



**COVER PAGE**

|   |   |                             |   |                   |  |
|---|---|-----------------------------|---|-------------------|--|
| 1. NAME OF COMMITTEE  |   |                             | 2. TYPE OF COMMITTEE  |                   |  |
| <b>Manny 2026</b>   |   |                             | <input checked="" type="checkbox"/> Candidate Committee<br><input type="checkbox"/> Exploratory Committee |                   |  |
| 3. TREASURER NAME   |   |                             |   |                   |  |
| First<br><b>Ronald</b>  | MI  | Last<br><b>Jakubowski</b>   | Suffix  |                   |  |
| 4. TREASURER ADDRESS  |   |                             |   |                   |  |
| Street Address<br><b>57 Helen Dr</b>  | City<br><b>New Britain</b>                              | State<br><b>CT</b>          | Zip Code<br><b>06053</b>  |                   |  |
| 5. ELECTION DATE  | 6. OFFICE SOUGHT (Complete only if Candidate Committee) |                             | 7. DISTRICT NUMBER (if applicable)  |                   |  |
| <b>11/03/2026</b>   | <b>State Representative</b>                             |                             | <b>R024</b>   |                   |  |
| 8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)   |   |                             |   |                   |  |
| First<br><b>Manny</b>   | MI  | Last<br><b>Sanchez</b>      | Suffix  |                   |  |
| 9. TYPE OF REPORT   |   |                             |   |                   |  |
| <b>April 10 Filing - Original</b>   |   |                             |   |                   |  |
| 10. PERIOD COVERED  |   |                             |   |                   |  |
| Beginning Date  |   | Ending Date                 |   |                   |  |
| <b>01/02/2026</b>   |   | thru                        |   | <b>03/31/2026</b> |  |
| 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.                          |   |                             |   |                   |  |
| <b>Electronic Filing</b>  | <b>Chris Anderson</b>                                   | <b>04/09/2026 8:54:12PM</b> |   |                   |  |
| 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>Manny 2026</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>\$2,445.00</b>          | <b>\$2,445.00</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>\$2,445.00</b>          | <b>\$2,445.00</b>     |
| 19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)           | <b>\$2,445.00</b>          | <b>\$2,445.00</b>     |
| 20. Expenses Paid by Committee (Section N)  | <b>\$373.43</b>            | <b>\$373.43</b>       |
| 21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns ) | <b>\$2,071.57</b>          | <b>\$2,071.57</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             |
| Manny 2026  | April 10 Filing - Original |

**A. Total Contributions from Small Contributors-Received this Period ONLY**For Nonparticipating Candidates ONLY  
**\$0.00****B. Itemized Contributions from Individuals**

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Anderson   | First<br>Chris   | MI  | Contribution ID #<br>0001           |
| Residential Street Address<br>38 Forest St  | City<br>New Britain  | State<br>CT   | Zip Code<br>06052                   |
| Principal Occupation<br>Accounting  | Name of Employer<br>Chris Anderson, Accountant   |   |                                     |
| 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: <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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>01/15/2026   | Aggregate Contributions<br>\$100.00 |
|   |  |   | Amount of Contribution<br>\$100.00  |

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| Last Name<br>Anderson   | First<br>Shelby  | MI  | Contribution ID #<br>0015         |
| Residential Street Address<br>38 Forest St  | City<br>New Britain  | State<br>CT   | Zip Code<br>06052                 |
| Principal Occupation<br>Librarian   | Name of Employer<br>Yale 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: <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>01/20/2026   | Aggregate Contributions<br>\$5.00 |
|   |  |   | Amount of Contribution<br>\$5.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Levin  | First<br>Jay   | MI  | Contribution ID #<br>0016          |
| Residential Street Address<br>23 Worthington Rd   | City<br>New London   | State<br>CT   | Zip Code<br>06320                  |
| Principal Occupation<br>Attorney/Lobbyist   | Name of Employer<br>Levin, Paolino & Christ Gov't Rel. Consulting  |   |                                    |
| 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input checked="" type="checkbox"/> Yes <input 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>01/25/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | 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             |
| Manny 2026  | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |  |                                     |
|--|--|--|-------------------------------------|
| Last Name<br>Shea  | First<br>Timothy   | MI   | Contribution ID #<br>0017           |
| Residential Street Address<br>7 Hatheway Rd  | City<br>Ellington  | State<br>CT  | Zip Code<br>06029                   |
| Principal Occupation<br>Lobbyist   | Name of Employer<br>Brown Rudnick  |  |                                     |
| 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 checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes<br><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>01/31/2026  | Aggregate Contributions<br>\$100.00 |
|  |  | Amount of Contribution<br>\$100.00   |                                     |

|  |  |  |                                    |
|--|--|--|------------------------------------|
| Last Name<br>Goff  | First<br>Alex  | MI   | Contribution ID #<br>0018          |
| Residential Street Address<br>74 Edward St   | City<br>Newington  | State<br>CT  | Zip Code<br>06111                  |
| Principal Occupation<br>Program Manager - Rail   | Name of Employer<br>Junction Rail Consulting   |  |                                    |
| 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<br><input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes<br><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>01/31/2026  | Aggregate Contributions<br>\$50.00 |
|  |  | Amount of Contribution<br>\$50.00  |                                    |

|  |  |  |                                    |
|--|--|--|------------------------------------|
| Last Name<br>Quinn   | First<br>Michael   | MI   | Contribution ID #<br>0019          |
| Residential Street Address<br>47 Beth Ann Cir  | City<br>Meriden  | State<br>CT  | Zip Code<br>06450                  |
| Principal Occupation<br>Attorney   | Name of Employer<br>Mahon, Quinn & Mahon, PC   |  |                                    |
| 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<br><input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes<br><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>01/31/2026  | Aggregate Contributions<br>\$50.00 |
|  |  | Amount of Contribution<br>\$50.00  |                                    |

|  |  |  |                                     |
|--|--|--|-------------------------------------|
| Last Name<br>Cimini  | First<br>PJ  | MI   | Contribution ID #<br>0020           |
| Residential Street Address<br>71 Hunters Rdg   | City<br>Rocky Hill   | State<br>CT  | Zip Code<br>06067                   |
| Principal Occupation<br>Attorney/Lobbyist  | Name of Employer<br>Capitol Strategies Group, LLC  |  |                                     |
| 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 checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes<br><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>02/01/2026  | 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             |
| Manny 2026  | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |   |   |                                    |
|---|---|---|------------------------------------|
| Last Name<br>Catanzaro  | First<br>Paul D   | MI  | Contribution ID #<br>0021          |
| Residential Street Address<br>250 Hillhurst Ave   | City<br>New Britain   | State<br>CT   | Zip Code<br>06053                  |
| 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: <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 <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>02/01/2026   | Aggregate Contributions<br>\$50.00 |
|   |   | Amount of Contribution<br>\$50.00   |                                    |

|   |   |   |                                   |
|---|---|---|-----------------------------------|
| Last Name<br>Jacobs   | First<br>Leslie   | MI  | Contribution ID #<br>0022         |
| Residential Street Address<br>44 W End Ave  | City<br>New Britain   | State<br>CT   | Zip Code<br>06052                 |
| Principal Occupation<br>Creative  | 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: <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 <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>02/01/2026   | Aggregate Contributions<br>\$5.00 |
|   |   | Amount of Contribution<br>\$5.00  |                                   |

|   |   |   |                                    |
|---|---|---|------------------------------------|
| Last Name<br>Bysiewicz  | First<br>Susan  | MI  | Contribution ID #<br>0023          |
| Residential Street Address<br>15 Tall Timbers Rd  | City<br>Middletown  | State<br>CT   | Zip Code<br>06457                  |
| Principal Occupation<br>Lt. Governor  | Name of Employer<br>State of Connecticut  |   |                                    |
| 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: <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 <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>02/02/2026   | Aggregate Contributions<br>\$20.00 |
|   |   | Amount of Contribution<br>\$20.00   |                                    |

|   |   |   |                                     |
|---|---|---|-------------------------------------|
| Last Name<br>Grabarz  | First<br>Joseph   | MI  | Contribution ID #<br>0024           |
| Residential Street Address<br>66 Third St   | City<br>New Britain   | State<br>CT   | Zip Code<br>06051                   |
| Principal Occupation<br>Lobbyist  | Name of Employer<br>GalloRobinson   |   |                                     |
| 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input checked="" type="checkbox"/> Yes <input 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 <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>02/02/2026   | 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             |
| Manny 2026  | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |  |  |  |                           |
|---|--|--|--|--|---------------------------|
| Last Name<br>Wallace  |  | First<br>Ronald G  |  | MI   | Contribution ID #<br>0025 |
| Residential Street Address<br>1323 Corbin Ave   |  | City<br>New Britain  |  | State<br>CT  | Zip Code<br>06053         |
| 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:<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    |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Is this contribution associated with an event reported in Section J1?<br>If yes, list Event # <u>02032026A</u>   |  | 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>02/03/2026<br>Aggregate Contributions<br>\$25.00  |                           |
| Last Name<br>Wood   |  | First<br>Adam  |  | MI   | Contribution ID #<br>0026 |
| Residential Street Address<br>260 France St   |  | City<br>Rocky Hill   |  | State<br>CT  | Zip Code<br>06067         |
| Principal Occupation<br>Public Affairs  |  |  | Name of Employer<br>City & State Ltd   |  |                           |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Is contributor a lobbyist, spouse, or dependent child of a lobbyist? |  | Amount of Contribution    |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Is this contribution associated with an event reported in Section J1?<br>If yes, list Event # <u>02032026A</u>   |  | 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>02/03/2026<br>Aggregate Contributions<br>\$100.00 |                           |
| Last Name<br>Finley   |  | First<br>Brendan   |  | MI   | Contribution ID #<br>0027 |
| Residential Street Address<br>38 Vera St  |  | City<br>West Hartford  |  | State<br>CT  | Zip Code<br>06119         |
| Principal Occupation<br>Campaign Director   |  |  | Name of Employer<br>CT Voters First  |  |                           |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Is contributor a lobbyist, spouse, or dependent child of a lobbyist? |  | Amount of Contribution    |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Is this contribution associated with an event reported in Section J1?<br>If yes, list Event # <u>02032026A</u>   |  | 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>02/03/2026<br>Aggregate Contributions<br>\$20.00  |                           |
| Last Name<br>Sanchez  |  | First<br>Lawrence  |  | MI   | Contribution ID #<br>0028 |
| Residential Street Address<br>269 Washington St # 1   |  | City<br>New Britain  |  | State<br>CT  | Zip Code<br>06051         |
| Principal Occupation<br>Assistant Clerk   |  |  | Name of Employer<br>CGA  |  |                           |
| 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    |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Is this contribution associated with an event reported in Section J1?<br>If yes, list Event # <u>02032026A</u>   |  | 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>02/03/2026<br>Aggregate Contributions<br>\$100.00 |                           |

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

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

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Sanchez  | First<br>James                           | MI  | Contribution ID #<br>0029          |
| Residential Street Address<br>370 Freeman St  | City<br>Hartford                         | State<br>CT   | Zip Code<br>06106                  |
| Principal Occupation<br>Legislator  | Name of Employer<br>State of Connecticut |   |                                    |
| 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 |  | 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>If yes, list Event # <u>02032026A</u>  |  | Date Received<br>02/03/2026   | Aggregate Contributions<br>\$25.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card   |  | Amount of Contribution<br>\$25.00   |                                    |

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| Last Name<br>Rivera   | First<br>William                         | MI  | Contribution ID #<br>0030         |
| Residential Street Address<br>123 Vine St   | City<br>New Britain                      | State<br>CT   | Zip Code<br>06052                 |
| Principal Occupation<br>Attorney  | Name of Employer<br>The Rivera Law Group |   |                                   |
| 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 |  | 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>If yes, list Event # <u>02032026A</u>  |  | Date Received<br>02/03/2026   | Aggregate Contributions<br>\$5.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card   |  | Amount of Contribution<br>\$5.00  |                                   |

|   |                                 |   |                                     |
|---|---------------------------------|---|-------------------------------------|
| Last Name<br>Lopes  | First<br>Rick                   | MI  | Contribution ID #<br>0031           |
| Residential Street Address<br>208 S Mountain St   | City<br>New Britain             | State<br>CT   | Zip Code<br>06052                   |
| Principal Occupation<br>Legislator  | Name of Employer<br>State of CT |   |                                     |
| 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 |                                 | 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>If yes, list Event # <u>02032026A</u>  |                                 | Date Received<br>02/03/2026   | Aggregate Contributions<br>\$340.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card   |                                 | Amount of Contribution<br>\$340.00  |                                     |

|   |                                 |   |                                    |
|---|---------------------------------|---|------------------------------------|
| Last Name<br>Tully  | First<br>John                   | MI  | Contribution ID #<br>0032          |
| Residential Street Address<br>242 Eddy Glover Blvd  | City<br>New Britain             | State<br>CT   | Zip Code<br>06053                  |
| Principal Occupation<br>Professor   | Name of Employer<br>State of CT |   |                                    |
| 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 |                                 | 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>If yes, list Event # <u>02032026A</u>  |                                 | Date Received<br>02/03/2026   | Aggregate Contributions<br>\$25.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card   |                                 | 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             |
| Manny 2026  | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |   |                                     |                           |
|---|--|---|---|-------------------------------------|---------------------------|
| Last Name<br>Santiago   |  | First<br>Hilda  |   | MI                                  | Contribution ID #<br>0033 |
| Residential Street Address<br>86 South Ave  |  | City<br>Meriden   |   | State<br>CT                         | Zip Code<br>06451         |
| Principal Occupation<br>Legislator  |  |   | Name of Employer<br>State of conn   |                                     |                           |
| 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 |  |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     | Amount of Contribution    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event # <u>02032026A</u>  |  | 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>02/03/2026         |                           |
|   |  |   |   | Aggregate Contributions<br>\$25.00  | \$25.00                   |
| Last Name<br>Reid   |  | First<br>Theresa  |   | MI                                  | Contribution ID #<br>0034 |
| Residential Street Address<br>101 Hazelmere Rd  |  | City<br>New Britain   |   | State<br>CT                         | Zip Code<br>06053         |
| 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:<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 |                                     | Amount of Contribution    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event # <u>02032026A</u>  |  | 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>02/03/2026         |                           |
|   |  |   |   | Aggregate Contributions<br>\$5.00   | \$5.00                    |
| Last Name<br>Collins  |  | First<br>Tonilynn   |   | MI                                  | Contribution ID #<br>0035 |
| Residential Street Address<br>242 Belden St   |  | City<br>New Britain   |   | State<br>CT                         | Zip Code<br>06051         |
| 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:<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 |                                     | Amount of Contribution    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event # <u>02032026A</u>  |  | 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>02/03/2026         |                           |
|   |  |   |   | Aggregate Contributions<br>\$100.00 | \$100.00                  |
| Last Name<br>Austad   |  | First<br>Carol  |   | MI                                  | Contribution ID #<br>0036 |
| Residential Street Address<br>38 Wellington St  |  | City<br>New Britain   |   | State<br>CT                         | Zip Code<br>06053         |
| 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:<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 |                                     | Amount of Contribution    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event # <u>02032026A</u>  |  | 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>02/03/2026         |                           |
|   |  |   |   | Aggregate Contributions<br>\$5.00   | \$5.00                    |

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

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

**B. Itemized Contributions from Individuals**

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>Swarr</b>  | First<br><b>Robert</b>   | MI  | Contribution ID #<br><b>0037</b>          |
| Residential Street Address<br><b>38 Wellington St</b>  | City<br><b>New Britain</b>   | State<br><b>CT</b>  | Zip Code<br><b>06053</b>                  |
| Principal Occupation<br><b>Retired</b>   | Name of Employer<br><b>Retired</b>   |   |   |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>02032026A</b>  | 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><b>02/03/2026</b>  | Aggregate Contributions<br><b>\$10.00</b> |
|  |  | Amount of Contribution<br><b>\$10.00</b>  |   |

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>Hallisey</b>   | First<br><b>Matthew</b>  | MI  | Contribution ID #<br><b>0038</b>          |
| Residential Street Address<br><b>13 Stancliff Rd</b>   | City<br><b>Glastonbury</b>   | State<br><b>CT</b>  | Zip Code<br><b>06033</b>                  |
| Principal Occupation<br><b>Lobbyist</b>  | Name of Employer<br><b>Matthew Hallisey Government Affairs, LLC</b>  |   |   |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>02032026A</b>  | 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><b>02/03/2026</b>  | Aggregate Contributions<br><b>\$25.00</b> |
|  |  | Amount of Contribution<br><b>\$25.00</b>  |   |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Embacher</b>   | First<br><b>Wayne</b>  | MI  | Contribution ID #<br><b>0002</b>         |
| Residential Street Address<br><b>23 George St</b>  | City<br><b>New Britain</b>   | State<br><b>CT</b>  | Zip Code<br><b>06051</b>                 |
| Principal Occupation<br><b>Retired</b>   | Name of Employer<br><b>Retired</b>   |   |  |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>02032026A</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>02/03/2026</b>  | Aggregate Contributions<br><b>\$5.00</b> |
|  |  | Amount of Contribution<br><b>\$5.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Dynak-Embacher</b>   | First<br><b>Carol</b>  | MI  | Contribution ID #<br><b>0003</b>         |
| Residential Street Address<br><b>23 George St</b>  | City<br><b>New Britain</b>   | State<br><b>CT</b>  | Zip Code<br><b>06051</b>                 |
| Principal Occupation<br><b>Retired</b>   | Name of Employer<br><b>Retired</b>   |   |  |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>02032026A</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>02/03/2026</b>  | Aggregate Contributions<br><b>\$5.00</b> |
|  |  | Amount of Contribution<br><b>\$5.00</b>   |  |

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

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

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Neeley   | First<br>Nicholas  | MI  | Contribution ID #<br>0004          |
| Residential Street Address<br>46 Oliver Rd  | City<br>New Haven  | State<br>CT   | Zip Code<br>06515                  |
| 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: <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>02032026A</u>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>02/03/2026   | Aggregate Contributions<br>\$20.00 |
|   |  |   | Amount of Contribution<br>\$20.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Vazquez  | First<br>Elias   | MI  | Contribution ID #<br>0005          |
| Residential Street Address<br>190 Fairview St   | City<br>New Britain  | State<br>CT   | Zip Code<br>06051                  |
| Principal Occupation<br>Unemployed  | 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: <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>02032026A</u>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>02/03/2026   | Aggregate Contributions<br>\$10.00 |
|   |  |   | Amount of Contribution<br>\$10.00  |

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| Last Name<br>Sims   | First<br>Violet  | MI  | Contribution ID #<br>0006         |
| Residential Street Address<br>54 Pinehurst Ave  | City<br>New Britain  | State<br>CT   | Zip Code<br>06053                 |
| Principal Occupation<br>Educator  | Name of Employer<br>CREC   |   |                                   |
| 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: <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>02032026A</u>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>02/03/2026   | Aggregate Contributions<br>\$5.00 |
|   |  |   | Amount of Contribution<br>\$5.00  |

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| Last Name<br>Crespo   | First<br>Idalia  | MI  | Contribution ID #<br>0007         |
| Residential Street Address<br>247 F Brittany Farms Rd   | City<br>New Britain  | State<br>CT   | Zip Code<br>06051                 |
| Principal Occupation<br>School Counselor  | Name of Employer<br>CSDNB  |   |                                   |
| 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: <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>02032026A</u>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>02/03/2026   | 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             |
| Manny 2026  | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Benjamin  | First<br>Adrienne  | MI  | Contribution ID #<br>0008         |
| Residential Street Address<br>288 Steele St  | City<br>New Britain  | State<br>CT   | Zip Code<br>06052                 |
| Principal Occupation<br>Social Work  | Name of Employer<br>Adrienne Benjamin  |   |                                   |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>02032026A</u>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>02/03/2026   | Aggregate Contributions<br>\$5.00 |
|  |  |   | Amount of Contribution<br>\$5.00  |

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>DeFronzo  | First<br>Donald  | MI  | Contribution ID #<br>0009         |
| Residential Street Address<br>9 Bedford St   | City<br>New Britain  | State<br>CT   | Zip Code<br>06051                 |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>02032026A</u>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>02/03/2026   | Aggregate Contributions<br>\$5.00 |
|  |  |   | Amount of Contribution<br>\$5.00  |

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Santiago  | First<br>Francisco   | MI<br>A   | Contribution ID #<br>0010         |
| Residential Street Address<br>165 Elam St  | City<br>New Britain  | State<br>CT   | Zip Code<br>06053                 |
| Principal Occupation<br>Service Tech   | Name of Employer<br>Century Pools  |   |                                   |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>02032026A</u>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>02/03/2026   | Aggregate Contributions<br>\$5.00 |
|  |  |   | Amount of Contribution<br>\$5.00  |

|  |  |   |                                     |
|--|--|---|-------------------------------------|
| Last Name<br>Woodie  | First<br>Laura   | MI  | Contribution ID #<br>0011           |
| Residential Street Address<br>383 McClintock St  | City<br>New Britain  | State<br>CT   | Zip Code<br>06053                   |
| Principal Occupation<br>Consulting   | Name of Employer<br>Censere Consulting   |   |                                     |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>02032026A</u>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>02/03/2026   | 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             |
| Manny 2026  | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Speyer  | First<br>Ann   | MI  | Contribution ID #<br>0012         |
| Residential Street Address<br>13 Audubon St  | City<br>New Britain  | State<br>CT   | Zip Code<br>06053                 |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>02032026A</u>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>02/03/2026   | Aggregate Contributions<br>\$5.00 |
|  |  |   | Amount of Contribution<br>\$5.00  |

|  |  |   |                                     |
|--|--|---|-------------------------------------|
| Last Name<br>McCluskey   | First<br>David   | MI  | Contribution ID #<br>0013           |
| Residential Street Address<br>251 Westpoint Ter  | City<br>West Hartford  | State<br>CT   | Zip Code<br>06107                   |
| Principal Occupation<br>Legislative Liaison  | Name of Employer<br>State of CT  |   |                                     |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>02032026A</u>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>02/03/2026   | Aggregate Contributions<br>\$100.00 |
|  |  |   | Amount of Contribution<br>\$100.00  |

|  |  |   |                                    |
|--|--|---|------------------------------------|
| Last Name<br>Valengavich   | First<br>John  | MI<br>P   | Contribution ID #<br>0014          |
| Residential Street Address<br>15 Parkmore St   | City<br>New Britain  | State<br>CT   | Zip Code<br>06051                  |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>02032026A</u>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>02/03/2026   | Aggregate Contributions<br>\$10.00 |
|  |  |   | Amount of Contribution<br>\$10.00  |

|  |  |   |                                    |
|--|--|---|------------------------------------|
| Last Name<br>Aloe Sobin  | First<br>Linda   | MI  | Contribution ID #<br>0039          |
| Residential Street Address<br>16 Straddle HI   | City<br>Wethersfield   | State<br>CT   | Zip Code<br>06109                  |
| Principal Occupation<br>Lobbyist   | Name of Employer<br>Linda Aloe Sobin Government Relations  |   |                                    |
| 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 checked="" type="checkbox"/> Yes <input 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>02/04/2026   | Aggregate Contributions<br>\$50.00 |
|  |  |   | 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             |
| Manny 2026  | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |   |   |                                     |
|--|---|---|-------------------------------------|
| Last Name<br>Kowalski Weeks  | First<br>Karen  | MI  | Contribution ID #<br>0040           |
| Residential Street Address<br>5 Twin Pines Dr  | City<br>Wallingford   | State<br>CT   | Zip Code<br>06492                   |
| Principal Occupation<br>Government Relations   | Name of Employer<br>Rome Smith Kowalski   |   |                                     |
| 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 checked="" type="checkbox"/> Yes <input 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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>02/04/2026   | Aggregate Contributions<br>\$100.00 |
|  |   | Amount of Contribution<br>\$100.00  |                                     |

|  |   |   |                                   |
|--|---|---|-----------------------------------|
| Last Name<br>Yanchak   | First<br>Timothy  | MI  | Contribution ID #<br>0041         |
| Residential Street Address<br>208 S Mountain Dr  | City<br>New Britain   | State<br>CT   | Zip Code<br>06052                 |
| Principal Occupation<br>Student  | Name of Employer<br>Student   |   |                                   |
| 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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>02/04/2026   | Aggregate Contributions<br>\$5.00 |
|  |   | Amount of Contribution<br>\$5.00  |                                   |

|  |   |   |                                    |
|--|---|---|------------------------------------|
| Last Name<br>Shortell  | First<br>William  | MI  | Contribution ID #<br>0042          |
| Residential Street Address<br>947 W Main St # 102  | City<br>New Britain   | State<br>CT   | Zip Code<br>06053                  |
| 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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>02/05/2026   | Aggregate Contributions<br>\$50.00 |
|  |   | Amount of Contribution<br>\$50.00   |                                    |

|  |   |   |                                    |
|--|---|---|------------------------------------|
| Last Name<br>McNamara  | First<br>John   | MI  | Contribution ID #<br>0043          |
| Residential Street Address<br>56 Brighton St   | City<br>New Britain   | State<br>CT   | Zip Code<br>06053                  |
| 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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>02/05/2026   | 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             |
| Manny 2026  | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Rehmer  | First<br>Patricia  | MI<br>A   | Contribution ID #<br>0050         |
| Residential Street Address<br>155 Batterson Dr   | City<br>New Britain  | State<br>CT   | Zip Code<br>06053                 |
| 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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>02/05/2026   | Aggregate Contributions<br>\$5.00 |
|  |  |   | Amount of Contribution<br>\$5.00  |

|  |  |   |                                    |
|--|--|---|------------------------------------|
| Last Name<br>Yungk   | First<br>John  | MI<br>CT  | Contribution ID #<br>0044          |
| Residential Street Address<br>38 Mason Dr  | City<br>New Britain  | State<br>CT   | Zip Code<br>06052                  |
| 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>02/06/2026   | Aggregate Contributions<br>\$20.00 |
|  |  |   | Amount of Contribution<br>\$20.00  |

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Last Name<br>Reyes   | First<br>Diana   | MI<br>CT  | Contribution ID #<br>0045         |
| Residential Street Address<br>216 Joy Ln Fl 2  | City<br>New Britain  | State<br>CT   | Zip Code<br>06053                 |
| Principal Occupation<br>Child Care Licensing Specialist  | Name of Employer<br>State of Connecticut Office of Early Childhood   |   |                                   |
| 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>02/07/2026   | Aggregate Contributions<br>\$5.00 |
|  |  |   | Amount of Contribution<br>\$5.00  |

|  |  |   |                                    |
|--|--|---|------------------------------------|
| Last Name<br>Borrero   | First<br>Alberto   | MI<br>CT  | Contribution ID #<br>0049          |
| Residential Street Address<br>78 Concord St Apt 1  | City<br>New Britain  | State<br>CT   | Zip Code<br>06053                  |
| Principal Occupation<br>Foreman  | Name of Employer<br>New Britain Housing Authority  |   |                                    |
| 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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>02/08/2026   | Aggregate Contributions<br>\$50.00 |
|  |  |   | 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             |
| Manny 2026  | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |
|--|--|---|------------------------------------|
| Last Name<br>ghannam   | First<br>Yvette  | MI  | Contribution ID #<br>0046          |
| Residential Street Address<br>34 Round Hill Rd   | City<br>New Britain  | State<br>CT   | Zip Code<br>06052                  |
| Principal Occupation<br>Quality Control Analyst  | Name of Employer<br>Altana   |   |                                    |
| 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>02/10/2026   | Aggregate Contributions<br>\$25.00 |
|  |  | Amount of Contribution<br>\$25.00   |                                    |

|  |  |   |                                     |
|--|--|---|-------------------------------------|
| Last Name<br>Sanchez   | First<br>Robert  | MI  | Contribution ID #<br>0047           |
| Residential Street Address<br>269 Washington St Fl 3   | City<br>New Britain  | State<br>CT   | Zip Code<br>06061                   |
| Principal Occupation<br>Mayor  | Name of Employer<br>City of New Britain  |   |                                     |
| 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>02/12/2026   | Aggregate Contributions<br>\$340.00 |
|  |  | Amount of Contribution<br>\$340.00  |                                     |

|  |  |   |                                    |
|--|--|---|------------------------------------|
| Last Name<br>Smith   | First<br>Dana  | MI  | Contribution ID #<br>0048          |
| Residential Street Address<br>59 Oak St  | City<br>New Britain  | State<br>CT   | Zip Code<br>06051                  |
| Principal Occupation<br>New Life II  | Name of Employer<br>New Life II  |   |                                    |
| 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>02/13/2026   | Aggregate Contributions<br>\$50.00 |
|  |  | Amount of Contribution<br>\$50.00   |                                    |

|  |  |  |                   |
|--|--|--|-------------------|
| <b>Total of Section B</b>                          |  |  | <b>\$2,445.00</b> |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> |  |  | <b>\$2,445.00</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             |
|---|----------------------------|
| Manny 2026  | April 10 Filing - Original |

**C1. Contributions from Other Committees**

| Name of Committee |  | Name of Treasurer   |          |                        |                         |
|-------------------|--|---|----------|------------------------|-------------------------|
| Address           |  | Is this contribution associated with an event reported in Section J1? |          | Amount of Contribution |                         |
|                   |  | Yes No  |          |                        |                         |
| City              |  | State   | Zip Code | Date Received          | Aggregate Contributions |
|                   |  |   |          |                        |                         |

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

| NAME OF COMMITTEE | TYPE OF REPORT             |
|-------------------|----------------------------|
| Manny 2026        | April 10 Filing - Original |

**C2. Reimbursements or Surplus Distributions from other Committees**

| Name of Committee |             | Name of Treasurer |   |                   |
|-------------------|-------------|-------------------|---|-------------------|
| Address           |             | Date Received     |   | Amount of Receipt |
|                   |             |                   |   |                   |
| City              | State       | Zip Code          | Payment Type  |                   |
|                   |             |                   | Reimbursement for shared expense<br>Surplus distribution from exploratory committee |                   |
| Expenditure #     | Description |                   |   |                   |
|                   |             |                   |   |                   |

**Total of Section C2**

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

| <b>I. MONETARY RECEIPTS (Section A-I)</b>  |                   |                |                   |                            |  |
|--|-------------------|----------------|-------------------|----------------------------|--|
| NAME OF COMMITTEE  |                   |                |                   | TYPE OF REPORT             |  |
| Manny 2026   |                   |                |                   | April 10 Filing - Original |  |
| <b>E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)</b> |                   |                |                   |                            |  |
| Date of Receipt  | Method of Payment |                |                   | Amount                     |  |
|  | Cash              | Personal Check | Credit/Debit Card |                            |  |
| <b>Total of Section E</b>  |                   |                |                   |                            |  |

| <b>I. Monetary Receipts (Section A-I)</b>               |  |      |               |                            |        |
|---|--|------|---------------|----------------------------|--------|
| NAME OF COMMITTEE                                       |  |      |               | TYPE OF REPORT             |        |
| Manny 2026  |  |      |               | April 10 Filing - Original |        |
| <b>G. Interest from Deposits in Authorized Accounts</b> |  |      |               |                            |        |
| 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             |
| Manny 2026        | April 10 Filing - Original |

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

| Purpose of Grant:   | Grant Cycle:  | Date Received | Amount |
|---|---|---------------|--------|
| Initial                      Grant Adjustment<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             |
| Manny 2026        | April 10 Filing - Original |

**I. Miscellaneous Monetary Receipts not Considered Contributions**

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

**Total of Section I**

| II. EVENT ACTIVITY (Sections J1 - J4)   |             |  |   |  |
|---|-------------|--|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)   |             |  |   | TYPE OF REPORT   |
| Manny 2026  |             |  |   | April 10 Filing - Original   |
| J1. Event Information   |             |  |   |  |
| Event #<br>Date of Event<br>02/03/2026  | Letter<br>A | Description<br>Meet and Greet Event    |   | Was this a fundraising event?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Location: Street Address<br>193 Arch St   |             |  | City<br>New Britain   | State<br>CT      Zip Code<br>06051   |
| Was this event hosted at a personal residence?  |             | <input type="checkbox"/> Yes           | if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations. |  |
|   |             | <input checked="" type="checkbox"/> No |   |  |
| Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?         |             | <input type="checkbox"/> Yes           | If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.  |  |
|   |             | <input checked="" type="checkbox"/> No |   |  |
| Subpart 1:<br>Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? |             | <input type="checkbox"/> Yes           | (If yes, enter Total Receipts here.)  |  |
|   |             | <input checked="" type="checkbox"/> No | \$0.00  |  |
| <b>Total of Section J1</b>  |             |  |   | <b>\$0.00</b>  |

| II. EVENT ACTIVITY (Sections J1 - J4)  |                         |         |                                |                               |
|--|-------------------------|---------|--------------------------------|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)                |                         |         |                                | TYPE OF REPORT                |
| Manny 2026   |                         |         |                                | April 10 Filing - Original    |
| J3. In-Kind Donations Not Considered Contributions                                     |                         |         |                                |                               |
| Name of the Donor  |                         |         |                                |                               |
| Street Address   |                         |         | City                           | State      Zip Code           |
| Donation Given by:<br><br>Individual<br><br>Business Entity<br><br>Sole Proprietorship | Description of Donation |         |                                | Fair Market Value of Donation |
|  | Date Received           | Event # | Aggregate value for this event |                               |
| <b>Total of Section J3</b>   |                         |         |                                |                               |

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

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

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

|                         |   |   |                               |
|-------------------------|---|---|-------------------------------|
| Name of Host            |   | Is this event supporting more than one candidate?<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)**

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

**K. In-Kind Contributions**

|  |               |  |  |
|--|---------------|--|--|
| Name   |               |  |  |
| Street Address   |               | City   | State      Zip Code                    |
| Is this contribution associated with an event reported in Section J1?<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             |
| Manny 2026  | April 10 Filing - Original |

#### L. Refundable Deposit to Telephone Company

|                            |            |       |                      |
|----------------------------|------------|-------|----------------------|
| Last Name of Individual    | First Name | MI    | Date Deposit Made    |
| Residential Street Address | City       | State | Zip Code             |
| Name of Telephone company  |            |       | Amount of<br>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             |
| Manny 2026  | April 10 Filing - Original |
| <b>N. Expenses Paid By Committee</b>                                    |                            |

|   |                            |                                  |   |                   |
|---|----------------------------|----------------------------------|---|-------------------|
| Name of Payee<br>Anedot Inc   |                            | Date of Payment<br>01/28/2026    | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card<br><input checked="" type="checkbox"/> EFT |                   |
| Street Address<br>1340 Poydras St Ste 1770  |                            | City<br>New Orleans              | State<br>LA   | Zip Code<br>70112 |
| Purpose of Expend<br>WEB  | Description<br>Anedot fees |                                  |   | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum |                            | Expenditure #<br>(if applicable) | Event #   | \$2.80            |

|   |                            |                                  |   |                   |
|---|----------------------------|----------------------------------|---|-------------------|
| Name of Payee<br>Anedot Inc   |                            | Date of Payment<br>02/04/2026    | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card<br><input checked="" type="checkbox"/> EFT |                   |
| Street Address<br>1340 Poydras St Ste 1770  |                            | City<br>New Orleans              | State<br>LA   | Zip Code<br>70112 |
| Purpose of Expend<br>WEB  | Description<br>Anedot fees |                                  |   | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum |                            | Expenditure #<br>(if applicable) | Event #   | \$16.00           |

|   |                            |                                  |   |                   |
|---|----------------------------|----------------------------------|---|-------------------|
| Name of Payee<br>Anedot Inc   |                            | Date of Payment<br>02/11/2026    | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card<br><input checked="" type="checkbox"/> EFT |                   |
| Street Address<br>1340 Poydras St Ste 1770  |                            | City<br>New Orleans              | State<br>LA   | Zip Code<br>70112 |
| Purpose of Expend<br>WEB  | Description<br>Anedot fees |                                  |   | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum |                            | Expenditure #<br>(if applicable) | Event #   | \$54.30           |

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

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Manny 2026  | April 10 Filing - Original |
| <b>N. Expenses Paid By Committee</b>                                    |                            |

|   |                            |  |   |                   |
|---|----------------------------|--|---|-------------------|
| Name of Payee<br>Anedot Inc   |                            | Date of Payment<br>02/18/2026  | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card<br><input checked="" type="checkbox"/> EFT |                   |
| Street Address<br>1340 Poydras St Ste 1770  |                            | City<br>New Orleans  | State<br>LA   | Zip Code<br>70112 |
| Purpose of Expend<br>WEB  | Description<br>Anedot fees |  |   | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br>If yes, assign an Expenditure # and complete Itemization in Addendum |                            | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Expenditure #<br>(if applicable)  | Event #           |
|   |                            |  |   | \$17.50           |

|   |                       |  |   |                   |
|---|-----------------------|--|---|-------------------|
| Name of Payee<br>Costco.com   |                       | Date of Payment<br>03/20/2026  | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                   |
| Street Address<br>999 Lake Dr   |                       | City<br>Issaquah   | State<br>WA   | Zip Code<br>98027 |
| Purpose of Expend<br>OFFICE   | Description<br>Checks |  |   | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br>If yes, assign an Expenditure # and complete Itemization in Addendum |                       | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Expenditure #<br>(if applicable)  | Event #           |
|   |                       |  |   | \$22.43           |

|   |                                      |  |  |                   |
|---|--------------------------------------|--|--|-------------------|
| Name of Payee<br>Greg Gerratana   |                                      | Date of Payment<br>03/31/2026  | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>102</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                   |
| Street Address<br>11 Dorset Ln  |                                      | City<br>Farmington   | State<br>CT  | Zip Code<br>06032 |
| Purpose of Expend<br>RMB  | Description<br>Reimbursement for 5CB |  |  | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br>If yes, assign an Expenditure # and complete Itemization in Addendum |                                      | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Expenditure #<br>(if applicable)   | Event #           |
|   |                                      |  |  | 02032026A         |
|   |                                      |  |  | \$260.40          |

Total of Section N

**\$373.43**

**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                   |                           |
|   |             |      |                 |                            |                           |
| 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             |  |
| Manny 2026  |             |           |  | April 10 Filing - Original |  |
| <b>P. Expenses Incurred on Committee Credit Card</b>                                      |             |           |  |                            |  |
| Name of Issuing Institution   |             |           | Type of Credit Card:   |                            |  |
|   |             |           | <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express<br><input type="checkbox"/> Other |                            |  |
| Name of Vendor  |             |           |  | Date of Transaction        |  |
|   |             |           |  |                            |  |
| Street Address  |             | City      | State  | Zip Code                   |  |
|   |             |           |  |                            |  |
| Purpose of Expenditure (by code)  | Description |           |  | Amount                     |  |
|   |             |           |  |                            |  |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? |             | Yes<br>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             |
| Manny 2026  | April 10 Filing - Original |

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

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

**Total of Section Q**

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

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

**R. Itemization of Reimbursements and Secondary Payees**

|   |                                    |                     |   |  |
|---|------------------------------------|---------------------|---|--|
| Last Name of Worker/Consultant<br>Gerratana   | First<br>Greg                      | MI                  | Date of Payment to Vendor<br>02/03/2026 | Payment to Reimburse Committee Worker/Consultant as reported in Section N:<br><input checked="" type="checkbox"/> Check # 102<br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |
| Name of Vendor Paid by Committee Worker/Consultant<br>5CB   |                                    |                     |   |  |
| Street Address of Vendor<br>193 Arch St   |                                    | City<br>New Britain |   | State<br>CT  |
| Zip Code<br>06051   |                                    |                     |   |  |
| Purpose of Expenditure (by code)<br>FNDR *  | Description<br>Food for fundraiser |                     |   |  |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Expenditure # (if applicable)      | Event #             | Amount<br>\$260.40                      |  |
| If yes, assign an Expenditure # and completes Itemization in Addendum R   |                                    |                     |   |  |
| <b>Total of Section R</b>   |                                    |                     |   | <b>\$260.40</b>  |

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

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

**S. Surplus Distribution of Equipment and Furniture**

|                           |      |       |          |                                  |
|---------------------------|------|-------|----------|----------------------------------|
| Name of Recipient         |      |       |          |                                  |
| Street Address            | City | State | Zip Code | Original Purchase Amount of Item |
| Description of Item       |      |       |          |                                  |
| <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 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 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 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         |