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

Electronic Filing

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COVER PAGE

1.NAME OF COMMITTEE	2. TYPE OF COMMITTEE
Fazio for Connecticut Inc.	[x] Candidate Committee [ ] Exploratory Committee

3. TREASURER NAME

First	MI	Last	Suffix
Paolo		**Accomando**	

4. TREASURER ADDRESS

Street Address	City	State	Zip Code
71 Perry Ave	**Norwalk**	**CT**	**06850**

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

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

First	MI	Last	Suffix
Ryan		**Fazio**	

9. TYPE OF REPORT

April 10 Filing - Original

10. PERIOD COVERED

Beginning Date		Ending Date
01/30/2026	thru	**03/31/2026**

11. CERTIFICATION

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

Electronic Filing	**Paolo Accomando**	**04/10/2026 1:50:12PM**
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	
Fazio for Connecticut Inc.	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	**$138,921.89**	
14. Contributions received from Individuals (Section A and B)	**$0.00**	**$283,333.10**
15. Receipts from Other Committees (Sections C1 and C2)	**$0.00**	**$495.98**
16. Other Monetary Receipts (Section D through I)	**$807,420.40**	**$807,486.19**
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)	**$807,420.40**	**$1,091,315.27**
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	**$946,342.29**	**$1,091,315.27**
20. Expenses Paid by Committee (Section N)	**$242,887.36**	**$387,860.34**
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	**$703,454.93**	**$703,454.93**
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**	**$1,844.51**
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
Fazio for Connecticut Inc.	April 10 Filing - Original

A. Total Contributions from Small Contributors-Received this Period ONLY — For Nonparticipating Candidates ONLY

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #

Residential Street Address	City	State	Zip Code

Principal Occupation	Name of Employer

Is contributor a principal of a state contractor or prospective state contractor? Yes No If yes, indicate which branch or branches of government the contract is with: Executive Legislative	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	Amount of Contribution

Is this contribution associated with an event reported in Section J1? Yes No If yes, list Event #	Method of contribution: Cash Personal Check Money Order Credit/Debit Card	Date Received	Aggregate Contributions

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	April 10 Filing - Original

C1. Contributions from Other Committees

Name of Committee	Name of Treasurer

Address	Is this contribution associated with an event reported in Section J1? Yes No If yes, list Event #	Amount of Contribution

City	State	Zip Code	Date Received	Aggregate Contributions

Total of Section C1	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Fazio for Connecticut Inc.	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
Fazio for Connecticut Inc.	April 10 Filing - Original

D. Loans Received this Period

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Fazio for Connecticut Inc.	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
Fazio for Connecticut Inc.	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
Fazio for Connecticut Inc.	April 10 Filing - Original

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

Purpose of Grant:	Grant Cycle:	Date Received	Amount
[x] Initial [ ] Grant Adjustment [ ] Supplemental/Post Election Deficit	[x] Primary [ ] General Election [ ] Special Election	02/06/2026	$807,420.40
	Total of Section H		**$807,420.40**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Fazio for Connecticut Inc.	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
Fazio for Connecticut Inc.	April 10 Filing - Original

J1. Event Information

Event # / Date of Event / Letter	Description	Was this a fundraising event? Yes / No
Location: Street Address	City / State / Zip Code	

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

Total of Section J1	

II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	April 10 Filing - Original

J3. In-Kind Donations Not Considered Contributions

Name of the Donor			
Street Address	City	State	Zip Code

Donation Given by:	Description of Donation			Fair Market Value of Donation
Individual Business Entity Sole Proprietorship	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
Fazio for Connecticut Inc.	April 10 Filing - Original

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

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

Description of Donation			Fair Market Value of Donation
Event #	Aggregate value of this Event - all hosts	Aggregate value of all Events - this host/candidate	

Total of Section J4	

III. NONMONETARY RECEIPTS (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	April 10 Filing - Original

K. In-Kind Contributions

Name

Street Address	City	State	Zip Code

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

If yes, list Event#

Description of In-Kind Contribution

Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes / No

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

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

Fair Market Value of this Contribution

Type of Contributor: Individual / Committee / Sole Proprietorship

Date Received

Aggregate contributions

Total of Section K

III. Non Monetary Receipts (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	April 10 Filing - Original

L. Refundable Deposit to Telephone Company

Last Name of Individual	First Name	MI	Date Deposit Made

Residential Street Address	City	State	Zip Code	Amount of Deposit

Name of Telephone company

Street Address	City	State	Zip Code

Total of Section L

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	April 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Google	02/02/2026	[ ] Check # [x] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1600 Amphitheatre Pkwy	Mountain View	CA	94043

Purpose of Expend	Description	Amount
OVHD	Subscriptions	$96.52

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [x] No
If yes, assign an Expenditure # and complete Itemization in Addendum

Expenditure # (if applicable):
Event #:

Name of Payee	Date of Payment	Method of Payment
Staples	02/02/2026	[ ] Check # [x] Debit Card [ ] EFT

Street Address	City	State	Zip Code
500 Staples Dr	Framingham	MA	01702

Purpose of Expend	Description	Amount
OFFICE	Office Supplies	$95.72

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [x] No
If yes, assign an Expenditure # and complete Itemization in Addendum

Expenditure # (if applicable):
Event #:

Name of Payee	Date of Payment	Method of Payment
Anedot	02/03/2026	[ ] Check # [ ] Debit Card [x] EFT

Street Address	City	State	Zip Code
1340 Poydras St Ste 1770	New Orleans	LA	70112

Purpose of Expend	Description	Amount
BNK	Merchant Fees	$10.20

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [x] No
If yes, assign an Expenditure # and complete Itemization in Addendum

Expenditure # (if applicable):
Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	April 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Facebook	02/03/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
1 Hacker Way	Menlo Park	CA	94025

Purpose of Expend	Description	Amount
A-WEB	Online Advertising	$277.35

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No
If yes, assign an Expenditure # and complete Itemization in Addendum

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Gail Stewart	02/03/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
141 East Ave	New Canaan	CT	06840

Purpose of Expend	Description	Amount
REF	Contribution Refund	$250.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No
If yes, assign an Expenditure # and complete Itemization in Addendum

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Marc Sevastopoulo	02/03/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
70 Weathervane Dr	Easton	CT	06612

Purpose of Expend	Description	Amount
REF	Contribution Refund	$250.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No
If yes, assign an Expenditure # and complete Itemization in Addendum

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	April 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Facebook	02/04/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
1 Hacker Way	Menlo Park	CA	94025

Purpose of Expend	Description	Amount
A-WEB	Online Advertising	$300.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	Expenditure # (if applicable)	Event #
☐ Yes ☒ No		

Name of Payee	Date of Payment	Method of Payment
Gusto	02/04/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
525 20th St	San Francisco	CA	94107

Purpose of Expend	Description	Amount
OVHD	Payroll Fees	$60.55

Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	Expenditure # (if applicable)	Event #
☐ Yes ☒ No		

Name of Payee	Date of Payment	Method of Payment
Max Pizza & Restaurant	02/04/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
108 Stafford Ave	Bristol	CT	06010

Purpose of Expend	Description	Amount
FOOD	Catering Services	$297.50

Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	Expenditure # (if applicable)	Event #
☐ Yes ☒ No		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	April 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Facebook	02/05/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
1 Hacker Way	Menlo Park	CA	94025

Purpose of Expend	Description	Amount
A-WEB	Online Advertising	$394.40

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum		

Name of Payee	Date of Payment	Method of Payment
Facebook	02/06/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
1 Hacker Way	Menlo Park	CA	94025

Purpose of Expend	Description	Amount
A-WEB	Online Advertising	$375.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum		

Name of Payee	Date of Payment	Method of Payment
Facebook	02/09/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
1 Hacker Way	Menlo Park	CA	94025

Purpose of Expend	Description	Amount
A-WEB	Online Advertising	$900.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	April 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Connecticut Republican Party	02/09/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
98 Washington St Ste 203	Middletown	CT	06457

Purpose of Expend	Description	Amount
ATT *	Convention Fees	$250.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No
If yes, assign an Expenditure # and complete Itemization in Addendum

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Constant Contact	02/09/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
890 Winter St Ste 300	Waltham	MA	02451

Purpose of Expend	Description	Amount
OVHD	Email Services	$499.85

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No
If yes, assign an Expenditure # and complete Itemization in Addendum

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Residence Inn	02/09/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
942 Main St	Hartford	CT	06103

Purpose of Expend	Description	Amount
TRVL	Travel: Lodging	$328.08

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No
If yes, assign an Expenditure # and complete Itemization in Addendum

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	April 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Paolo Accomando	02/10/2026	[X] Check # 89 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
71 Perry Ave	Norwalk	CT	06850

Purpose of Expend	Description	Amount
CNSLT	Treasury Services	$5,000.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Facebook	02/10/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1 Hacker Way	Menlo Park	CA	94025

Purpose of Expend	Description	Amount
A-WEB	Online Advertising	$450.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Facebook	02/11/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1 Hacker Way	Menlo Park	CA	94025

Purpose of Expend	Description	Amount
A-WEB	Online Advertising	$375.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	April 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Red Curve Solutions LLC	02/11/2026	[X] Check # 1029 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
100 Cummings Ctr Ste 306-P	Beverly	MA	01915

Purpose of Expend	Description	Amount
CNSLT	Compliance Consulting & Data Processing Services	$2,772.58

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Michael Bocchino	02/11/2026	[X] Check # 1030 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
7 Tingue St	Greenwich	CT	06830

Purpose of Expend	Description	Amount
CNSLT	Political Strategy Consulting & Travel: Mileage	$6,554.42

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Turcotte Consulting	02/11/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
27 Cushnoc Dr	Augusta	ME	04330

Purpose of Expend	Description	Amount
CNSLT	Digital Consulting	$2,622.09

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	April 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Gusto	02/12/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
525 20th St	San Francisco	CA	94107

Purpose of Expend	Description	Amount
OVHD	Payroll Taxes	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum			$1,124.71

Name of Payee	Date of Payment	Method of Payment
Facebook	02/12/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
1 Hacker Way	Menlo Park	CA	94025

Purpose of Expend	Description	Amount
A-WEB	Online Advertising	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum			$450.00

Name of Payee	Date of Payment	Method of Payment
Edward Aledia	02/12/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
41 Bloomingdale Rd	Quaker Hill	CT	06375

Purpose of Expend	Description	Amount
WAGE	Payroll	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum			$2,538.95

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	April 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Facebook	02/13/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
1 Hacker Way	Menlo Park	CA	94025

Purpose of Expend	Description	Amount
A-WEB	Online Advertising	$450.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum		

Name of Payee	Date of Payment	Method of Payment
Facebook	02/17/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
1 Hacker Way	Menlo Park	CA	94025

Purpose of Expend	Description	Amount
A-WEB	Online Advertising	$1,350.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum		

Name of Payee	Date of Payment	Method of Payment
Facebook	02/18/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
1 Hacker Way	Menlo Park	CA	94025

Purpose of Expend	Description	Amount
A-WEB	Online Advertising	$75.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	April 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Colleen Pacelli	02/18/2026	[X] Check # 1032 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
113 Bailey Rd	North Haven	CT	06473

Purpose of Expend	Description	Amount
WAGE	Payroll	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum			$1,000.00

Name of Payee	Date of Payment	Method of Payment
American Airlines	02/18/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
4333 Amon Carter Blvd	Fort Worth	TX	76155

Purpose of Expend	Description	Amount
TRVL	Travel: Air	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum			$302.80

Name of Payee	Date of Payment	Method of Payment
Accurate Mailing Services	02/18/2026	[X] Check # 1033 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
PO Box 7004	Prospect	CT	06712

Purpose of Expend	Description	Amount
PRNT	Collateral: Palm Cards	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum			$329.69

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	April 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Allianz Travel Insurance	02/18/2026	[ ] Check # [x] Debit Card [ ] EFT

Street Address	City	State	Zip Code
9950 Mayland Dr	Richmond	VA	23233

Purpose of Expend	Description	Amount
OVHD	Insurance	$21.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [x] No If yes, assign an Expenditure # and complete Itemization in Addendum		

Name of Payee	Date of Payment	Method of Payment
First County Bank	02/18/2026	[ ] Check # [ ] Debit Card [x] EFT

Street Address	City	State	Zip Code
3001 Stamford Sq	Stamford	CT	06905

Purpose of Expend	Description	Amount
BNK	Bank Fees	$31.95

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [x] No If yes, assign an Expenditure # and complete Itemization in Addendum		

Name of Payee	Date of Payment	Method of Payment
Pam Salamone	02/18/2026	[x] Check # 1031 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
659 Cornwall Ave	Cheshire	CT	06410

Purpose of Expend	Description	Amount
CNSLT	Political Strategy Consulting	$1,200.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [x] No If yes, assign an Expenditure # and complete Itemization in Addendum		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	April 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
American Airlines	02/19/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
4333 Amon Carter Blvd	Fort Worth	TX	76155

Purpose of Expend	Description	Amount
TRVL	Travel: Food	$8.99

Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	Expenditure # (if applicable)	Event #
☐ Yes ☒ No		

Name of Payee	Date of Payment	Method of Payment
Facebook	02/19/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
1 Hacker Way	Menlo Park	CA	94025

Purpose of Expend	Description	Amount
A-WEB	Online Advertising	$150.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	Expenditure # (if applicable)	Event #
☐ Yes ☒ No		

Name of Payee	Date of Payment	Method of Payment
Facebook	02/20/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
1 Hacker Way	Menlo Park	CA	94025

Purpose of Expend	Description	Amount
A-WEB	Online Advertising	$75.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	Expenditure # (if applicable)	Event #
☐ Yes ☒ No		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	April 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Facebook	02/23/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
1 Hacker Way	Menlo Park	CA	94025

Purpose of Expend	Description	Amount
A-WEB	Online Advertising	$150.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No
If yes, assign an Expenditure # and complete Itemization in Addendum

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Staples	02/23/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
500 Staples Dr	Framingham	MA	01702

Purpose of Expend	Description	Amount
OFFICE	Office Supplies	$174.38

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No
If yes, assign an Expenditure # and complete Itemization in Addendum

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Facebook	02/24/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
1 Hacker Way	Menlo Park	CA	94025

Purpose of Expend	Description	Amount
A-WEB	Online Advertising	$75.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No
If yes, assign an Expenditure # and complete Itemization in Addendum

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	April 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Edward Aledia	02/26/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
41 Bloomingdale Rd	Quaker Hill	CT	06375

Purpose of Expend	Description	Amount
WAGE	Payroll	$2,538.95

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No		
If yes, assign an Expenditure # and complete Itemization in Addendum		

Name of Payee	Date of Payment	Method of Payment
Gusto	02/26/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
525 20th St	San Francisco	CA	94107

Purpose of Expend	Description	Amount
OVHD	Payroll Taxes	$1,122.71

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No		
If yes, assign an Expenditure # and complete Itemization in Addendum		

Name of Payee	Date of Payment	Method of Payment
Willington Pizza House	02/26/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
25 River Rd	Willington	CT	06279

Purpose of Expend	Description	Amount
FOOD	Catering Services	$455.51

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No		
If yes, assign an Expenditure # and complete Itemization in Addendum		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	April 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
First County Bank	02/27/2026	[ ] Check # [ ] Debit Card [x] EFT

Street Address	City	State	Zip Code
3001 Stamford Sq	Stamford	CT	06905

Purpose of Expend	Description	Amount
BNK	Bank Fees	$25.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [x] No
If yes, assign an Expenditure # and complete Itemization in Addendum

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Strategic Media Services, Inc	02/27/2026	[ ] Check # [x] Debit Card [ ] EFT

Street Address	City	State	Zip Code
4601 N Fairxax Dr Ste 730	Arlington	VA	22203

Purpose of Expend	Description	Amount
A-OTH	Placed Media	$2,676.63

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [x] No
If yes, assign an Expenditure # and complete Itemization in Addendum

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Google	03/02/2026	[ ] Check # [x] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1600 Amphitheatre Pkwy	Mountain View	CA	94043

Purpose of Expend	Description	Amount
OVHD	Subscriptions	$115.82

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [x] No
If yes, assign an Expenditure # and complete Itemization in Addendum

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	April 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Michael Bocchino	03/03/2026	[X] Check # 1035 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
7 Tingue St	Greenwich	CT	06830

Purpose of Expend	Description	Amount
CNSLT	Political Strategy Consulting & Travel Reimbursement: See Section R	$5,322.04

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum		

Name of Payee	Date of Payment	Method of Payment
Pam Salamone	03/03/2026	[X] Check # 1034 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
659 Cornwall Ave	Cheshire	CT	06410

Purpose of Expend	Description	Amount
CNSLT	Political Strategy Consulting	$1,200.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum		

Name of Payee	Date of Payment	Method of Payment
Gusto	03/04/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
525 20th St	San Francisco	CA	94107

Purpose of Expend	Description	Amount
OVHD	Payroll Fees	$55.55

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	April 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Facebook	03/05/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
1 Hacker Way	Menlo Park	CA	94025

Purpose of Expend	Description	Amount
A-WEB	Online Advertising	$5.72

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum		

Name of Payee	Date of Payment	Method of Payment
Percipient Strategies LLC	03/06/2026	☒ Check # 1037 ☐ Debit Card ☐ EFT

Street Address	City	State	Zip Code
1032 15th St NW PMB 424	Washington	DC	20005

Purpose of Expend	Description	Amount
CNSLT	Research Consulting	$20,500.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum		

Name of Payee	Date of Payment	Method of Payment
Mohegan Sun	03/06/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
1 Mohegan Sun Blvd	Uncasville	CT	06382

Purpose of Expend	Description	Amount
Misc *	Facility Rental	$2,940.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	April 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Red Curve Solutions LLC	03/06/2026	[X] Check # 1036 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
100 Cummings Ctr Ste 306-P	Beverly	MA	01915

Purpose of Expend	Description	Amount
CNSLT	Compliance Consulting & Data Processing Services	$2,521.75

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum		

Name of Payee	Date of Payment	Method of Payment
Michael Bocchino	03/09/2026	[X] Check # 1038 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
7 Tingue St	Greenwich	CT	06830

Purpose of Expend	Description	Amount
TRVL	Travel: Mileage	$1,351.69

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum		

Name of Payee	Date of Payment	Method of Payment
Enfield Republican Town Committee	03/09/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
10 Hartford Ave	Enfield	CT	06082

Purpose of Expend	Description	Amount
ATT *	Event Registration Fee	$100.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	April 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Constant Contact	03/09/2026	[ ] Check # [x] Debit Card [ ] EFT

Street Address	City	State	Zip Code
890 Winter St Ste 300	Waltham	MA	02451

Purpose of Expend	Description	Amount
OVHD	Email Services	$521.12

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [x] No If yes, assign an Expenditure # and complete Itemization in Addendum		

Name of Payee	Date of Payment	Method of Payment
First County Bank	03/10/2026	[ ] Check # [ ] Debit Card [x] EFT

Street Address	City	State	Zip Code
3001 Stamford Sq	Stamford	CT	06905

Purpose of Expend	Description	Amount
BNK	Bank Fees	$25.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [x] No If yes, assign an Expenditure # and complete Itemization in Addendum		

Name of Payee	Date of Payment	Method of Payment
Pam Salamone	03/10/2026	[x] Check # 1039 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
659 Cornwall Ave	Cheshire	CT	06410

Purpose of Expend	Description	Amount
CNSLT	Political Strategy Consulting	$1,200.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [x] No If yes, assign an Expenditure # and complete Itemization in Addendum		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	April 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Strategic Media Services, Inc	03/11/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
4601 N Fairxax Dr Ste 730	Arlington	VA	22203

Purpose of Expend	Description	Amount
A-TV	Placed Media	$83,615.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum		

Name of Payee	Date of Payment	Method of Payment
Gusto	03/13/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
525 20th St	San Francisco	CA	94107

Purpose of Expend	Description	Amount
OVHD	Payroll Taxes	$1,112.71

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum		

Name of Payee	Date of Payment	Method of Payment
Edward Aledia	03/13/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
41 Bloomingdale Rd	Quaker Hill	CT	06375

Purpose of Expend	Description	Amount
WAGE	Payroll	$2,538.95

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	April 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Amber Webster	03/13/2026	[X] Check # 1001 [ ] Debit Card [ ] EFT

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

Purpose of Expend	Description	Amount
CNSLT	Political Strategy Consulting	$1,200.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Accurate Mailing Services	03/16/2026	[X] Check # 2000 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
PO Box 7004	Prospect	CT	06712

Purpose of Expend	Description	Amount
PRNT	Collateral: Palm Cards	$164.84

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Saint Patrick's Scholarship Fund	03/16/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
337 Kenyon St	Stratford	CT	06614

Purpose of Expend	Description	Amount
ATT *	Event Registration Fee	$177.29

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	April 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Saint Patrick's Scholarship Fund	03/16/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
337 Kenyon St	Stratford	CT	06614

Purpose of Expend	Description	Amount
ATT *	Event Registration Fee	

Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No			$177.29

Name of Payee	Date of Payment	Method of Payment
Zoom.com	03/16/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
55 N Almaden Blvd Fl 6	San Francisco	CA	95113

Purpose of Expend	Description	Amount
OVHD	Subscriptions	

Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No			$18.07

Name of Payee	Date of Payment	Method of Payment
Red Curve Solutions LLC	03/18/2026	☒ Check # 2002 ☐ Debit Card ☐ EFT

Street Address	City	State	Zip Code
100 Cummings Ctr Ste 306-P	Beverly	MA	01915

Purpose of Expend	Description	Amount
CNSLT	Compliance Consulting	

Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No			$46.01

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	April 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Demers Exposition Services	03/18/2026	[X] Check # 2001 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
151A Park Ave	East Hartford	CT	06108

Purpose of Expend	Description	Amount
Misc *	Facility Rental	$7,000.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Strategic Media Services, Inc	03/19/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
4601 N Fairxax Dr Ste 730	Arlington	VA	22203

Purpose of Expend	Description	Amount
A-TV	Placed Media	$57,714.28

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Opinion Diagnostics LLC	03/20/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
14 Holstein Rd	Mandsfield	MA	02048

Purpose of Expend	Description	Amount
A-OTH	SMS Advertising	$1,000.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	April 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Powder Horn Press, Inc	03/23/2026	[X] Check # 2003 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
301 Court St	Plymouth	MA	02360

Purpose of Expend	Description	Amount
PRNT	Collateral: Lapel Stickers	$355.34

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
First County Bank	03/23/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
3001 Stamford Sq	Stamford	CT	06905

Purpose of Expend	Description	Amount
BNK	Bank Fees	$10.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Conneticut Citizens Defense League	03/26/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
PO Box 120	Southbury	CT	06488

Purpose of Expend	Description	Amount
ATT *	Event Registration Fee	$225.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	April 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
i360	03/27/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
2300 Clarendon Blvd Ste 800	Arlington	VA	22201

Purpose of Expend	Description	Amount
OVHD	Voter Contact Software	$2,650.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No
If yes, assign an Expenditure # and complete Itemization in Addendum

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Gusto	03/30/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
525 20th St	San Francisco	CA	94107

Purpose of Expend	Description	Amount
OVHD	Payroll Taxes	$1,112.71

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No
If yes, assign an Expenditure # and complete Itemization in Addendum

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Creative Direct	03/30/2026	☒ Check # 2004 ☐ Debit Card ☐ EFT

Street Address	City	State	Zip Code
PO Box 6654	Richmond	VA	23230

Purpose of Expend	Description	Amount
PRNT	Printing and Design Services and Postage	$5,504.65

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No
If yes, assign an Expenditure # and complete Itemization in Addendum

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	April 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Edward Aledia	03/30/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
41 Bloomingdale Rd	Quaker Hill	CT	06375

Purpose of Expend	Description	Amount
WAGE	Payroll	

Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No			$2,538.95

Name of Payee	Date of Payment	Method of Payment
Gaetano's Tavern on Main	03/31/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
40 N Main St	Wallingford	CT	06492

Purpose of Expend	Description	Amount
FOOD	Catering Services	

Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No			$382.05

Name of Payee	Date of Payment	Method of Payment
Norwalk Inn	03/31/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
99 East Ave	Norwalk	CT	06851

Purpose of Expend	Description	Amount
Misc *	Facility Rental	

Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No			$1,000.00

Total of Section N	**$242,887.36**

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
Fazio for Connecticut Inc.	April 10 Filing - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card: Visa Master Card Discover American Express Other

Name of Vendor			Date of Transaction
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description		Amount

Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No If yes, assign an Expenditure # and complete Itemization in Addendum	Expenditure # (if applicable)	Event #

Total of Section P

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	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 If yes, assign an Expenditure # and completes Itemization in Addendum Q		Expenditure # (if applicable)	Event #	

Total of Section Q	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	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:
Bocchino	Michael		02/02/2026	☐ Check # ☒ Debit Card ☐ EFT

Name of Vendor Paid by Committee Worker/Consultant: Merritt Parkway

Street Address of Vendor	City	State	Zip Code
81 Merritt Pkwy	New Canaan	CT	06840

Purpose of Expenditure (by code)	Description
Misc *	Parking Expense

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R			$53.00

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Bocchino	Michael		02/03/2026	☐ Check # ☒ Debit Card ☐ EFT

Name of Vendor Paid by Committee Worker/Consultant: ProPark

Street Address of Vendor	City	State	Zip Code
66-70 Asylum St	Hartford	CT	06103

Purpose of Expenditure (by code)	Description
Misc *	Parking Expense

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R			$22.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	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:
Bocchino	Michael		02/04/2026	☐ Check # ☒ Debit Card ☐ EFT

Name of Vendor Paid by Committee Worker/Consultant: Max Downtown

Street Address of Vendor	City	State	Zip Code
185 Asylum St	Hartford	CT	06103

Purpose of Expenditure (by code)	Description
FOOD	Travel: Food

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R			$49.01

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Bocchino	Michael		02/06/2026	☐ Check # ☒ Debit Card ☐ EFT

Name of Vendor Paid by Committee Worker/Consultant: Sunoco

Street Address of Vendor	City	State	Zip Code
8111 Westchester Dr	Dallas	TX	75225

Purpose of Expenditure (by code)	Description
Misc *	Travel: Fuel

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R			$39.04

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	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:
Bocchino	Michael		02/12/2026	☐ Check # ☒ Debit Card ☐ EFT

Name of Vendor Paid by Committee Worker/Consultant: Merritt Parkway

Street Address of Vendor	City	State	Zip Code
81 Merritt Pkwy	New Canaan	CT	06840

Purpose of Expenditure (by code)	Description
Misc *	Parking Expense

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R			$40.75

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Bocchino	Michael		02/17/2026	☐ Check # ☒ Debit Card ☐ EFT

Name of Vendor Paid by Committee Worker/Consultant: Main St Gas

Street Address of Vendor	City	State	Zip Code
602 N Main St	Portchester	NY	10573

Purpose of Expenditure (by code)	Description
Misc *	Travel: Fuel

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R			$38.24

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	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:
Bocchino	Michael		02/17/2026	☐ Check # ☒ Debit Card ☐ EFT

Name of Vendor Paid by Committee Worker/Consultant			
Sunoco			
Street Address of Vendor	**City**	**State**	**Zip Code**
8111 Westchester Dr	Dallas	TX	75225

Purpose of Expenditure (by code)	Description
Misc *	Travel: Fuel

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R			$41.00

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Bocchino	Michael		02/26/2026	☐ Check # ☒ Debit Card ☐ EFT

Name of Vendor Paid by Committee Worker/Consultant			
Gulf			
Street Address of Vendor	**City**	**State**	**Zip Code**
492 Old Connecticut Path Ste 600	Framingham	MA	01701

Purpose of Expenditure (by code)	Description
Misc *	Travel: Fuel

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R			$39.00

Total of Section R	**$322.04**

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	April 10 Filing - Original

S. Surplus Distribution of Equipment and Furniture

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

Section J4. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

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

Event #	
Name of Candidate	

Section N. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

N. Expenses Paid By Committee - Addendum

Expenditure #	**Amount of Expenditure**
Name of Candidate	Office Sought

Section P. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

P. Expenses Incurred on Committee Credit Card - Addendum

Expenditure #	Amount of Expenditure

Name of Candidate	Office Sought

Section Q. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

Q. Expenses Incurred by Committee but Not Paid During this Period - Addendum

Expenditure #	Amount of Expenditure

Name of Candidate	Office Sought

Section R. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

R. Itemization of Reimbursements and Secondary Payees - Addendum

Expenditure #	Amount of Expenditure

Name of Candidate	Office Sought