
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$7.73

Name of Payee David Davidson		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 16 Betmarlea Rd .		City Norwalk	State CT	Zip Code 06850
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3.70

Name of Payee Jennifer Prescott		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 5 Libby Rd		City Norwalk	State CT	Zip Code 06850
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3.70

IV. EXPENDITURES (Sections N - S)

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

Name of Payee benita Watford		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 107 Maywood Rd		City Norwalk	State CT	Zip Code 06850
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3.70

Name of Payee Galen Wells		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 224 W Norwalk Rd		City Norwalk	State CT	Zip Code 06850
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$160.94

Name of Payee Stuart Wells		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 224 W Norwalk Rd		City Norwalk	State CT	Zip Code 06850
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3.70

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Kathryn Sullivan		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1 Red Barn Ln		City Norwalk	State CT	Zip Code 06850
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$19.82

Name of Payee David Stonehill		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 7 Ravenwood Rd		City Norwalk	State CT	Zip Code 06850
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$19.82

Name of Payee Tina Duryea		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 6 Deane Ct		City Norwalk	State CT	Zip Code 06853
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$11.76

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Jacquen Byron		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 100 San Vincenzo Pl Unit 5		City Norwalk	State CT	Zip Code 06854
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3.70

Name of Payee Thomas Livingston		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 23 Crockett St		City Norwalk	State CT	Zip Code 06853
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$39.98

Name of Payee Beth Siegelbaum		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 57 Russell St 57 Russell St		City Norwalk	State CT	Zip Code 06855
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$19.82

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Ryan Deal	Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 141 Rowayton Woods Dr	City Norwalk	State CT	Zip Code 06854
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event # \$3.70

Name of Payee Diane Keefe	Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 249 Chestnut Hill Rd 249 Chestnut Hill Rd	City Norwalk	State CT	Zip Code 06851
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event # \$39.98

Name of Payee Robin Wells	Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 71 Haviland Rd	City Stamford	State CT	Zip Code 06903
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event # \$19.82

IV. EXPENDITURES (Sections N - S)

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

Name of Payee David Heuvelman		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 10 Buckingham Pl		City Norwalk	State CT	Zip Code 06851
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3.70

Name of Payee Lauren Nussbaum		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 65 Whiffle Tree Ln		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$19.82

Name of Payee Alicia Meyer		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 21 Maple St Apt 102		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$39.98

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Meredith Bergman		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 183 Smith Ridge Road 183 Smith Ridge Rd		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$15.79

Name of Payee Renee Roen		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 723 Silvermine Rd		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$80.30

Name of Payee Sue Brotherton		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 45 Weed Ave .		City Norwalk	State CT	Zip Code 06850
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$39.98

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Brenda Penn-Williams		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 21 Karen Drive 21 Karen Dr		City Norwalk	State CT	Zip Code 06851
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$19.82

Name of Payee Andrea E Bernier		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 232 W Norwalk Rd		City Norwalk	State CT	Zip Code 06850
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$39.98

Name of Payee Jennifer Chadwick		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 33 Geneva Rd		City Norwalk	State CT	Zip Code 06850
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$19.82

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Mary Ellen Flaherty-Ludwig		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 89 Soundview Ave		City Norwalk	State CT	Zip Code 06854
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$19.82

Name of Payee Robert Bernier		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 232 W Norwalk Rd		City Norwalk	State CT	Zip Code 06850
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$39.98

Name of Payee Linda Johnson		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 36 Fawn Ridge Lane 36 Fawn Ridge Ln		City Wilton	State CT	Zip Code 06897
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$7.73

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee Steve Orteig		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 108 Bayberry Rd .		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$19.82
Name of Payee Matthew Silber		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 230 East Ave		City Norwalk	State CT	Zip Code 06855
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3.70
Name of Payee Tess MacKenzie		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 174 Gerdes Rd		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3.70

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Addi MacKenzie		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 174 Gerdes Rd		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$19.82

Name of Payee Sharon Baanante		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 64 Comstock Hill Ave		City Norwalk	State CT	Zip Code 06850
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$80.30

Name of Payee Mary Murphy		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 43 Chichester Rd		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3.70

IV. EXPENDITURES (Sections N - S)

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

Name of Payee ADAM RAMIREZ		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 40 Shady Knoll Ln		City New Canaan		State CT
Zip Code 06840				
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$80.30

Name of Payee Ulrich Hannich		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 90 Kimberly Pl		City New Canaan		State CT
Zip Code 06840				
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3.70

Name of Payee Melissa Murray		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 8 Norden Pl Apt 222		City Norwalk		State CT
Zip Code 06855				
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$39.98

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Ashley Gulyas		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 5 Cliffview Drive 5 Cliffview Dr		City Norwalk	State CT	Zip Code 06850
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3.70

Name of Payee Jenn McMurrer		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 71 Gregory Blvd 71 Gregory Blvd		City Norwalk	State CT	Zip Code 06855
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3.70

Name of Payee Jillian Badanes		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 36 Mead St Unit 6		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$19.82

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Alan Badanes		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 175 Hickok Road 175 Hickok Rd		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3.70

Name of Payee Peter Smyth		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 4 Brookhill Ln		City Norwalk	State CT	Zip Code 06851
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3.70

Name of Payee Lisa Silver		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 181 Benedict Hill Road 181 Benedict Hill Rd		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3.69

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Joanne Duff		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2 Red Barn Ln		City Norwalk	State CT	Zip Code 06850
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$7.73

Name of Payee Hilary Ormond		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 36 Brushy Ridge Rd		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3.70

Name of Payee Danika Landers		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 77 Grove St Unit B		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3.70

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Elizabeth Golden		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 22 Sunrise Hill Rd		City Norwalk	State CT	Zip Code 06851
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$15.79

Name of Payee Jessica HECKERLING		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 123 Colonial Road 123 Colonial Rd		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$80.30

Name of Payee Parisa Howard		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 52 Adams Ln		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$19.82

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Mark Harris		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 236 S Bald Hill Rd .		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount \$273.84
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)	

Name of Payee Stephanie Compton		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 928 Amarillo		City Palo Alto	State CA	Zip Code 94303
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount \$39.98
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)	

Name of Payee Mary Bussmann		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 354 Seale Ave		City Palo Alto	State CA	Zip Code 94301
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount \$160.94
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)	

IV. EXPENDITURES (Sections N - S)

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

Name of Payee James Beall		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 34 Scofield Ln		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$80.30

Name of Payee Savet Constantine		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 135 Whipstick Rd		City Wilton	State CT	Zip Code 06897
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$80.30

Name of Payee Jim Foley		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 4 Ravenwood Rd		City Norwalk	State CT	Zip Code 06850
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$39.98

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Douglas Walker		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 4 Mead St		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3.70

Name of Payee Nicole Hampton		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 8 Norden Pl Apt 453		City Norwalk	State CT	Zip Code 06855
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3.70

Name of Payee Margaret Dannemann		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 71 Brushy Ridge Rd		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$39.98

IV. EXPENDITURES (Sections N - S)

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

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Name of Payee Eric Dannemann		Date of Payment 03/29/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 71 Brushy Ridge Rd		City New Canaan		State CT
Zip Code 06840				
Purpose of Expend REF	Description Partial refund of contribution_less Credit Card fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$39.98
Name of Payee Angela Jameson		Date of Payment 03/30/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>102</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1370 Ponus Ridge Rd		City New Canaan		State CT
Zip Code 06840				
Purpose of Expend REF	Description Return of contribution net of expenses			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 #	\$84.00
Name of Payee Elizabeth Jones		Date of Payment 03/30/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>103</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 101 Harrison Ave		City New Canaan		State CT
Zip Code 06840				
Purpose of Expend REF	Description Return of contribution net of expenses			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$8.40

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Julia Mitchell		Date of Payment 03/30/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>104</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 92 Sturbridge Hill Rd		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Return of contribution net of expenses			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 #
				\$4.20

Name of Payee Edward Vollmer		Date of Payment 03/30/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>105</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 377 Main St Unit 13		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Return of contribution net of expenses			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 #
				\$4.20

Name of Payee Jacqueline Dathan		Date of Payment 03/30/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>106</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 950 Silvermine Rd		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Return of contribution net of expenses			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 #
				\$8.40

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Charles Dathan		Date of Payment 03/30/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>107</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 950 Silvermine Rd		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Return of contribution net of expenses			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 #
				\$8.40

Name of Payee James H W Dathan		Date of Payment 03/30/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>108</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 950 Silvermine Rd		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Return of contribution net of expenses			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 #
				\$8.40

Name of Payee Elsa Obuchowski		Date of Payment 03/30/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>109</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 41 East Ave		City Norwalk	State CT	Zip Code 06851
Purpose of Expend REF	Description Return of contribution net of expenses			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$16.80

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Pia O'Connell		Date of Payment 03/30/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>110</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 12 Coachmans Ct		City Norwalk	State CT	Zip Code 06850
Purpose of Expend REF	Description Return of contribution net of expenses			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 #
				\$21.00

Name of Payee Ivy Hannich		Date of Payment 03/30/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>112</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 90 Kimberly Pl		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Return of contribution net of expenses			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 #
				\$4.20

Name of Payee Charlotte Hannich		Date of Payment 03/30/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>111</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 90 Kimberly Pl		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Return of contribution net of expenses			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 #
				\$4.20

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Joanna Whitcher		Date of Payment 03/30/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>113</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1108 Inverness Pl		City San Luis Obispo	State CA	Zip Code 93401
Purpose of Expend REF	Description Return of contribution net of expenses			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 #
				\$42.00

Name of Payee Jean Pierre Berliet		Date of Payment 03/30/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>114</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 166 Ferris Hill Rd		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Return of contribution net of expenses			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 #
				\$4.20

Name of Payee Martine Berliet		Date of Payment 03/30/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>115</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 166 Ferris Hill Rd		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Return of contribution net of expenses			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 #
				\$84.00

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee Francesca Segalas		Date of Payment 03/30/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>116</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 48 Old Norwalk Rd		City New Canaan	State CT	Zip Code 06840
Purpose of Expend REF	Description Return of contribution net of expenses			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 #
				\$4.20
Name of Payee Angela Jameson		Date of Payment 03/30/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>117</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1370 Ponus Ridge Rd		City New Canaan	State CT	Zip Code 06840
Purpose of Expend POST	Description Postage			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 #
				\$6.08
Total of Section N				\$5,707.17

IV. EXPENDITURES (Sections N - S)

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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)						TYPE OF REPORT	
Lucy 2026						April 10 Filing - Original	
P. Expenses Incurred on Committee Credit Card							
Name of Issuing Institution					Type of Credit Card:		
					<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express		
					<input type="checkbox"/> 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
Lucy 2026	April 10 Filing - Original

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

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

Total of Section Q	
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IV. EXPENDITURES (Sections N - S)

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

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N: Check # Debit Card EFT	
Name of Vendor Paid by Committee Worker/Consultant					
Street Address of Vendor		City		State	Zip Code
Purpose of Expenditure (by code)	Description				
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Yes No	Expenditure # (if applicable)	Event #	Amount	
If yes, assign an Expenditure # and completes Itemization in Addendum R					
Total of Section R					

IV. EXPENDITURES (Sections N - S)

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

S. Surplus Distribution of Equipment and Furniture

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

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

Section 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 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 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