



**COVER PAGE**

|   |         |  |                    |   |                                     |                   |  |
|---|---------|--|--------------------|---|-------------------------------------|-------------------|--|
| 1. NAME OF COMMITTEE  |         |  |                    | 2. TYPE OF COMMITTEE  |                                     |                   |  |
| Meredith Tobitsch for the 125th   |         |  |                    | <input checked="" type="checkbox"/> Candidate Committee<br><input type="checkbox"/> Exploratory Committee |                                     |                   |  |
| 3. TREASURER NAME   |         |  |                    |   |                                     |                   |  |
| First<br>Adam   | MI<br>S | Last<br>Wexler   |                    |   | Suffix                              |                   |  |
| 4. TREASURER ADDRESS  |         |  |                    |   |                                     |                   |  |
| Street Address<br>84 Rilling Rdg  |         |  | City<br>New Canaan |   | State<br>CT                         | Zip Code<br>06840 |  |
| 5. ELECTION DATE  |         | 6. OFFICE SOUGHT ( Complete only if Candidate Committee) |                    |   | 7. DISTRICT NUMBER ( if applicable) |                   |  |
| 11/03/2026  |         | State Representative                                     |                    |   | R125                                |                   |  |
| 8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)   |         |  |                    |   |                                     |                   |  |
| First<br>Meredith   | MI<br>K | Last<br>Tobitsch   |                    |   | Suffix                              |                   |  |
| 9. TYPE OF REPORT   |         |  |                    |   |                                     |                   |  |
| April 10 Filing - Original  |         |  |                    |   |                                     |                   |  |
| 10. PERIOD COVERED  |         |  |                    |   |                                     |                   |  |
|   |         | Beginning Date   |                    | Ending Date   |                                     |                   |  |
|   |         | 03/07/2026   | 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 <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.                          |         |  |                    |   |                                     |                   |  |
| Electronic Filing   |         | Adam Wexler  |                    | 04/06/2026 11:56:02AM   |                                     |                   |  |
| SIGNATURE   |         | PRINT NAME OF THE SIGNER                                 |                    | DATE CERTIFIED  |                                     |                   |  |
|   |         |  |                    |   |                                     |                   |  |
| <p><b>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.</b></p> |         |  |                    |   |                                     |                   |  |

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

**SUMMARY PAGE TOTALS**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)                           | TYPE OF REPORT             |                       |
|---|----------------------------|-----------------------|
| <b>Meredith Tobitsch for the 125th</b>  | April 10 Filing - Original |                       |
|   | COLUMN A<br>This Period    | COLUMN B<br>Aggregate |
| 12. Balance on hand from day Committee was formed   |                            | <b>\$0.00</b>         |
| 13. Balance on hand at the beginning of Reporting Period  | <b>\$0.00</b>              |                       |
| 14. Contributions received from Individuals (Section A and B)                                     | <b>\$6,240.00</b>          | <b>\$6,240.00</b>     |
| 15. Receipts from Other Committees (Sections C1 and C2)   | <b>\$0.00</b>              | <b>\$0.00</b>         |
| 16. Other Monetary Receipts (Section D through I)   | <b>\$0.00</b>              | <b>\$0.00</b>         |
| 17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)                           | <b>\$0.00</b>              | <b>\$0.00</b>         |
| 18. Total Monetary Receipts (add totals for lines 14 through 17)                                  | <b>\$6,240.00</b>          | <b>\$6,240.00</b>     |
| 19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)           | <b>\$6,240.00</b>          | <b>\$6,240.00</b>     |
| 20. Expenses Paid by Committee (Section N)  | <b>\$468.00</b>            | <b>\$468.00</b>       |
| 21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns ) | <b>\$5,772.00</b>          | <b>\$5,772.00</b>     |
| 22. In-Kind Donations not Considered Contributions Received (Section J3)                          | <b>\$0.00</b>              | <b>\$0.00</b>         |
| 23. In-Kind Donations not Considered Contributions - House Party (Section J4)                     | <b>\$0.00</b>              | <b>\$0.00</b>         |
| 24. In-Kind Contributions Received (Section K)  | <b>\$0.00</b>              | <b>\$0.00</b>         |
| 25. Refundable Deposit to Telephone Company (Section L)   | <b>\$0.00</b>              | <b>\$0.00</b>         |
| 26. Beginning Loan Balance  | <b>\$0.00</b>              |                       |
| 26a. + Loans Received (Section D)   | <b>\$0.00</b>              | <b>\$0.00</b>         |
| 26b. + Interest and Penalties on Loan(s)  | <b>\$0.00</b>              | <b>\$0.00</b>         |
| 26c. - Payments on Loan(s)  | <b>\$0.00</b>              | <b>\$0.00</b>         |
| 26d. Total Outstanding Loan Amount  | <b>\$0.00</b>              |                       |
| 27. Campaign Expenses Paid By Candidate (Section O)   | <b>\$0.00</b>              | <b>\$0.00</b>         |
| 28. Expenses Incurred on Committee Credit Card (Section P)  | <b>\$0.00</b>              | <b>\$0.00</b>         |
| 29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)                    | <b>\$0.00</b>              |                       |
| 29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)                    | <b>\$0.00</b>              |                       |

**I. MONETARY RECEIPTS (Section A-I)**

|   |  |                                      |  |
|---|--|--------------------------------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)         |  | TYPE OF REPORT                       |  |
| Meredith Tobitsch for the 125th   |  | April 10 Filing - Original           |  |
| <b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> |  | For Nonparticipating Candidates ONLY |  |
|   |  | <b>\$0.00</b>                        |  |
| <b>B. Itemized Contributions from Individuals</b>                               |  |                                      |  |

|   |  |  |  |                             |                           |
|---|--|--|--|-----------------------------|---------------------------|
| Last Name<br>Dark   |  | First<br>Natalie   |  | MI                          | Contribution ID #<br>0001 |
| Residential Street Address<br>39 Whiffle Tree   |  | City<br>New Canaan   |  | State<br>CT                 | Zip Code<br>06840         |
| Principal Occupation<br>Homemaker   |  |  | Name of Employer<br>Homemaker  |                             |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Is contributor a lobbyist, spouse, or dependent child of a lobbyist? |                             | Amount of Contribution    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event #   |  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |  | Date Received<br>03/24/2026 |                           |
| \$340.00  |  |  |  |                             |                           |

|   |  |  |  |                             |                           |
|---|--|--|--|-----------------------------|---------------------------|
| Last Name<br>Dark   |  | First<br>Jason   |  | MI                          | Contribution ID #<br>0002 |
| Residential Street Address<br>39 Whiffle Tree Dr  |  | City<br>New Canaan   |  | State<br>CT                 | Zip Code<br>06840         |
| Principal Occupation<br>Finance   |  |  | Name of Employer<br>Rodman & rensaw  |                             |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Is contributor a lobbyist, spouse, or dependent child of a lobbyist? |                             | Amount of Contribution    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event #   |  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |  | Date Received<br>03/24/2026 |                           |
| \$340.00  |  |  |  |                             |                           |

|   |  |  |  |                             |                           |
|---|--|--|--|-----------------------------|---------------------------|
| Last Name<br>Flynn  |  | First<br>Andrea  |  | MI                          | Contribution ID #<br>0003 |
| Residential Street Address<br>25 Whiffle Tree Ln  |  | City<br>New Canaan   |  | State<br>CT                 | Zip Code<br>06840         |
| Principal Occupation<br>Homemaker   |  |  | Name of Employer<br>Homemaker  |                             |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Is contributor a lobbyist, spouse, or dependent child of a lobbyist? |                             | Amount of Contribution    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event #   |  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |  | Date Received<br>03/24/2026 |                           |
| \$340.00  |  |  |  |                             |                           |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Meredith Tobitsch for the 125th   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                     |
|--|--|---|-------------------------------------|
| Last Name<br>Potter  | First<br>Jennifer  | MI  | Contribution ID #<br>0004           |
| Residential Street Address<br>32 Mill Rd   | City<br>New Canaan   | State<br>CT   | Zip Code<br>06840                   |
| Principal Occupation<br>Artist   | Name of Employer<br>Self   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/24/2026   | Aggregate Contributions<br>\$340.00 |
|  |  |   | Amount of Contribution<br>\$340.00  |

|  |  |   |                                    |
|--|--|---|------------------------------------|
| Last Name<br>Procaccini  | First<br>Erika   | MI  | Contribution ID #<br>0005          |
| Residential Street Address<br>67 Edgerton St   | City<br>Darien   | State<br>CT   | Zip Code<br>06820                  |
| Principal Occupation<br>Marriage & Family Therapist  | Name of Employer<br>Self-employed  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/24/2026   | Aggregate Contributions<br>\$40.00 |
|  |  |   | Amount of Contribution<br>\$40.00  |

|  |  |   |                                    |
|--|--|---|------------------------------------|
| Last Name<br>Frate   | First<br>Corey   | MI<br>W   | Contribution ID #<br>0006          |
| Residential Street Address<br>47 Hecker Ave  | City<br>Darien   | State<br>CT   | Zip Code<br>06820                  |
| Principal Occupation<br>Executive Assistant  | Name of Employer<br>City of Norwalk  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/24/2026   | Aggregate Contributions<br>\$50.00 |
|  |  |   | Amount of Contribution<br>\$50.00  |

|  |  |   |                                     |
|--|--|---|-------------------------------------|
| Last Name<br>Wexler  | First<br>Adam  | MI  | Contribution ID #<br>0007           |
| Residential Street Address<br>84 Rilling Rdg   | City<br>New Canaan   | State<br>CT   | Zip Code<br>06840                   |
| Principal Occupation<br>Attorney   | Name of Employer<br>Take-Two Interactive   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/24/2026   | Aggregate Contributions<br>\$250.00 |
|  |  |   | Amount of Contribution<br>\$250.00  |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Meredith Tobitsch for the 125th   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |
|--|--|---|------------------------------------|
| Last Name<br>Kent  | First<br>Lindsay   | MI  | Contribution ID #<br>0008          |
| Residential Street Address<br>57 Strawberry Hill Rd  | City<br>New Canaan   | State<br>CT   | Zip Code<br>06840                  |
| Principal Occupation<br>Stay at home mom   | Name of Employer<br>N/A  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/24/2026   | Aggregate Contributions<br>\$75.00 |
|  |  |   | Amount of Contribution<br>\$75.00  |

|  |  |   |                                     |
|--|--|---|-------------------------------------|
| Last Name<br>Casey   | First<br>Sarah   | MI  | Contribution ID #<br>0009           |
| Residential Street Address<br>98 Lambert Rd  | City<br>New Canaan   | State<br>CT   | Zip Code<br>06840                   |
| Principal Occupation<br>Homemaker  | Name of Employer   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/24/2026   | Aggregate Contributions<br>\$250.00 |
|  |  |   | Amount of Contribution<br>\$250.00  |

|  |  |   |                                     |
|--|--|---|-------------------------------------|
| Last Name<br>Galante   | First<br>Karen   | MI  | Contribution ID #<br>0010           |
| Residential Street Address<br>16 Mistletoe Dr  | City<br>Matawan  | State<br>NJ   | Zip Code<br>07747                   |
| Principal Occupation   | Name of Employer   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/24/2026   | Aggregate Contributions<br>\$150.00 |
|  |  |   | Amount of Contribution<br>\$150.00  |

|  |  |   |                                    |
|--|--|---|------------------------------------|
| Last Name<br>Carnes  | First<br>Krista  | MI  | Contribution ID #<br>0011          |
| Residential Street Address<br>40 Fitch Ave   | City<br>Darien   | State<br>CT   | Zip Code<br>06820                  |
| Principal Occupation<br>Marketing  | Name of Employer<br>Fairfield County's community foundation  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/24/2026   | Aggregate Contributions<br>\$25.00 |
|  |  |   | Amount of Contribution<br>\$25.00  |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Meredith Tobitsch for the 125th   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |                    |  |                                     |
|--|--------------------|--|-------------------------------------|
| Last Name<br>Klimpl  | First<br>Timothy   | MI<br>S  | Contribution ID #<br>0012           |
| Residential Street Address<br>109 Benedict Hill Rd   | City<br>New Canaan | State<br>CT  | Zip Code<br>06840                   |
| Principal Occupation<br>Attorney   | Name of Employer   |  |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                    | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  |                    | Date Received<br>03/24/2026  | Aggregate Contributions<br>\$340.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card  |                    | Amount of Contribution<br>\$340.00   |                                     |

|  |                               |  |                                     |
|--|-------------------------------|--|-------------------------------------|
| Last Name<br>Willett   | First<br>Karen                | MI<br>CT   | Contribution ID #<br>0013           |
| Residential Street Address<br>60 Spring Water Ln   | City<br>New Canaan            | State<br>CT  | Zip Code<br>06840                   |
| Principal Occupation<br>Homemaker  | Name of Employer<br>Homemaker |  |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                               | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event #   |                               | Date Received<br>03/25/2026  | Aggregate Contributions<br>\$100.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card  |                               | Amount of Contribution<br>\$100.00   |                                     |

|  |                        |  |                                     |
|--|------------------------|--|-------------------------------------|
| Last Name<br>Heckerling  | First<br>Jessie        | MI<br>CT   | Contribution ID #<br>0014           |
| Residential Street Address<br>123 Colonial Rd  | City<br>New Canaan     | State<br>CT  | Zip Code<br>06840                   |
| Principal Occupation<br>Homemaker  | Name of Employer<br>Na |  |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                        | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event #   |                        | Date Received<br>03/25/2026  | Aggregate Contributions<br>\$340.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card  |                        | Amount of Contribution<br>\$340.00   |                                     |

|  |                    |  |                                    |
|--|--------------------|--|------------------------------------|
| Last Name<br>Badanes   | First<br>Alan      | MI<br>CT   | Contribution ID #<br>0015          |
| Residential Street Address<br>175 Hickok Rd  | City<br>New Canaan | State<br>CT  | Zip Code<br>06840                  |
| Principal Occupation<br>Retired  | Name of Employer   |  |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                    | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event #   |                    | Date Received<br>03/25/2026  | Aggregate Contributions<br>\$50.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card  |                    | Amount of Contribution<br>\$50.00  |                                    |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Meredith Tobitsch for the 125th   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                     |
|--|--|---|-------------------------------------|
| Last Name<br>Clarke  | First<br>John  | MI<br>J   | Contribution ID #<br>0016           |
| Residential Street Address<br>336 Ponus Rdg  | City<br>New Canaan   | State<br>CT   | Zip Code<br>06840                   |
| Principal Occupation<br>Lawyer   | Name of Employer<br>DLA Piper LLP (US)   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/25/2026   | Aggregate Contributions<br>\$250.00 |
|  |  | Amount of Contribution<br>\$250.00  |                                     |

|  |  |   |                                     |
|--|--|---|-------------------------------------|
| Last Name<br>Schwedel  | First<br>Erica   | MI  | Contribution ID #<br>0017           |
| Residential Street Address<br>57 Welles Ln   | City<br>New Canaan   | State<br>CT   | Zip Code<br>06840                   |
| Principal Occupation<br>Homemaker  | Name of Employer<br>N/A  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/25/2026   | Aggregate Contributions<br>\$340.00 |
|  |  | Amount of Contribution<br>\$340.00  |                                     |

|  |  |   |                                     |
|--|--|---|-------------------------------------|
| Last Name<br>Schwedel  | First<br>H Andrew  | MI  | Contribution ID #<br>0018           |
| Residential Street Address<br>57 Welles Ln   | City<br>New Canaan   | State<br>CT   | Zip Code<br>06840                   |
| Principal Occupation<br>Consultant   | Name of Employer<br>Bain & Co.   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/25/2026   | Aggregate Contributions<br>\$340.00 |
|  |  | Amount of Contribution<br>\$340.00  |                                     |

|  |  |   |                                    |
|--|--|---|------------------------------------|
| Last Name<br>Cardon  | First<br>Jessica   | MI  | Contribution ID #<br>0019          |
| Residential Street Address<br>146 Forest St  | City<br>New Canaan   | State<br>CT   | Zip Code<br>06840                  |
| Principal Occupation<br>Attorney   | Name of Employer<br>Quality King Distributors, Inc.  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/26/2026   | Aggregate Contributions<br>\$25.00 |
|  |  | Amount of Contribution<br>\$25.00   |                                    |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Meredith Tobitsch for the 125th   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                     |
|--|--|---|-------------------------------------|
| Last Name<br>Flynn   | First<br>Michael   | MI  | Contribution ID #<br>0020           |
| Residential Street Address<br>25 Whiffle Tree Ln   | City<br>New Canaan   | State<br>CT   | Zip Code<br>06840                   |
| Principal Occupation<br>SVP Finance  | Name of Employer<br>NFP  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/26/2026   | Aggregate Contributions<br>\$100.00 |
|  |  |   | Amount of Contribution<br>\$100.00  |

|  |  |   |                                    |
|--|--|---|------------------------------------|
| Last Name<br>Jameson   | First<br>Angela  | MI  | Contribution ID #<br>0021          |
| Residential Street Address<br>1370 Ponus Ridge Rd  | City<br>New Canaan   | State<br>CT   | Zip Code<br>06840                  |
| Principal Occupation<br>Retired  | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/26/2026   | Aggregate Contributions<br>\$50.00 |
|  |  |   | Amount of Contribution<br>\$50.00  |

|  |  |   |                                    |
|--|--|---|------------------------------------|
| Last Name<br>Lurie   | First<br>Richard   | MI  | Contribution ID #<br>0022          |
| Residential Street Address<br>richardlurie@optonline.net   | City<br>New Canaan   | State<br>CT   | Zip Code<br>06840                  |
| Principal Occupation<br>Retired  | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/26/2026   | Aggregate Contributions<br>\$25.00 |
|  |  |   | Amount of Contribution<br>\$25.00  |

|  |  |   |                                     |
|--|--|---|-------------------------------------|
| Last Name<br>Koprowski Bodner  | First<br>Lauren  | MI  | Contribution ID #<br>0023           |
| Residential Street Address<br>14 Holly Rd  | City<br>New Canaan   | State<br>CT   | Zip Code<br>06840                   |
| Principal Occupation<br>Creative Director  | Name of Employer<br>Danone North America   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/27/2026   | Aggregate Contributions<br>\$100.00 |
|  |  |   | Amount of Contribution<br>\$100.00  |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Meredith Tobitsch for the 125th   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |   |  |                                     |
|--|---|--|-------------------------------------|
| Last Name<br>Ellis   | First<br>Jennifer   | MI   | Contribution ID #<br>0024           |
| Residential Street Address<br>73 Thrush  | City<br>New Canaan  | State<br>CT  | Zip Code<br>06840                   |
| Principal Occupation<br>Designer   | Name of Employer<br>Freelance   |  |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/27/2026  | Aggregate Contributions<br>\$150.00 |
|  |   | Amount of Contribution<br>\$150.00   |                                     |

|  |   |  |                                   |
|--|---|--|-----------------------------------|
| Last Name<br>Russell   | First<br>Heather  | MI   | Contribution ID #<br>0025         |
| Residential Street Address<br>259 New Norwalk Rd   | City<br>New Canaan  | State<br>CT  | Zip Code<br>06840                 |
| Principal Occupation<br>Communications   | Name of Employer<br>JPMorganChase   |  |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/28/2026  | Aggregate Contributions<br>\$5.00 |
|  |   | Amount of Contribution<br>\$5.00   |                                   |

|  |   |  |                                   |
|--|---|--|-----------------------------------|
| Last Name<br>Koprowski   | First<br>Pamela   | MI<br>A  | Contribution ID #<br>0026         |
| Residential Street Address<br>340 Bayberrie Dr   | City<br>Stamford  | State<br>CT  | Zip Code<br>06902                 |
| Principal Occupation<br>Retired  | Name of Employer<br>Retired   |  |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/29/2026  | Aggregate Contributions<br>\$5.00 |
|  |   | Amount of Contribution<br>\$5.00   |                                   |

|  |   |  |                                   |
|--|---|--|-----------------------------------|
| Last Name<br>Russell   | First<br>Brian  | MI   | Contribution ID #<br>0027         |
| Residential Street Address<br>259 New Norwalk Rd Apt 10  | City<br>New Canaan  | State<br>CT  | Zip Code<br>06840                 |
| Principal Occupation<br>Attorney   | Name of Employer<br>Meiowitz & Wasserberg LLP   |  |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/29/2026  | Aggregate Contributions<br>\$5.00 |
|  |   | Amount of Contribution<br>\$5.00   |                                   |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Meredith Tobitsch for the 125th   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Landers   | First<br>Danika  | MI  | Contribution ID #<br>0028         |
| Residential Street Address<br>77 Grove St  | City<br>New Canaan   | State<br>CT   | Zip Code<br>06840                 |
| Principal Occupation<br>Product Designer   | Name of Employer<br>Sigma  |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/29/2026   | Aggregate Contributions<br>\$5.00 |
|  |  |   | Amount of Contribution<br>\$5.00  |

|  |  |   |                                     |
|--|--|---|-------------------------------------|
| Last Name<br>Macbeth   | First<br>Heather   | MI  | Contribution ID #<br>0029           |
| Residential Street Address<br>117 Fox Run Rd   | City<br>New Canaan   | State<br>CT   | Zip Code<br>06840                   |
| Principal Occupation<br>Executive  | Name of Employer<br>Puig   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/30/2026   | Aggregate Contributions<br>\$300.00 |
|  |  |   | Amount of Contribution<br>\$100.00  |

|  |  |   |                                     |
|--|--|---|-------------------------------------|
| Last Name<br>Klimpl  | First<br>Susan   | MI  | Contribution ID #<br>0030           |
| Residential Street Address<br>4388 Princeton Cir   | City<br>Doylestown   | State<br>PA   | Zip Code<br>18902                   |
| Principal Occupation<br>Retired  | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/30/2026   | Aggregate Contributions<br>\$250.00 |
|  |  |   | Amount of Contribution<br>\$250.00  |

|  |  |   |                                     |
|--|--|---|-------------------------------------|
| Last Name<br>Macbeth   | First<br>Heather   | MI  | Contribution ID #<br>0031           |
| Residential Street Address<br>117 Fox Run Rd   | City<br>New Canaan   | State<br>CT   | Zip Code<br>06840                   |
| Principal Occupation<br>General Manager  | Name of Employer<br>Puig   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/30/2026   | Aggregate Contributions<br>\$300.00 |
|  |  |   | Amount of Contribution<br>\$200.00  |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Meredith Tobitsch for the 125th   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |                               |  |                                   |
|--|-------------------------------|--|-----------------------------------|
| Last Name<br>Stringi   | First<br>Athena               | MI   | Contribution ID #<br>0032         |
| Residential Street Address<br>553 New Norwalk Rd   | City<br>New Canaan            | State<br>CT  | Zip Code<br>06840                 |
| Principal Occupation<br>Homemaker  | Name of Employer<br>Homemaker |  |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                               | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event #  |                               | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2026       |
|  |                               | Aggregate Contributions<br>\$10.00   | Amount of Contribution<br>\$10.00 |

|  |                          |  |                                  |
|--|--------------------------|--|----------------------------------|
| Last Name<br>Stanley   | First<br>Cady            | MI   | Contribution ID #<br>0033        |
| Residential Street Address<br>87 Oak St  | City<br>New Canaan       | State<br>CT  | Zip Code<br>06840                |
| Principal Occupation<br>SAHM   | Name of Employer<br>SAHM |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                          | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event #  |                          | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2026      |
|  |                          | Aggregate Contributions<br>\$5.00  | Amount of Contribution<br>\$5.00 |

|  |                            |  |                                  |
|--|----------------------------|--|----------------------------------|
| Last Name<br>Stanley   | First<br>Henry             | MI   | Contribution ID #<br>0034        |
| Residential Street Address<br>87 Oak St  | City<br>New Canaan         | State<br>CT  | Zip Code<br>06840                |
| Principal Occupation<br>Founder  | Name of Employer<br>Fabrik |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                            | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event #  |                            | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2026      |
|  |                            | Aggregate Contributions<br>\$5.00  | Amount of Contribution<br>\$5.00 |

|  |                                 |  |                                   |
|--|---------------------------------|--|-----------------------------------|
| Last Name<br>Tabor   | First<br>Adina                  | MI   | Contribution ID #<br>0035         |
| Residential Street Address<br>1301 U St NW Apt 212   | City<br>Washington              | State<br>DC  | Zip Code<br>20009                 |
| Principal Occupation<br>LCSW   | Name of Employer<br>Adina Tabor |  |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                 | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event #  |                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2026       |
|  |                                 | Aggregate Contributions<br>\$20.00   | Amount of Contribution<br>\$20.00 |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Meredith Tobitsch for the 125th   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |                                   |  |                                   |
|--|-----------------------------------|--|-----------------------------------|
| Last Name<br>Munshi-South  | First<br>Versha                   | MI   | Contribution ID #<br>0036         |
| Residential Street Address<br>20 Fairway Dr  | City<br>Stamford                  | State<br>CT  | Zip Code<br>06903                 |
| Principal Occupation<br>Independent Contractor   | Name of Employer<br>Self-employed |  |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event #  |                                   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2026       |
|  |                                   | Aggregate Contributions<br>\$10.00   | Amount of Contribution<br>\$10.00 |

|  |                                       |  |                                   |
|--|---------------------------------------|--|-----------------------------------|
| Last Name<br>Munshi-South  | First<br>Jason                        | MI   | Contribution ID #<br>0037         |
| Residential Street Address<br>20 Fairway Dr  | City<br>Stamford                      | State<br>CT  | Zip Code<br>06903                 |
| Principal Occupation<br>Professor  | Name of Employer<br>Drexel University |  |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                       | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event #  |                                       | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2026       |
|  |                                       | Aggregate Contributions<br>\$10.00   | Amount of Contribution<br>\$10.00 |

|  |                              |  |                                   |
|--|------------------------------|--|-----------------------------------|
| Last Name<br>Badanes   | First<br>Jillian             | MI   | Contribution ID #<br>0038         |
| Residential Street Address<br>36 Mead St   | City<br>New Canaan           | State<br>CT  | Zip Code<br>06840                 |
| Principal Occupation<br>Reinsurance Manager  | Name of Employer<br>Swiss Re |  |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                              | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event #  |                              | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2026       |
|  |                              | Aggregate Contributions<br>\$50.00   | Amount of Contribution<br>\$50.00 |

|  |                                 |  |                                    |
|--|---------------------------------|--|------------------------------------|
| Last Name<br>Bath  | First<br>Katherine              | MI   | Contribution ID #<br>0039          |
| Residential Street Address<br>246 White Oak Shade Rd   | City<br>New Canaan              | State<br>CT  | Zip Code<br>06840                  |
| Principal Occupation<br>Marketing  | Name of Employer<br>MillerKnoll |  |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                 | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event #  |                                 | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2026        |
|  |                                 | Aggregate Contributions<br>\$340.00  | Amount of Contribution<br>\$340.00 |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Meredith Tobitsch for the 125th   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |                               |  |                                    |
|--|-------------------------------|--|------------------------------------|
| Last Name<br>Siska   | First<br>Charlotte            | MI   | Contribution ID #<br>0040          |
| Residential Street Address<br>116 Southwood Dr   | City<br>New Canaan            | State<br>CT  | Zip Code<br>06840                  |
| Principal Occupation<br>Homemaker  | Name of Employer<br>Homemaker |  |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                               | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event #  |                               | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2026        |
|  |                               | Aggregate Contributions<br>\$100.00  | Amount of Contribution<br>\$100.00 |

|  |   |  |                                   |
|--|---|--|-----------------------------------|
| Last Name<br>Prestifilippo   | First<br>Allison                                  | MI   | Contribution ID #<br>0041         |
| Residential Street Address<br>24 Indianhead Rd   | City<br>Morristown                                | State<br>NJ  | Zip Code<br>07960                 |
| Principal Occupation<br>Physician  | Name of Employer<br>Medical Associates of Mendham |  |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event #  |   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2026       |
|  |   | Aggregate Contributions<br>\$50.00   | Amount of Contribution<br>\$50.00 |

|  |                                   |  |                                    |
|--|-----------------------------------|--|------------------------------------|
| Last Name<br>Sarner  | First<br>Sharyn                   | MI   | Contribution ID #<br>0042          |
| Residential Street Address<br>122 Frost Pond Rd  | City<br>Stamford                  | State<br>CT  | Zip Code<br>06903                  |
| Principal Occupation   | Name of Employer<br>Sharyn Sarner |  |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event #  |                                   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2026        |
|  |                                   | Aggregate Contributions<br>\$100.00  | Amount of Contribution<br>\$100.00 |

|  |                                |  |                                    |
|--|--------------------------------|--|------------------------------------|
| Last Name<br>Kneller   | First<br>Caitlin               | MI   | Contribution ID #<br>0043          |
| Residential Street Address<br>89 4th Pl Apt 4  | City<br>Brooklyn               | State<br>NY  | Zip Code<br>11231                  |
| Principal Occupation<br>CPA  | Name of Employer<br>Unemployed |  |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event #  |                                | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2026        |
|  |                                | Aggregate Contributions<br>\$340.00  | Amount of Contribution<br>\$340.00 |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Meredith Tobitsch for the 125th   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |
|--|--|---|------------------------------------|
| Last Name<br>Stinchfield   | First<br>Abby  | MI  | Contribution ID #<br>0044          |
| Residential Street Address<br>16 Brooks Rd   | City<br>New Canaan   | State<br>CT   | Zip Code<br>06840                  |
| Principal Occupation<br>Caretaker  | Name of Employer<br>Self employed  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2026   | Aggregate Contributions<br>\$20.00 |
|  |  |   | Amount of Contribution<br>\$20.00  |

|  |  |   |                                     |
|--|--|---|-------------------------------------|
| Last Name<br>Meyer   | First<br>Alicia  | MI  | Contribution ID #<br>0045           |
| Residential Street Address<br>21 Maple St  | City<br>New Canaan   | State<br>CT   | Zip Code<br>06840                   |
| Principal Occupation<br>Retired  | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2026   | Aggregate Contributions<br>\$100.00 |
|  |  |   | Amount of Contribution<br>\$100.00  |

|  |  |   |                                     |
|--|--|---|-------------------------------------|
| Last Name<br>Brambilla   | First<br>Kate  | MI  | Contribution ID #<br>0046           |
| Residential Street Address<br>19 Clapboard Hill Rd   | City<br>New Canaan   | State<br>CT   | Zip Code<br>06840                   |
| Principal Occupation<br>Non profit   | Name of Employer<br>SPNC   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2026   | Aggregate Contributions<br>\$100.00 |
|  |  |   | Amount of Contribution<br>\$100.00  |

|  |  |  |                   |
|--|--|--|-------------------|
| <b>Total of Section B</b>                          |  |  | <b>\$6,240.00</b> |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> |  |  | <b>\$6,240.00</b> |

(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             |
|---|----------------------------|
| Meredith Tobitsch for the 125th   | 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? |                      | Amount of Contribution  |
|                   |  | Yes   | No                   |                         |
| City              |  | State   | Zip Code             | Aggregate Contributions |
|                   |  | Date Received   | If yes, list Event # |                         |

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

| NAME OF COMMITTEE               | TYPE OF REPORT             |
|---------------------------------|----------------------------|
| Meredith Tobitsch for the 125th | 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             |
|---------------------------------|----------------------------|
| Meredith Tobitsch for the 125th | 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?<br>Yes No |
| Name of Cosigner/Guarantor (if applicable) |                 |           |            |          | <b>Amount Received</b>                                   |
| Street Address                             | City            |           | State      | Zip Code |  |
| <b>Total of Section D</b>                  |                 |           |            |          |  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE               | TYPE OF REPORT             |
|---------------------------------|----------------------------|
| Meredith Tobitsch for the 125th | 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 |        |
| <b>Total of Section E</b> |                   |                |                   |        |

**I. Monetary Receipts (Section A-I)**

| NAME OF COMMITTEE               | TYPE OF REPORT             |
|---------------------------------|----------------------------|
| Meredith Tobitsch for the 125th | April 10 Filing - Original |

**G. Interest from Deposits in Authorized Accounts**

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

**I. MONETARY RECEIPTS (Section A-I)**

|                                 |                            |
|---------------------------------|----------------------------|
| NAME OF COMMITTEE               | TYPE OF REPORT             |
| Meredith Tobitsch for the 125th | 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<br>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             |
| Meredith Tobitsch for the 125th | 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             |
| Meredith Tobitsch for the 125th   | April 10 Filing - Original |

**J1. Event Information**

|  |        |   |  |          |
|--|--------|---|--|----------|
| Event #<br>Date of Event   | Letter | Description   | Was this a fundraising event?<br>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     |   |  |          |
| <b>Subpart 1:</b><br>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             |
| Meredith Tobitsch for the 125th   | April 10 Filing - Original |

**J3. In-Kind Donations Not Considered Contributions**

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

**Total of Section J3**

**II. EVENT ACTIVITY (Sections J1 - J4)**

|  |                            |
|--|----------------------------|
| <b>NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)</b> | <b>TYPE OF REPORT</b>      |
| Meredith Tobitsch for the 125th  | 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?<br>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)**

|  |                            |
|--|----------------------------|
| <b>NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)</b> | <b>TYPE OF REPORT</b>      |
| Meredith Tobitsch for the 125th  | 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?<br>If yes, list Event# | Yes<br>No     | Description of In-Kind Contribution  |  |
| Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?                         | Yes<br>No     | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br>Executive      Legislative | Fair Market Value of this Contribution |
| Type of Contributor:<br><br>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             |
| Meredith Tobitsch for the 125th   | April 10 Filing - Original |

#### L. Refundable Deposit to Telephone Company

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

**IV. EXPENDITURES (Sections N - S)**

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

TYPE OF REPORT

Meredith Tobitsch for the 125th

April 10 Filing - Original

**N. Expenses Paid By Committee**

|  |   |                                  |   |                   |
|--|---|----------------------------------|---|-------------------|
| Name of Payee<br>Day Campaign  |   | Date of Payment<br>03/26/2026    | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                   |
| Street Address<br>112 Bloomfield Ave   |   | City<br>Windsor                  | State<br>CT   | Zip Code<br>06095 |
| Purpose of Expend<br>WEB   | Description<br>Online Donation Setup Fee (Auto Pay) |                                  |   | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum |   | Expenditure #<br>(if applicable) | Event #   | \$200.00          |
| Name of Payee<br>Day Campaign  |   | Date of Payment<br>03/31/2026    | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                   |
| Street Address<br>112 Bloomfield Ave   |   | City<br>Windsor                  | State<br>CT   | Zip Code<br>06095 |
| Purpose of Expend<br>BNK   | Description<br>Credit Card/Banking Transaction fees |                                  |   | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum |   | Expenditure #<br>(if applicable) | Event #   | \$268.00          |
| <b>Total of Section N</b>  |   |                                  |   | <b>\$468.00</b>   |

**IV. EXPENDITURES (Sections N - S)**

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

**IV. EXPENDITURES (Sections N - S)**

|   |             |    |                               |         |                      |                            |          |                  |
|---|-------------|----|-------------------------------|---------|----------------------|----------------------------|----------|------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)                   |             |    |                               |         |                      | TYPE OF REPORT             |          |                  |
| Meredith Tobitsch for the 125th   |             |    |                               |         |                      | April 10 Filing - Original |          |                  |
| <b>P. Expenses Incurred on Committee Credit Card</b>                                      |             |    |                               |         |                      |                            |          |                  |
| 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 |    |                               |         |                      | <b>Amount</b>              |          |                  |
| 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                      |             |    |                               |         |                      |                            |          |                  |
| <b>Total of Section P</b>   |             |    |                               |         |                      |                            |          |                  |

**IV. EXPENDITURES (Sections N - S)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Meredith Tobitsch for the 125th   | 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<br>No   | Expenditure # (if applicable) | Event #                              |
| If yes, assign an Expenditure # and completes Itemization in Addendum Q                   |             |                               |                                      |

|                           |  |
|---------------------------|--|
| <b>Total of Section Q</b> |  |
|---------------------------|--|

**IV. EXPENDITURES (Sections N - S)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Meredith Tobitsch for the 125th   | 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:<br><br>Check #<br><br>Debit Card<br><br>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<br><br>No | Expenditure # (if applicable) | Event #                   | Amount   |          |
| If yes, assign an Expenditure # and completes Itemization in Addendum R                   |               |                               |                           |  |          |
| <b>Total of Section R</b>   |               |                               |                           |  |          |

**IV. EXPENDITURES (Sections N - S)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Meredith Tobitsch for the 125th   | 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       |      |       |          |                                  |
| <b>Total of Section S</b> |      |       |          |                                  |

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

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

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

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

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