



COVER PAGE

| | | | | | |
|---|--------------------------|--|---|-------------------------------------|--|
| 1. NAME OF COMMITTEE | | | 2. TYPE OF COMMITTEE | | |
| Lombardi 2026 | | | <input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee | | |
| 3. TREASURER NAME | | | | | |
| First Frank | MI R | Last Servas | Suffix | | |
| 4. TREASURER ADDRESS | | | | | |
| Street Address 29 Musket Hill Ln | City Milford | State CT | Zip Code 06461 | | |
| 5. ELECTION DATE | | 6. OFFICE SOUGHT (Complete only if Candidate Committee) | | 7. DISTRICT NUMBER (if applicable) | |
| 11/03/2026 | | State Representative | | R118 | |
| 8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee) | | | | | |
| First Antonia | MI G | Last Lombardi | Suffix | | |
| 9. TYPE OF REPORT | | | | | |
| April 10 Filing - Original | | | | | |
| 10. PERIOD COVERED | | | | | |
| Beginning Date | | Ending Date | | | |
| 02/23/2026 | | thru | | 03/31/2026 | |
| 11. CERTIFICATION | | | | | |
| <input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete. | | | | | |
| Electronic Filing | Frank Servas | 04/09/2026 12:05:40AM | | | |
| SIGNATURE | PRINT NAME OF THE SIGNER | DATE CERTIFIED | | | |
| | | | | | |
| <p>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.</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 | |
|---|----------------------------|-----------------------|
| Lombardi 2026 | April 10 Filing - Original | |
| | COLUMN A This Period | COLUMN B Aggregate |
| 12. Balance on hand from day Committee was formed | | \$0.00 |
| 13. Balance on hand at the beginning of Reporting Period | \$0.00 | |
| 14. Contributions received from Individuals (Section A and B) | \$6,874.00 | \$6,874.00 |
| 15. Receipts from Other Committees (Sections C1 and C2) | \$0.00 | \$0.00 |
| 16. Other Monetary Receipts (Section D through I) | \$0.00 | \$0.00 |
| 17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1) | \$0.00 | \$0.00 |
| 18. Total Monetary Receipts (add totals for lines 14 through 17) | \$6,874.00 | \$6,874.00 |
| 19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B) | \$6,874.00 | \$6,874.00 |
| 20. Expenses Paid by Committee (Section N) | \$618.28 | \$618.28 |
| 21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns) | \$6,255.72 | \$6,255.72 |
| 22. In-Kind Donations not Considered Contributions Received (Section J3) | \$0.00 | \$0.00 |
| 23. In-Kind Donations not Considered Contributions - House Party (Section J4) | \$0.00 | \$0.00 |
| 24. In-Kind Contributions Received (Section K) | \$0.00 | \$0.00 |
| 25. Refundable Deposit to Telephone Company (Section L) | \$0.00 | \$0.00 |
| 26. Beginning Loan Balance | \$0.00 | |
| 26a. + Loans Received (Section D) | \$0.00 | \$0.00 |
| 26b. + Interest and Penalties on Loan(s) | \$0.00 | \$0.00 |
| 26c. - Payments on Loan(s) | \$0.00 | \$0.00 |
| 26d. Total Outstanding Loan Amount | \$0.00 | |
| 27. Campaign Expenses Paid By Candidate (Section O) | \$0.00 | \$0.00 |
| 28. Expenses Incurred on Committee Credit Card (Section P) | \$0.00 | \$0.00 |
| 29. Expenses Incurred by Committee During this Period but Not Paid (Section Q) | \$0.00 | |
| 29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q) | \$0.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | | | |
|---|--|--------------------------------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | TYPE OF REPORT | |
| Lombardi 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 Fishbein | | First Kyle | | MI J | Contribution ID # 0001 |
| Residential Street Address 195 Meadowside Rd | | City Milford | | State CT | Zip Code 06460 |
| Principal Occupation Executive Secretary | | | Name of Employer State of CT | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Date Received 03/05/2026 | |
| | | | | Aggregate Contributions \$25.00 | \$25.00 |

| | | | | | |
|---|--|--|---|-------------------------------------|---------------------------|
| Last Name Barrett | | First Bruce | | MI A | Contribution ID # 0002 |
| Residential Street Address 47 Point Beach Dr | | City Milford | | State CT | Zip Code 06460 |
| Principal Occupation CFO | | | Name of Employer Barrett Outdoor Comm Inc. | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Date Received 03/05/2026 | |
| | | | | Aggregate Contributions \$340.00 | \$340.00 |

| | | | | | |
|---|--|--|---|-------------------------------------|---------------------------|
| Last Name Eke | | First Therese | | MI | Contribution ID # 0003 |
| Residential Street Address 47 Point Beach Dr | | City Milford | | State CT | Zip Code 06460 |
| Principal Occupation Retired | | | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Date Received 03/05/2026 | |
| | | | | Aggregate Contributions \$340.00 | \$340.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|---------------------------------|--|----------------------------------|
| Last Name Fishbein | First Kyle | MI | Contribution ID # 0031 |
| Residential Street Address 195 Meadowside Rd | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Executive Secretary | Name of Employer State of CT | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/06/2026 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

| | | | |
|--|-----------------------------|--|-----------------------------------|
| Last Name Carey | First Antoinette | MI M | Contribution ID # 0009 |
| Residential Street Address 103 Hawley Ave | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/09/2026 |
| | | Aggregate Contributions \$10.00 | Amount of Contribution \$10.00 |

| | | | |
|--|-----------------------------|--|-----------------------------------|
| Last Name Berman | First Ann | MI H | Contribution ID # 0004 |
| Residential Street Address 77 Pelham St | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/10/2026 |
| | | Aggregate Contributions \$25.00 | Amount of Contribution \$25.00 |

| | | | |
|--|----------------------------|--|-----------------------------------|
| Last Name Cozzi | First Elaine | MI M | Contribution ID # 0005 |
| Residential Street Address 117A Hawley Ave | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Bookkeeper | Name of Employer Sodeto | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/10/2026 |
| | | Aggregate Contributions \$10.00 | Amount of Contribution \$10.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|------------------------------------|
| Last Name Driscoll | First Kolby | MI | Contribution ID # 0032 |
| Residential Street Address 166A Coggeshall Ave | City Newport | State RI | Zip Code 02840 |
| Principal Occupation Fundraising Consultant | Name of Employer Vantage in Philanthropy | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/10/2026 | Aggregate Contributions \$50.00 |
| | | | Amount of Contribution \$50.00 |

| | | | |
|--|--|---|-------------------------------------|
| Last Name Marquis | First tessa | MI | Contribution ID # 0033 |
| Residential Street Address 78 Olive St Apt 519 | City New Haven | State CT | Zip Code 06511 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/10/2026 | Aggregate Contributions \$340.00 |
| | | | Amount of Contribution \$340.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Alling | First Joseph | MI | Contribution ID # 0034 |
| Residential Street Address 390 Pond Point Ave | City Milford | State CT | Zip Code 06460 |
| Principal Occupation EMT | Name of Employer Y Access Transport | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/10/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Federico | First Jennifer | MI | Contribution ID # 0035 |
| Residential Street Address 117 Hawley Ave | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Financial Controller | Name of Employer Big Red Rooster Flow | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/10/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|---------------------------|--|-----------------------------------|
| Last Name Ruff | First Elizabeth | MI | Contribution ID # 0036 |
| Residential Street Address 710 Milford Point Rd | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Senior Financial Analyst | Name of Employer CSHHC | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/10/2026 |
| | | Aggregate Contributions \$20.00 | Amount of Contribution \$20.00 |

| | | | |
|--|-------------------------------------|--|------------------------------------|
| Last Name Bromley | First Sarah | MI | Contribution ID # 0037 |
| Residential Street Address 27 Norway St | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Preschool Teacher | Name of Employer Bright Horizons | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/10/2026 |
| | | Aggregate Contributions \$340.00 | Amount of Contribution \$340.00 |

| | | | |
|--|--|--|------------------------------------|
| Last Name Cotton | First Dominic | MI | Contribution ID # 0038 |
| Residential Street Address 60 Corona Dr | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Brain injury Rehab | Name of Employer LifeSkills Unlimited | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/10/2026 |
| | | Aggregate Contributions \$100.00 | Amount of Contribution \$100.00 |

| | | | |
|--|---|--|------------------------------------|
| Last Name Ralph | First Damon | MI | Contribution ID # 0039 |
| Residential Street Address 31 Chestnut Ln | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Banker | Name of Employer National Cooperative Bank | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/10/2026 |
| | | Aggregate Contributions \$340.00 | Amount of Contribution \$340.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|---------------------------------|--|------------------------------------|
| Last Name Brown | First Michael | MI | Contribution ID # 0040 |
| Residential Street Address 78 Olive St Apt 519 | City New Haven | State CT | Zip Code 06511-6983 |
| Principal Occupation Retired | Name of Employer Connecticut | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/10/2026 |
| | | Aggregate Contributions \$340.00 | Amount of Contribution \$340.00 |

| | | | |
|--|-----------------------------|--|----------------------------------|
| Last Name Pinkussohn | First Tyler | MI | Contribution ID # 0041 |
| Residential Street Address 663 Merwin Ave | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Student | Name of Employer Student | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/10/2026 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

| | | | |
|--|-------------------------------------|--|-----------------------------------|
| Last Name Pinkussohn | First Julie | MI | Contribution ID # 0042 |
| Residential Street Address 663 Merwin Ave | City Milford | State CT | Zip Code 06460 |
| Principal Occupation teacher | Name of Employer Seymour Schools | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/10/2026 |
| | | Aggregate Contributions \$20.00 | Amount of Contribution \$20.00 |

| | | | |
|--|-------------------------------------|--|-----------------------------------|
| Last Name Smith | First Meghan | MI | Contribution ID # 0043 |
| Residential Street Address 59 6th Ave | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Advertising | Name of Employer Cast Iron Media | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/11/2026 |
| | | Aggregate Contributions \$10.00 | Amount of Contribution \$10.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|-------------------------------------|--|-----------------------------------|
| Last Name Fucci | First Laura | MI | Contribution ID # 0044 |
| Residential Street Address 418 Anderson Ave | City Milford | State CT | Zip Code 06460-3705 |
| Principal Occupation Deputy Registrar of Voters | Name of Employer City of Milford | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/11/2026 |
| | | Aggregate Contributions \$25.00 | Amount of Contribution \$25.00 |

| | | | |
|--|--|--|-----------------------------------|
| Last Name Gauthier | First Nicholas | MI | Contribution ID # 0045 |
| Residential Street Address 38 Norman St | City Waterford | State CT | Zip Code 06385 |
| Principal Occupation State Representative | Name of Employer Connecticut General Assembly | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/11/2026 |
| | | Aggregate Contributions \$27.00 | Amount of Contribution \$27.00 |

| | | | |
|--|-----------------------------|--|-----------------------------------|
| Last Name Ambrogio | First Laura | MI | Contribution ID # 0046 |
| Residential Street Address 24 Ard Ct | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/11/2026 |
| | | Aggregate Contributions \$20.00 | Amount of Contribution \$20.00 |

| | | | |
|--|---------------------------------------|--|-----------------------------------|
| Last Name Tracy | First Karen | MI | Contribution ID # 0047 |
| Residential Street Address 271 Castle Dr | City Stratford | State CT | Zip Code 06614 |
| Principal Occupation Director of Software Engineering | Name of Employer Tessitura Network | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/11/2026 |
| | | Aggregate Contributions \$50.00 | Amount of Contribution \$50.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|------------------------------------|
| Last Name eskin | First henry | MI | Contribution ID # 0048 |
| Residential Street Address 15 Rock Rd | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Independent Contractor | Name of Employer self employed as Henry Eskin | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/11/2026 | Aggregate Contributions \$50.00 |
| | | | Amount of Contribution \$50.00 |

| | | | |
|--|--|---|-------------------------------------|
| Last Name Barrett | First John | MI | Contribution ID # 0049 |
| Residential Street Address 32 Hawley Ave | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Partner | Name of Employer Barrett Outdoor Communications | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/11/2026 | Aggregate Contributions \$340.00 |
| | | | Amount of Contribution \$340.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Cornell | First Skye | MI | Contribution ID # 0050 |
| Residential Street Address 14 Bonsilene St | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Director of ECE Provider Growth and Strategy | Name of Employer Social Impact Partners | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/11/2026 | Aggregate Contributions \$50.00 |
| | | | Amount of Contribution \$50.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Casey | First Claire | MI | Contribution ID # 0051 |
| Residential Street Address 86 Governors Ave | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/11/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|------------------------------------|
| Last Name Carroll | First Robert | MI | Contribution ID # 0052 |
| Residential Street Address 154 Beach Ave | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Retired | Name of Employer CT | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/11/2026 | Aggregate Contributions \$20.00 |
| | | | Amount of Contribution \$20.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Ayre | First Pamela | MI | Contribution ID # 0053 |
| Residential Street Address 130 Beach Ave | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/11/2026 | Aggregate Contributions \$20.00 |
| | | | Amount of Contribution \$20.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Chiampi | First Xavier | MI | Contribution ID # 0054 |
| Residential Street Address 130 Beach Ave | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/11/2026 | Aggregate Contributions \$20.00 |
| | | | Amount of Contribution \$20.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Feinmark | First Russell | MI | Contribution ID # 0055 |
| Residential Street Address 167 Beach Ave | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/11/2026 | Aggregate Contributions \$20.00 |
| | | | Amount of Contribution \$20.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|------------------------------------|
| Last Name O'Neil | First Rick | MI | Contribution ID # 0056 |
| Residential Street Address 34T Bucklandhills Dr # 12214 | City Manchester | State CT | Zip Code 06042 |
| Principal Occupation Senior CEC | Name of Employer State of CT - HDO | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/11/2026 | Aggregate Contributions \$10.00 |
| | | Amount of Contribution \$10.00 | |

| | | | |
|--|--|---|------------------------------------|
| Last Name Rowland | First Kerri | MI | Contribution ID # 0057 |
| Residential Street Address 161 Beach Ave | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Registrar of Voters | Name of Employer City of Milford | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/11/2026 | Aggregate Contributions \$50.00 |
| | | Amount of Contribution \$50.00 | |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Casey | First Brendan | MI | Contribution ID # 0058 |
| Residential Street Address 119 Hawley Ave | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Sales | Name of Employer CDI - High Noon | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/11/2026 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|--|---|-----------------------------------|
| Last Name PADOWICZ | First NADINE | MI | Contribution ID # 0059 |
| Residential Street Address 34 Anderson Ave | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Social Worker | Name of Employer Nadine Padowicz, LCSW | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/11/2026 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-----------------------------------|
| Last Name Rowland | First Brian | MI | Contribution ID # 0060 |
| Residential Street Address 161 Beach Ave | City Milford | State CT | Zip Code 06460 |
| Principal Occupation IT Director | Name of Employer Valet Living LLC | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/11/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name McFadden | First Laurie | MI | Contribution ID # 0061 |
| Residential Street Address 484 Long Hill Rd | City Middletown | State CT | Zip Code 06457 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/11/2026 | Aggregate Contributions \$20.00 |
| | | | Amount of Contribution \$20.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Anderson | First Dee | MI | Contribution ID # 0062 |
| Residential Street Address 69 Grant St | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Teacher | Name of Employer East Haven Board of Education | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/11/2026 | Aggregate Contributions \$20.00 |
| | | | Amount of Contribution \$20.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Darer | First Sarah | MI | Contribution ID # 0063 |
| Residential Street Address 15 Rock Rd | City Milford | State CT | Zip Code 06460 |
| Principal Occupation writer, adjunct professor | Name of Employer Self employed d/b/a Sarah Darer Littman and WCSU | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/11/2026 | Aggregate Contributions \$50.00 |
| | | | Amount of Contribution \$50.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-----------------------------------|
| Last Name Waldman | First Janet | MI | Contribution ID # 0064 |
| Residential Street Address 49 Jackson Dr | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/12/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name De Carli | First Robert | MI | Contribution ID # 0065 |
| Residential Street Address 22 Woodridge Dr | City Cheshire | State CT | Zip Code 06410 |
| Principal Occupation Technical Recruiter | Name of Employer CT | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/12/2026 | Aggregate Contributions \$20.00 |
| | | | Amount of Contribution \$20.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Carlson | First Dylan | MI | Contribution ID # 0066 |
| Residential Street Address 1065 Guernseytown Rd | City Watertown | State CT | Zip Code 06795 |
| Principal Occupation Deli Clerk | Name of Employer Stop & Shop | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/12/2026 | Aggregate Contributions \$40.00 |
| | | | Amount of Contribution \$40.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Cipriano | First Mark | MI | Contribution ID # 0067 |
| Residential Street Address 14 Bonsilene St | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Senior Engineer | Name of Employer F3 Consulting | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/12/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|--|-----------------------------------|
| Last Name Bysiewicz | First Susan | MI | Contribution ID # 0068 |
| Residential Street Address 15 Tall Timbers Rd | City Middletown | State CT | Zip Code 06457 |
| Principal Occupation Ltgovernor/attorney | Name of Employer State of Connecticut | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/12/2026 |
| | | Aggregate Contributions \$10.00 | Amount of Contribution \$10.00 |

| | | | |
|--|-----------------------------|--|-----------------------------------|
| Last Name Terenzio | First Wendy | MI | Contribution ID # 0069 |
| Residential Street Address 24 Ard Ct | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/12/2026 |
| | | Aggregate Contributions \$20.00 | Amount of Contribution \$20.00 |

| | | | |
|--|---|--|-----------------------------------|
| Last Name Moffitt | First John | MI | Contribution ID # 0070 |
| Residential Street Address 256 Anderson Ave | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Agency Owner | Name of Employer Elvin Web Marketing LLC | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/12/2026 |
| | | Aggregate Contributions \$20.00 | Amount of Contribution \$20.00 |

| | | | |
|--|---------------------------------|--|----------------------------------|
| Last Name GALONCZYK | First MARYANN | MI | Contribution ID # 0071 |
| Residential Street Address 256 Anderson Ave | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Realtor | Name of Employer Connecticut | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/12/2026 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|------------------------------------|
| Last Name Zolty | First Stuart | MI | Contribution ID # 0072 |
| Residential Street Address 171 Magnolia Rd | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Program Planner | Name of Employer Lockheed Martin | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/12/2026 | Aggregate Contributions \$20.00 |
| | | Amount of Contribution \$20.00 | |

| | | | |
|--|--|---|------------------------------------|
| Last Name Thomas | First Lisa | MI | Contribution ID # 0073 |
| Residential Street Address 255 Geraldine Dr | City Coventry | State CT | Zip Code 06238 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/12/2026 | Aggregate Contributions \$20.00 |
| | | Amount of Contribution \$20.00 | |

| | | | |
|--|--|---|------------------------------------|
| Last Name Rider | First Michael | MI | Contribution ID # 0074 |
| Residential Street Address 147 Church Ave | City Bristol | State CT | Zip Code 06010 |
| Principal Occupation Financial Needs Specialist | Name of Employer Connex Credit Union | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/12/2026 | Aggregate Contributions \$20.00 |
| | | Amount of Contribution \$20.00 | |

| | | | |
|--|--|---|------------------------------------|
| Last Name Lombardi | First Jennifer | MI | Contribution ID # 0075 |
| Residential Street Address 195 Meadowside Rd | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Operations Lead | Name of Employer Remarkable Foods Inc. | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/12/2026 | Aggregate Contributions \$20.00 |
| | | Amount of Contribution \$20.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|--|
| Last Name Icatar | First Robin | MI E | Contribution ID # 0011 |
| Residential Street Address 1414 Windward Rd | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Homemaker | Name of Employer Homemaker | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/12/2026 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|--|---|--|
| Last Name Rabitor | First Rebekah | MI S | Contribution ID # 0025 |
| Residential Street Address 34 Nicole Dr | City Milford | State CT | Zip Code 06460 |
| Principal Occupation SLP | Name of Employer Cooperative Educational Services | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/13/2026 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|--|---|---|
| Last Name Tryon | First Lisa | MI A | Contribution ID # 0007 |
| Residential Street Address 1425 Windward Rd | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/13/2026 | Aggregate Contributions \$10.00 |
| | | Amount of Contribution \$10.00 | |

| | | | |
|--|--|---|--|
| Last Name Ratner | First Betsy | MI S | Contribution ID # 0008 |
| Residential Street Address 1423 Windward Rd | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/13/2026 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-----------------------------------|
| Last Name Duhon | First Kathy | MI | Contribution ID # 0013 |
| Residential Street Address 1414 Windward Rd | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/13/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Hirsch | First Etan | MI | Contribution ID # 0076 |
| Residential Street Address 484 Burnt Plains Rd | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Attorney | Name of Employer Hirsch Andrade LLP | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/13/2026 | Aggregate Contributions \$18.00 |
| | | | Amount of Contribution \$18.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Wasson | First Meg | MI | Contribution ID # 0077 |
| Residential Street Address 896 E Broadway | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Retired | Name of Employer Milford | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/13/2026 | Aggregate Contributions \$20.00 |
| | | | Amount of Contribution \$20.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Samela | First Steve | MI | Contribution ID # 0078 |
| Residential Street Address 5 Bailey Rd | City Naugatuck | State CT | Zip Code 06770 |
| Principal Occupation Board Certified Behavior Analyst | Name of Employer Milford Public Schools | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/13/2026 | Aggregate Contributions \$25.00 |
| | | | Amount of Contribution \$25.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|---|--|---|-----------------------------------|
| Last Name Haley | First Regina | MI | Contribution ID # 0079 |
| Residential Street Address 25 Odell Ave | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Marketing | Name of Employer Haley Co., LLC | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Amount of Contribution | | | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/13/2026 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|---|--|---|-----------------------------------|
| Last Name Daniels | First Jaylen | MI | Contribution ID # 0080 |
| Residential Street Address 33 Pleasant St | City Ansonia | State CT | Zip Code 06401 |
| Principal Occupation Canvasser | Name of Employer TCP | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Amount of Contribution | | | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/13/2026 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|---|--|---|------------------------------------|
| Last Name Carter | First Ann | MI | Contribution ID # 0081 |
| Residential Street Address 35 Burwell Ave | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Amount of Contribution | | | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/13/2026 | Aggregate Contributions \$25.00 |
| | | Amount of Contribution \$25.00 | |

| | | | |
|---|--|---|------------------------------------|
| Last Name Hirsch | First Carmina | MI | Contribution ID # 0082 |
| Residential Street Address 484 Burnt Plains Rd | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Attorney | Name of Employer Hirsch Legal, LLC | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Amount of Contribution | | | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/13/2026 | Aggregate Contributions \$18.00 |
| | | Amount of Contribution \$18.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|------------------------------------|--|-----------------------------------|
| Last Name Shannon | First Michael | MI | Contribution ID # 0083 |
| Residential Street Address 33 Foran Rd # 11 | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Development Specialist | Name of Employer Beth-El Center | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/13/2026 |
| | | Aggregate Contributions \$20.00 | Amount of Contribution \$20.00 |

| | | | |
|--|-----------------------------|--|----------------------------------|
| Last Name Peluchette | First Gary | MI | Contribution ID # 0084 |
| Residential Street Address 1425 Windward Road Milford Ct | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Retires | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/14/2026 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

| | | | |
|--|-----------------------------------|--|------------------------------------|
| Last Name Rochelle | First Kara | MI | Contribution ID # 0085 |
| Residential Street Address 78 Westfield Ave | City Ansonia | State CT | Zip Code 06401 |
| Principal Occupation Field Organizer | Name of Employer NUHHCE/AFSCME | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/14/2026 |
| | | Aggregate Contributions \$100.00 | Amount of Contribution \$100.00 |

| | | | |
|--|-----------------------------|--|----------------------------------|
| Last Name Maurer | First Hans | MI | Contribution ID # 0086 |
| Residential Street Address 22 Norway St | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/14/2026 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-----------------------------------|
| Last Name Blake | First Anne | MI | Contribution ID # 0087 |
| Residential Street Address 5 Riveredge | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/14/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Kearney | First Margaret | MI | Contribution ID # 0088 |
| Residential Street Address 23 Mountain View Dr | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/14/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name McGee | First Matt | MI | Contribution ID # 0089 |
| Residential Street Address 312 Huntington St | City Shelton | State CT | Zip Code 06484 |
| Principal Occupation CEC | Name of Employer CGA | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/14/2026 | Aggregate Contributions \$20.00 |
| | | | Amount of Contribution \$20.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Johnson | First Steven | MI | Contribution ID # 0090 |
| Residential Street Address 76 Marshall St | City Milford | State CT | Zip Code 06461-1821 |
| Principal Occupation Retired Public Works | Name of Employer Retired Public Works | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/14/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|-----------------------------|--|-----------------------------------|
| Last Name Brana Maurer | First Elizabeth | MI | Contribution ID # 0091 |
| Residential Street Address 22 Norway St | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Retired | Name of Employer retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/14/2026 |
| | | Aggregate Contributions \$20.00 | Amount of Contribution \$20.00 |

| | | | |
|--|---|--|----------------------------------|
| Last Name Rowland | First Emily | MI | Contribution ID # 0092 |
| Residential Street Address 161 Beach Ave | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Social Worker | Name of Employer Family and Children's Aid | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/14/2026 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

| | | | |
|--|---|--|----------------------------------|
| Last Name Lukienchuk | First Denise | MI | Contribution ID # 0010 |
| Residential Street Address 47 Village Rd | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Educator | Name of Employer CT Zoological Society | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/14/2026 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

| | | | |
|--|-----------------------------------|--|----------------------------------|
| Last Name Schein | First Patty | MI | Contribution ID # 0012 |
| Residential Street Address 531 Popes Island Rd | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Therapist\Counselor | Name of Employer Self employed | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/14/2026 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|--|-----------------------------------|
| Last Name Lombardi | First Vincent | MI M | Contribution ID # 0024 |
| Residential Street Address 195 Meadowside Rd | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Farmer | Name of Employer Rodeo Cannabis Company | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Date Received 03/15/2026 | Aggregate Contributions \$5.00 |
| Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$5.00 | |

| | | | |
|--|-----------------------------|--|------------------------------------|
| Last Name Duva | First Joy | MI A | Contribution ID # 0006 |
| Residential Street Address 253 W Rutland Rd | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Date Received 03/15/2026 | Aggregate Contributions \$25.00 |
| Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$25.00 | |

| | | | |
|--|-----------------------------|--|------------------------------------|
| Last Name Moll | First Nell | MI M | Contribution ID # 0017 |
| Residential Street Address 4 Elder St | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Date Received 03/15/2026 | Aggregate Contributions \$10.00 |
| Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$10.00 | |

| | | | |
|--|-----------------------------------|--|------------------------------------|
| Last Name Neilson | First Dory | MI A | Contribution ID # 0018 |
| Residential Street Address 4 Elder St | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Lab Technician | Name of Employer Milford Photo | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Date Received 03/15/2026 | Aggregate Contributions \$10.00 |
| Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$10.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|---|--|----------------------------------|
| Last Name Woyciesjes | First Laura | MI | Contribution ID # 0093 |
| Residential Street Address 58 Greenfield Rd | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Dental Hygienist | Name of Employer Care Advanced Dentistry | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/15/2026 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

| | | | |
|--|---|--|-----------------------------------|
| Last Name O'Malley | First Kevin | MI | Contribution ID # 0094 |
| Residential Street Address 67 Hill St Unit Unit A | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Insurance, Reinsurance | Name of Employer Ascot Insurance Group | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/15/2026 |
| | | Aggregate Contributions \$50.00 | Amount of Contribution \$50.00 |

| | | | |
|--|---------------------------------|--|----------------------------------|
| Last Name Flowers | First Nicole | MI | Contribution ID # 0095 |
| Residential Street Address 54 Maple St | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Real Estate | Name of Employer Real Estate | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/15/2026 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

| | | | |
|--|-----------------------------|--|----------------------------------|
| Last Name Johnson | First Catherine | MI | Contribution ID # 0096 |
| Residential Street Address 76 Marshall St | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/15/2026 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|---|--|------------------------------------|
| Last Name Brown | First Jennifer | MI | Contribution ID # 0097 |
| Residential Street Address 99 Naugatuck Ave | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Teacher | Name of Employer Bridgeport Board of Education | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Amount of Contribution | | | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/15/2026 | Aggregate Contributions \$10.00 |
| | | Amount of Contribution \$10.00 | |

| | | | |
|--|---|--|------------------------------------|
| Last Name Cappiali | First Cheryl | MI | Contribution ID # 0098 |
| Residential Street Address 234 Grinnell St | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Amount of Contribution | | | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/15/2026 | Aggregate Contributions \$50.00 |
| | | Amount of Contribution \$50.00 | |

| | | | |
|--|---|--|------------------------------------|
| Last Name Kelly | First Thomas | MI | Contribution ID # 0099 |
| Residential Street Address 100 Brenair Ter | City Stratford | State CT | Zip Code 06614 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Amount of Contribution | | | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/15/2026 | Aggregate Contributions \$25.00 |
| | | Amount of Contribution \$25.00 | |

| | | | |
|--|---|--|------------------------------------|
| Last Name Mortimer | First John | MI | Contribution ID # 0100 |
| Residential Street Address 41 James St | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Amount of Contribution | | | |
| Is this contribution associated with an event reported in Section J1? If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/15/2026 | Aggregate Contributions \$20.00 |
| | | Amount of Contribution \$20.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-----------------------------------|
| Last Name Garlock | First Alice | MI | Contribution ID # 0101 |
| Residential Street Address 34 Florence Ave | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Unemployed via discrimination | Name of Employer Unemployed | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/15/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Armstrong | First Alex | MI | Contribution ID # 0102 |
| Residential Street Address 68 Clark Hill Rd | City Milford | State CT | Zip Code 06460 |
| Principal Occupation VP | Name of Employer Mighty Earth | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/16/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Blanchard | First Carl | MI | Contribution ID # 0103 |
| Residential Street Address 21 Pamela Dr | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Manager | Name of Employer Dive Bar | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/16/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Blanchard | First Kelly | MI | Contribution ID # 0104 |
| Residential Street Address 21 Pamela Dr | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Project Manager | Name of Employer Postcard | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/16/2026 | Aggregate Contributions \$40.00 |
| | | | Amount of Contribution \$40.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-----------------------------------|
| Last Name Boran | First Marlene | MI | Contribution ID # 0105 |
| Residential Street Address 21 Pamela Dr | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/16/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Rihel | First Kimberly | MI | Contribution ID # 0106 |
| Residential Street Address 13 Chaucer Ct | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Program Manager | Name of Employer Milford Prevention Council | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/16/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Gibson-Dawson | First Julianna | MI | Contribution ID # 0107 |
| Residential Street Address 72 Lamplight Ln | City Milford | State CT | Zip Code 06460 |
| Principal Occupation CEO | Name of Employer Whole Life Change LLC | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/17/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Glennon | First Susan | MI | Contribution ID # 0108 |
| Residential Street Address 99 Carlson Dr | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Licensed child care | Name of Employer Susan Glennon | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/17/2026 | Aggregate Contributions \$20.00 |
| | | | Amount of Contribution \$20.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|---------------------------------------|--|----------------------------------|
| Last Name Dawson | First David | MI | Contribution ID # 0109 |
| Residential Street Address 72 Lamplight Ln | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Director | Name of Employer Monroe University | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/17/2026 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

| | | | |
|--|-------------------------------|--|-----------------------------------|
| Last Name Chodziutko | First Halina | MI | Contribution ID # 0110 |
| Residential Street Address 14 Bernadine Rd | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Field supervisor | Name of Employer Us census | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/17/2026 |
| | | Aggregate Contributions \$20.00 | Amount of Contribution \$20.00 |

| | | | |
|--|---|--|----------------------------------|
| Last Name Bromley | First Michael | MI | Contribution ID # 0111 |
| Residential Street Address 27 Norway St | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Schedule and Cost Control | Name of Employer United Illuminating | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/18/2026 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

| | | | |
|--|-----------------------------|--|----------------------------------|
| Last Name Bromley | First Rayford | MI | Contribution ID # 0112 |
| Residential Street Address 27 Norway St | City Milford | State CT | Zip Code 06461 |
| Principal Occupation College | Name of Employer Student | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/18/2026 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|------------------------------------|
| Last Name Gore | First Erin | MI | Contribution ID # 0113 |
| Residential Street Address 198 Gulf St | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Consulting | Name of Employer Huron | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/19/2026 | Aggregate Contributions \$20.00 |
| | | | Amount of Contribution \$20.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Jones | First Jason | MI | Contribution ID # 0114 |
| Residential Street Address 147 Myrtle St Apt 2 | City Shelton | State CT | Zip Code 06484 |
| Principal Occupation Paralegal | Name of Employer Chipman Mazzucco Emerson LLC | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/19/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Pacelli | First Robert | MI | Contribution ID # 0115 |
| Residential Street Address 833 E Broadway | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Attorney | Name of Employer Znc | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/19/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Wissner | First Ellen | MI | Contribution ID # 0116 |
| Residential Street Address 165 Wilcox Rd | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Medicaid eligibility | Name of Employer CT DSS | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/19/2026 | Aggregate Contributions \$20.00 |
| | | | Amount of Contribution \$20.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|--|----------------------------------|
| Last Name Kraus | First Kara | MI | Contribution ID # 0117 |
| Residential Street Address 76 Ranch Rd | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Clinical social worker | Name of Employer Self employed as Kara DeLeonardis Kraus, LICSW, MS | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/19/2026 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

| | | | |
|--|--|--|-----------------------------------|
| Last Name Wood | First Sarah | MI | Contribution ID # 0118 |
| Residential Street Address 198 Gulf St | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Social media consultant | Name of Employer Self employed as Relevate Strategies | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/19/2026 |
| | | Aggregate Contributions \$50.00 | Amount of Contribution \$50.00 |

| | | | |
|--|-------------------------|--|----------------------------------|
| Last Name Zammiello | First Jay | MI | Contribution ID # 0119 |
| Residential Street Address 24 Honeysuckle Ln | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Director of Finance and Operations | Name of Employer GHS | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/19/2026 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

| | | | |
|--|-----------------------------|--|----------------------------------|
| Last Name Haley | First Shawn | MI | Contribution ID # 0120 |
| Residential Street Address 25 Odell Ave | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Programmet | Name of Employer Jaystar | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/19/2026 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|-----------------------------|--|----------------------------------|
| Last Name LoMonaco | First Martha | MI | Contribution ID # 0121 |
| Residential Street Address 37 Hilldale Ct | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/19/2026 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

| | | | |
|--|-----------------------------|--|-----------------------------------|
| Last Name Godbey | First Jane | MI | Contribution ID # 0122 |
| Residential Street Address 4 Lafayette St | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/19/2026 |
| | | Aggregate Contributions \$20.00 | Amount of Contribution \$20.00 |

| | | | |
|--|----------------------------|--|------------------------------------|
| Last Name Sullivan | First Nicole | MI | Contribution ID # 0123 |
| Residential Street Address 592 W River Rd | City Orange | State CT | Zip Code 06477 |
| Principal Occupation Registered Nurse | Name of Employer CT DOC | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/19/2026 |
| | | Aggregate Contributions \$100.00 | Amount of Contribution \$100.00 |

| | | | |
|--|--|--|-----------------------------------|
| Last Name Thomas | First Christopher | MI | Contribution ID # 0124 |
| Residential Street Address 8 Argyle Rd | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Teacher | Name of Employer Hamden Public Schools (CT) | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/19/2026 |
| | | Aggregate Contributions \$20.00 | Amount of Contribution \$20.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|------------------------------------|
| Last Name Perrelli | First Hannah | MI | Contribution ID # 0125 |
| Residential Street Address 1004 E Broadway | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Environmental Compliance Specialist | Name of Employer King Industries | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/19/2026 | Aggregate Contributions \$20.00 |
| | | Amount of Contribution \$20.00 | |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Alling | First Katherine | MI | Contribution ID # 0126 |
| Residential Street Address 390 Pond Point Ave | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Engineer | Name of Employer KX Technologies | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/19/2026 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|--|---|------------------------------------|
| Last Name Nicolari | First Patty | MI | Contribution ID # 0127 |
| Residential Street Address 56 Harbour Close | City New Haven | State CT | Zip Code 06519 |
| Principal Occupation Educator | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/19/2026 | Aggregate Contributions \$20.00 |
| | | Amount of Contribution \$20.00 | |

| | | | |
|--|--|---|------------------------------------|
| Last Name Maldonado | First Abdon | MI | Contribution ID # 0128 |
| Residential Street Address 34 Cedar Rd | City Bethany | State CT | Zip Code 06524 |
| Principal Occupation Self employed - Driver | Name of Employer Am express | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/19/2026 | Aggregate Contributions \$20.00 |
| | | Amount of Contribution \$20.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|-----------------------------------|--|-----------------------------------|
| Last Name Blick MD | First Gary | MI | Contribution ID # 0129 |
| Residential Street Address 312 Erskine Rd | City Stamford | State CT | Zip Code 06903 |
| Principal Occupation Physician | Name of Employer Ally Wellness | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/19/2026 |
| | | Aggregate Contributions \$50.00 | Amount of Contribution \$50.00 |

| | | | |
|--|--------------------------------|--|----------------------------------|
| Last Name Kohl | First Jason | MI | Contribution ID # 0130 |
| Residential Street Address 18 Oswegatchie Rd | City Waterford | State CT | Zip Code 06385 |
| Principal Occupation Visual Designer | Name of Employer Jason Kohl | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/19/2026 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

| | | | |
|--|-----------------------------|--|-----------------------------------|
| Last Name Morgan | First Sandra | MI | Contribution ID # 0131 |
| Residential Street Address 39 Orland St | City Milford | State CT | Zip Code 06460 |
| Principal Occupation retired | Name of Employer retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/19/2026 |
| | | Aggregate Contributions \$50.00 | Amount of Contribution \$50.00 |

| | | | |
|--|-----------------------------|--|----------------------------------|
| Last Name Koba | First Thomas | MI | Contribution ID # 0132 |
| Residential Street Address 34 Anderson Ave . | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/19/2026 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|------------------------------------|
| Last Name Scobie | First Adam | MI | Contribution ID # 0133 |
| Residential Street Address 46 Fairview St | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Director | Name of Employer CT State Community College | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/19/2026 | Aggregate Contributions \$20.00 |
| | | Amount of Contribution \$20.00 | |

| | | | |
|--|--|---|------------------------------------|
| Last Name DiMartino | First Michelle | MI | Contribution ID # 0134 |
| Residential Street Address 23 Randolph Farm Rd | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Consultant | Name of Employer Michelle Parente DiMartino | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/19/2026 | Aggregate Contributions \$50.00 |
| | | Amount of Contribution \$50.00 | |

| | | | |
|--|--|---|------------------------------------|
| Last Name Beatty | First Ellen | MI | Contribution ID # 0135 |
| Residential Street Address 32 Elm St | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Retired Professor Emerita | Name of Employer Retired Professor/ Administrator | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/19/2026 | Aggregate Contributions \$20.00 |
| | | Amount of Contribution \$20.00 | |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Evans | First Thomas | MI | Contribution ID # 0136 |
| Residential Street Address 11 Pheasant | City Ossining | State NY | Zip Code 10562 |
| Principal Occupation Creative | Name of Employer CT | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/19/2026 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|--|-----------------------------------|
| Last Name Pinsince | First Erin | MI | Contribution ID # 0137 |
| Residential Street Address 27 Cedar Hill Rd | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Learning Experience Manager | Name of Employer Connecticut Centerbgor Arts & Technology | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/19/2026 |
| | | Aggregate Contributions \$20.00 | Amount of Contribution \$20.00 |

| | | | |
|--|------------------------|--|-----------------------------------|
| Last Name GRABLE | First MONICA | MI | Contribution ID # 0138 |
| Residential Street Address 30 Brookfield Rd | City Seymour | State CT | Zip Code 06483 |
| Principal Occupation Registered Nurse | Name of Employer CT | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/19/2026 |
| | | Aggregate Contributions \$20.00 | Amount of Contribution \$20.00 |

| | | | |
|--|-------------------------------------|--|----------------------------------|
| Last Name Smith | First Peter | MI | Contribution ID # 0139 |
| Residential Street Address 65 Old Field Ln | City Milford | State CT | Zip Code 06460 |
| Principal Occupation City Clerk | Name of Employer City of Milford | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/19/2026 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

| | | | |
|--|----------------------------------|--|----------------------------------|
| Last Name Doyle | First Meghan | MI | Contribution ID # 0140 |
| Residential Street Address 112 W Town St # A | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Corporate Attorney | Name of Employer Attalon, Inc | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/19/2026 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|------------------------------------|
| Last Name Rizzo | First Krista | MI | Contribution ID # 0141 |
| Residential Street Address 148 Wellsford Dr | City Goshen | State CT | Zip Code 06756 |
| Principal Occupation Business Advisor | Name of Employer WBDC | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/20/2026 | Aggregate Contributions \$25.00 |
| | | | Amount of Contribution \$25.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Fernandes | First Dom | MI | Contribution ID # 0142 |
| Residential Street Address 27 Cedar Hill Rd | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Thought Leader: | Name of Employer Lockheed Martin | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/20/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Silva | First Paul | MI | Contribution ID # 0143 |
| Residential Street Address 111 Lexington Way N | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Communications | Name of Employer Pivotal Ventures | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/20/2026 | Aggregate Contributions \$20.00 |
| | | | Amount of Contribution \$20.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Haynes | First Chris | MI | Contribution ID # 0144 |
| Residential Street Address 54 S Broad St # 1 | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Professor | Name of Employer University of New Haven | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/20/2026 | Aggregate Contributions \$20.00 |
| | | | Amount of Contribution \$20.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-----------------------------------|
| Last Name Ralph | First Amy | MI | Contribution ID # 0145 |
| Residential Street Address 31 Chestnut Ln | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Nutrition manager | Name of Employer Yale New Haven Hospital | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/20/2026 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|--|---|------------------------------------|
| Last Name Hite | First Chris | MI | Contribution ID # 0146 |
| Residential Street Address 39 Acorn Ln | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Attorney | Name of Employer Rosenberg & Hite, LLC | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/20/2026 | Aggregate Contributions \$50.00 |
| | | Amount of Contribution \$50.00 | |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Cummings | First Kelley | MI | Contribution ID # 0147 |
| Residential Street Address 7 Chapel St | City Milford | State CT | Zip Code 06460 |
| Principal Occupation RE | Name of Employer Benjamin J Danehy Associates | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/20/2026 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Deb | First Ronobir | MI | Contribution ID # 0148 |
| Residential Street Address 1523 Lake Tahoe Dr | City Trappe | State MD | Zip Code 21673 |
| Principal Occupation Campaign Manager | Name of Employer Dan Schwartz for Congress | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/20/2026 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-----------------------------------|
| Last Name Barbara | First Lina | MI | Contribution ID # 0149 |
| Residential Street Address 420 Gulf St | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Homemaker | Name of Employer Homemaker | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/20/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Conroy | First Jennifer | MI | Contribution ID # 0150 |
| Residential Street Address 91 Thornton St | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Administrative Assistant | Name of Employer Milford Board of Education | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/20/2026 | Aggregate Contributions \$20.00 |
| | | | Amount of Contribution \$20.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Roth | First Susan | MI | Contribution ID # 0151 |
| Residential Street Address 57 Crestwood Rd | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Unemployed | Name of Employer None | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/20/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Chodziutko | First Jozef | MI | Contribution ID # 0152 |
| Residential Street Address 14 Bernadine Rd | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Machine operator | Name of Employer Marmon utility | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/20/2026 | Aggregate Contributions \$20.00 |
| | | | Amount of Contribution \$20.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-------------------------------------|
| Last Name Carre | First Cameron | MI | Contribution ID # 0153 |
| Residential Street Address 34 Cedar Rd | City Bethany | State CT | Zip Code 06524 |
| Principal Occupation Staff Assistant | Name of Employer US Senate | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/21/2026 | Aggregate Contributions \$118.00 |
| | | | Amount of Contribution \$118.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Deshpande | First Anissa | MI | Contribution ID # 0154 |
| Residential Street Address 1 Schoolhouse Ln | City West Haven | State CT | Zip Code 06516 |
| Principal Occupation Student | Name of Employer Student | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/21/2026 | Aggregate Contributions \$25.00 |
| | | | Amount of Contribution \$25.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Sanner | First Aaron | MI | Contribution ID # 0155 |
| Residential Street Address 58 Whitney Ave | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Director | Name of Employer Magnum Ice Cream | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/21/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Smith | First Melissa | MI | Contribution ID # 0156 |
| Residential Street Address 59 6th Ave | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Homemaker | Name of Employer Homemaker | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/21/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-----------------------------------|
| Last Name Smith | First Rebecca | MI | Contribution ID # 0157 |
| Residential Street Address 59 6th Ave | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Hospitality Manager | Name of Employer Marriott | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/21/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Smith | First Michelle | MI | Contribution ID # 0158 |
| Residential Street Address 59 6th Ave | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/21/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Bromley | First Emma | MI | Contribution ID # 0159 |
| Residential Street Address 27 Norway St | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Associate Scientist | Name of Employer Henkel | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/21/2026 | Aggregate Contributions \$20.00 |
| | | | Amount of Contribution \$20.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Brown | First Sue | MI | Contribution ID # 0160 |
| Residential Street Address 43 Village Rd | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/21/2026 | Aggregate Contributions \$20.00 |
| | | | Amount of Contribution \$20.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|-----------------------------|--|----------------------------------|
| Last Name Montalbano | First Charlie | MI | Contribution ID # 0161 |
| Residential Street Address 30 Revere Pl | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/21/2026 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

| | | | |
|--|---------------------------------|--|----------------------------------|
| Last Name Arnold | First Ann | MI | Contribution ID # 0162 |
| Residential Street Address 50 Herbert St | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Sr Emergency Preparedness Specialist | Name of Employer Connecticut | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/21/2026 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

| | | | |
|--|-----------------------------|--|-----------------------------------|
| Last Name beatty | First edward | MI | Contribution ID # 0163 |
| Residential Street Address 32 Elm St | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Retired Fire Battalion Chief Fire Dept. | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/21/2026 |
| | | Aggregate Contributions \$20.00 | Amount of Contribution \$20.00 |

| | | | |
|--|-----------------------------|--|----------------------------------|
| Last Name Dooley | First Margery | MI | Contribution ID # 0164 |
| Residential Street Address 34 East Ave | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/21/2026 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|--|-----------------------------------|
| Last Name Boynton | First Cynthia | MI | Contribution ID # 0165 |
| Residential Street Address 48 Merwin Ave | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Communications Director for SOTS | Name of Employer State of Connecticut | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/21/2026 |
| | | Aggregate Contributions \$20.00 | Amount of Contribution \$20.00 |

| | | | |
|--|---|--|----------------------------------|
| Last Name Arnold | First Raymond | MI | Contribution ID # 0166 |
| Residential Street Address 50 Herbert St | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Industrial Engineer | Name of Employer Connecticut Container | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/21/2026 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

| | | | |
|--|------------------------|--|-----------------------------------|
| Last Name Macri | First Andromeda | MI | Contribution ID # 0167 |
| Residential Street Address 556 Oronoque Rd | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Farmer | Name of Employer CT | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/21/2026 |
| | | Aggregate Contributions \$10.00 | Amount of Contribution \$10.00 |

| | | | |
|--|--|--|----------------------------------|
| Last Name Wilhelm | First Nicole | MI | Contribution ID # 0168 |
| Residential Street Address 164 Woodruff Rd | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Bookkeeper | Name of Employer Self employed as Classy Financial Services | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/21/2026 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--------------------------|--|------------------------------------|
| Last Name Walker | First Jolyn | MI | Contribution ID # 0169 |
| Residential Street Address 679 Wheelers Farms Rd | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Semi-retired, cultural storyteller | Name of Employer None | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Date Received 03/21/2026 | Aggregate Contributions \$20.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$20.00 | |

| | | | |
|--|--|--|-------------------------------------|
| Last Name Servas | First Frank | MI | Contribution ID # 0170 |
| Residential Street Address 29 Musket Hill Ln | City Milford | State CT | Zip Code 06461 |
| Principal Occupation IT Consulting | Name of Employer Self employed as Axiom Network Designs | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Date Received 03/21/2026 | Aggregate Contributions \$118.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$118.00 | |

| | | | |
|--|---|--|-----------------------------------|
| Last Name Soderholm | First Karl | MI | Contribution ID # 0171 |
| Residential Street Address 58 Wooster St | City Milford | State CT | Zip Code 06461 |
| Principal Occupation School Psychologist | Name of Employer Bridgeport Education Department | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Date Received 03/21/2026 | Aggregate Contributions \$5.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$5.00 | |

| | | | |
|--|-----------------------------|--|-----------------------------------|
| Last Name Soderholm | First Willow | MI R | Contribution ID # 0019 |
| Residential Street Address 58 Wooster St | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Student | Name of Employer Student | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Date Received 03/21/2026 | Aggregate Contributions \$5.00 |
| Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$5.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-----------------------------------|
| Last Name Soderholm | First Katlyn | MI E | Contribution ID # 0020 |
| Residential Street Address 58 Wooster St | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Unemployed | Name of Employer Unemployed | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/21/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Soderholm | First Lori | MI L | Contribution ID # 0021 |
| Residential Street Address 58 Wooster St | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Homeschool Mom | Name of Employer Homeschool Mom | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/21/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Macri | First Maria | MI A | Contribution ID # 0014 |
| Residential Street Address 534 Oronoque Rd | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Farmer | Name of Employer Self employed - River Crest Farm | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/21/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Macri | First Andrew | MI B | Contribution ID # 0015 |
| Residential Street Address 534 Oronoque Rd | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Farmer | Name of Employer Self employed - River Crest Farm | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/21/2026 | Aggregate Contributions \$10.00 |
| | | | Amount of Contribution \$10.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|--|-----------------------------------|
| Last Name Reed | First Martha | MI | Contribution ID # 0016 |
| Residential Street Address 30 Harborview Ave | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Shop Owner The Canvas Patch | Name of Employer Self employed - The Canvas Patch | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Amount of Contribution \$5.00 |
| | | Date Received 03/21/2026 | Aggregate Contributions \$5.00 |

| | | | |
|--|--|--|-----------------------------------|
| Last Name Fucci | First Corinne | MI E | Contribution ID # 0030 |
| Residential Street Address 418 Anderson Ave | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Teacher | Name of Employer New Haven Public Schools | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Amount of Contribution \$5.00 |
| | | Date Received 03/22/2026 | Aggregate Contributions \$5.00 |

| | | | |
|--|------------------------------|--|------------------------------------|
| Last Name Cahill | First Courtney | MI | Contribution ID # 0172 |
| Residential Street Address 2281 Foxon Rd | City North Branford | State CT | Zip Code 06471 |
| Principal Occupation Nurse | Name of Employer Ct Ortho | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Amount of Contribution \$30.00 |
| | | Date Received 03/22/2026 | Aggregate Contributions \$30.00 |

| | | | |
|--|--|--|-----------------------------------|
| Last Name Cotton | First Michelle | MI | Contribution ID # 0173 |
| Residential Street Address 60 Corona Dr | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Phlebotomist | Name of Employer Self employed as Mik's Mix | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Amount of Contribution \$5.00 |
| | | Date Received 03/22/2026 | Aggregate Contributions \$5.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|----------------------------------|--|-----------------------------------|
| Last Name Tedros | First Hanna | MI | Contribution ID # 0174 |
| Residential Street Address 114 Maple St | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Learning and devi | Name of Employer Electives.io | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/22/2026 |
| | | Aggregate Contributions \$50.00 | Amount of Contribution \$50.00 |

| | | | |
|--|-------------------------------|--|-----------------------------------|
| Last Name Edmonds | First Mary | MI | Contribution ID # 0175 |
| Residential Street Address 240 Acorn Ln | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Program Manager | Name of Employer Playworks | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/22/2026 |
| | | Aggregate Contributions \$20.00 | Amount of Contribution \$20.00 |

| | | | |
|--|-------------------------------------|--|----------------------------------|
| Last Name Mulrenan | First Holly E | MI | Contribution ID # 0176 |
| Residential Street Address 204 3rd Ave | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Chief of Staff | Name of Employer City of Milford | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/22/2026 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

| | | | |
|--|------------------------|--|-----------------------------------|
| Last Name Jarvis | First Michelle | MI | Contribution ID # 0177 |
| Residential Street Address 24 Scott St | City Hamden | State CT | Zip Code 06514 |
| Principal Occupation RN | Name of Employer RN | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/23/2026 |
| | | Aggregate Contributions \$50.00 | Amount of Contribution \$50.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-----------------------------------|
| Last Name Montalbano | First Janet | MI | Contribution ID # 0178 |
| Residential Street Address 30 Revere Pl | City Milford | State CT | Zip Code 06460 |
| Principal Occupation retired | Name of Employer retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/23/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Bravo | First Theresa | MI | Contribution ID # 0179 |
| Residential Street Address 42 Berry St | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Unemployed | Name of Employer Unemployed | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/24/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Pinkussohn | First Aron | MI | Contribution ID # 0180 |
| Residential Street Address 663 Merwin Ave | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Sales Operations | Name of Employer OnTrac | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/24/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Bonitz | First Lindsey | MI | Contribution ID # 0181 |
| Residential Street Address 36 Christopher Dr | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Engineer | Name of Employer Sikorsky | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/24/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|-----------------------------|--|----------------------------------|
| Last Name Liss | First Rosalyn | MI | Contribution ID # 0182 |
| Residential Street Address 726 Popes Island Rd | City Milford | State CT | Zip Code 06461-1761 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/24/2026 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

| | | | |
|--|---------------------------------|--|----------------------------------|
| Last Name Maroney | First James | MI | Contribution ID # 0183 |
| Residential Street Address 10 Grove St | City Milford | State CT | Zip Code 06460 |
| Principal Occupation State legislator | Name of Employer State of CT | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/24/2026 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

| | | | |
|--|----------------------------|--|----------------------------------|
| Last Name Shannon | First Michael | MI | Contribution ID # 0184 |
| Residential Street Address 1416 Windward Rd | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Assembler | Name of Employer Ranpak | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/24/2026 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

| | | | |
|--|---------------------------------------|--|----------------------------------|
| Last Name Shannon | First John | MI | Contribution ID # 0185 |
| Residential Street Address 91 Todd Dr | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Sustainability Analyst | Name of Employer The Crane Company | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/24/2026 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|-------------------------------|--|-----------------------------------|
| Last Name Irwin | First Ryan | MI | Contribution ID # 0186 |
| Residential Street Address 710 Milford Point Rd | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Pharmacy Tech | Name of Employer Walgreens | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/25/2026 |
| | | Aggregate Contributions \$20.00 | Amount of Contribution \$20.00 |

| | | | |
|--|-------------------------------|--|-----------------------------------|
| Last Name Ruff | First Jason | MI | Contribution ID # 0187 |
| Residential Street Address 710 Milford Point Rd | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Tax preparer | Name of Employer H&R Block | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/25/2026 |
| | | Aggregate Contributions \$20.00 | Amount of Contribution \$20.00 |

| | | | |
|--|----------------------------------|--|----------------------------------|
| Last Name Clark | First Nathan | MI | Contribution ID # 0188 |
| Residential Street Address 294 W Main St | City Milford | State CT | Zip Code 06460-2524 |
| Principal Occupation Product Manager | Name of Employer NBCUniversal | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/25/2026 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

| | | | |
|--|--|--|-----------------------------------|
| Last Name Wagner | First Andre | MI | Contribution ID # 0189 |
| Residential Street Address 3100 Cleburne St # 1568 | City Houston | State TX | Zip Code 77004 |
| Principal Occupation Public Affairs | Name of Employer Texas House of Representatives | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/25/2026 |
| | | Aggregate Contributions \$20.00 | Amount of Contribution \$20.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|---|
| Last Name Blake | First Marin | MI | Contribution ID # 0190 |
| Residential Street Address 1 Riveredge Dr | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Speech therapist | Name of Employer Bridgeport Public Schools | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/25/2026 | Aggregate Contributions \$20.00 |
| | | Amount of Contribution \$20.00 | |

| | | | |
|--|--|---|--|
| Last Name Glennon | First Susan | MI | Contribution ID # 0191 |
| Residential Street Address 99 Carlson Dr | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Licensed childcare | Name of Employer Susan Glennon | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/25/2026 | Aggregate Contributions \$120.00 |
| | | Amount of Contribution \$100.00 | |

| | | | |
|--|--|---|--|
| Last Name Abell | First Benjamin | MI | Contribution ID # 0192 |
| Residential Street Address 11350 Four Points Dr # 822 | City Austin | State TX | Zip Code 78726 |
| Principal Occupation Consultant | Name of Employer Varsity Public Strategies | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/25/2026 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|--|---|---|
| Last Name Barrett | First Nina | MI | Contribution ID # 0193 |
| Residential Street Address 32 Hawley Ave | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Homemaker and retired | Name of Employer Homemaker | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/25/2026 | Aggregate Contributions \$50.00 |
| | | Amount of Contribution \$50.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-----------------------------------|
| Last Name clark | First Stacy | MI | Contribution ID # 0194 |
| Residential Street Address 294 W Main St | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Negotiations | Name of Employer Connecticut | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/25/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Forte | First Brian | MI | Contribution ID # 0195 |
| Residential Street Address 38 Point Beach Dr | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Art Director | Name of Employer NBCUniversal | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/25/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|-------------------------------------|
| Last Name Chess | First David | MI | Contribution ID # 0196 |
| Residential Street Address 1990 Elm St | City Stratford | State CT | Zip Code 06615 |
| Principal Occupation Mayor | Name of Employer Town of Stratford | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/25/2026 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Daniels | First Jacquelyn | MI | Contribution ID # 0197 |
| Residential Street Address 404 N Main St . | City Ansonia | State CT | Zip Code 06401 |
| Principal Occupation Accountant | Name of Employer Sandy Hook Promise Foundation | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/25/2026 | Aggregate Contributions \$50.00 |
| | | | Amount of Contribution \$50.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|--|
| Last Name Lawler | First Mike | MI | Contribution ID # 0198 |
| Residential Street Address 966 E Broadway | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/25/2026 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|--|---|--|
| Last Name Meyers | First Rich | MI | Contribution ID # 0199 |
| Residential Street Address 489 Plains Rd | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/25/2026 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|--|---|--|
| Last Name Woyciesjes | First James | MI | Contribution ID # 0200 |
| Residential Street Address 58 Greenfield Rd | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Mechanical Engineering Manger | Name of Employer ASSA ABLOY Inc. | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/25/2026 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|--|---|---|
| Last Name Wasson | First Nicole | MI | Contribution ID # 0201 |
| Residential Street Address 29 Kendall Green Dr | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Client Manager | Name of Employer Symplicity Corp | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/25/2026 | Aggregate Contributions \$20.00 |
| | | Amount of Contribution \$20.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|---|---|---|---|
| Last Name Barry | First Max | MI | Contribution ID # 0202 |
| Residential Street Address 1 Riveredge Dr | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Management | Name of Employer CVS Health | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/25/2026 | Aggregate Contributions \$50.00 |
| | | Amount of Contribution \$50.00 | |

| | | | |
|---|---|---|--|
| Last Name Lawler | First Eileen | MI | Contribution ID # 0203 |
| Residential Street Address 966 E Broadway | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/25/2026 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|---|---|---|--|
| Last Name Anderson | First Bryan | MI | Contribution ID # 0204 |
| Residential Street Address 49 Ingersol Rd | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Realtor | Name of Employer Sarah Harrower Realty | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/25/2026 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|---|---|---|--|
| Last Name Zolty | First Meredith | MI | Contribution ID # 0205 |
| Residential Street Address 171 Magnolia Rd | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Artist | Name of Employer The Derby Monster | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/25/2026 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|------------------------------------|
| Last Name Lombardi | First Vince | MI | Contribution ID # 0206 |
| Residential Street Address 1269 S 237th Ln | City Buckeye | State AZ | Zip Code 85326 |
| Principal Occupation Sales | Name of Employer Sonic Automotive Group | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/25/2026 |
| | | Aggregate Contributions \$100.00 | Amount of Contribution \$100.00 |

| | | | |
|--|-----------------------------|---|----------------------------------|
| Last Name Blanchard | First Ryder | MI M | Contribution ID # 0026 |
| Residential Street Address 21 Pamela Dr | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Student | Name of Employer Student | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/25/2026 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

| | | | |
|--|-----------------------------|---|----------------------------------|
| Last Name Rihel | First Hailey | MI G | Contribution ID # 0027 |
| Residential Street Address 13 Chaucer Ct | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Student | Name of Employer Student | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/25/2026 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

| | | | |
|--|--------------------------|---|----------------------------------|
| Last Name Barrett | First Patrick | MI | Contribution ID # 0022 |
| Residential Street Address 60 S Broad St Apt 3A | City Milford | State CT | Zip Code 06460 |
| Principal Occupation None | Name of Employer None | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/25/2026 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|---|--|---|------------------------------------|
| Last Name Corvino | First Carmen | MI N | Contribution ID # 0023 |
| Residential Street Address 31 Chapel St | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/25/2026 | Aggregate Contributions \$40.00 |
| | | | Amount of Contribution \$40.00 |

| | | | |
|---|--|---|------------------------------------|
| Last Name Pinkussohn | First Tyler | MI S | Contribution ID # 0028 |
| Residential Street Address 663 Merwin Ave | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Student | Name of Employer Student | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/26/2026 | Aggregate Contributions \$10.00 |
| | | | Amount of Contribution \$10.00 |

| | | | |
|---|--|---|-----------------------------------|
| Last Name Fucci | First Meredith | MI G | Contribution ID # 0029 |
| Residential Street Address 418 Anderson Ave | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Front of house employee | Name of Employer Ambrosia Bakery | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 03/26/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|---|--|---|-----------------------------------|
| Last Name Phelps | First Nija | MI | Contribution ID # 0207 |
| Residential Street Address 1264 Naugatuck Ave | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Administrative Coordinator | Name of Employer Family Values At Work Action | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/26/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|---------------------------------------|--|-----------------------------------|
| Last Name Alvarez | First Kevin | MI | Contribution ID # 0208 |
| Residential Street Address 98 Clinton Ave | City New Haven | State CT | Zip Code 06513 |
| Principal Occupation Deputy CoS | Name of Employer State of CT - OTT | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/26/2026 |
| | | Aggregate Contributions \$20.00 | Amount of Contribution \$20.00 |

| | | | |
|--|-----------------------------|--|-----------------------------------|
| Last Name Topitzer | First Carol | MI | Contribution ID # 0209 |
| Residential Street Address 52 Freemont Ave . | City Milford | State CT | Zip Code 06460 |
| Principal Occupation retired | Name of Employer retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/26/2026 |
| | | Aggregate Contributions \$10.00 | Amount of Contribution \$10.00 |

| | | | |
|--|---|--|----------------------------------|
| Last Name Blanchard | First Carl | MI | Contribution ID # 0210 |
| Residential Street Address 21 Pamela Dr | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Manager | Name of Employer Dive Bar and Restaurant | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/26/2026 |
| | | Aggregate Contributions \$10.00 | Amount of Contribution \$5.00 |

| | | | |
|--|--------------------------|--|-----------------------------------|
| Last Name Rice | First Andrew | MI | Contribution ID # 0211 |
| Residential Street Address 35 Quaker Pl | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Unemployed | Name of Employer None | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/26/2026 |
| | | Aggregate Contributions \$10.00 | Amount of Contribution \$10.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-----------------------------------|
| Last Name Winter | First Marcia | MI | Contribution ID # 0212 |
| Residential Street Address 76 Cedarhurst Ln | City Milford | State CT | Zip Code 06461 |
| Principal Occupation retired | Name of Employer retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/26/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|-------------------------------------|
| Last Name Munson | First Ruth | MI | Contribution ID # 0213 |
| Residential Street Address 30 Verona Ct | City Stratford | State CT | Zip Code 06615 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/26/2026 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|--|--|---|-------------------------------------|
| Last Name Ralph | First Amy | MI | Contribution ID # 0214 |
| Residential Street Address 31 Chestnut Ln | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Clinical Nutrition Manager | Name of Employer Yale New Haven Hospital | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/26/2026 | Aggregate Contributions \$340.00 |
| | | | Amount of Contribution \$335.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Stem | First Katrina | MI | Contribution ID # 0215 |
| Residential Street Address 185 Nettleton Ave | City Milford | State CT | Zip Code 06460 |
| Principal Occupation SAHM | Name of Employer SAHM | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/26/2026 | Aggregate Contributions \$20.00 |
| | | | Amount of Contribution \$20.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-----------------------------------|
| Last Name Gross | First Nathaniel | MI | Contribution ID # 0216 |
| Residential Street Address 4 Canterbury Ln | City Trumbull | State CT | Zip Code 06611 |
| Principal Occupation Town Constable | Name of Employer Town of Trumbull | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/26/2026 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Smith | First Diane | MI | Contribution ID # 0217 |
| Residential Street Address 232 2nd Ave | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/26/2026 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|--|---|------------------------------------|
| Last Name Blanchard | First Kelly | MI | Contribution ID # 0218 |
| Residential Street Address 21 Pamela Dr | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Project Manager | Name of Employer Philip Stein Design Collective DBA Postcard | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/26/2026 | Aggregate Contributions \$45.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|--|---|------------------------------------|
| Last Name Arnold | First Ruth | MI | Contribution ID # 0219 |
| Residential Street Address 60 Zurko Farm Rd | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Research | Name of Employer Yale | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/26/2026 | Aggregate Contributions \$20.00 |
| | | Amount of Contribution \$20.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|---|
| Last Name Barnes | First Benjamin | MI | Contribution ID # 0220 |
| Residential Street Address 28 Brightwood Ave | City Stratford | State CT | Zip Code 06614 |
| Principal Occupation Chief of Staff | Name of Employer Rippowam Corp | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/26/2026 | Aggregate Contributions \$50.00 |
| | | Amount of Contribution \$50.00 | |

| | | | |
|--|--|---|---|
| Last Name Smith | First Frank | MI | Contribution ID # 0221 |
| Residential Street Address 232 2nd Ave | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/26/2026 | Aggregate Contributions \$20.00 |
| | | Amount of Contribution \$20.00 | |

| | | | |
|--|--|---|--|
| Last Name Prior | First Diane | MI | Contribution ID # 0222 |
| Residential Street Address 5 Audubon Close | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/26/2026 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|--|---|--|
| Last Name Zayas | First Tasha | MI | Contribution ID # 0223 |
| Residential Street Address 414 Ansantawae Rd | City Milford | State CT | Zip Code 06460-3729 |
| Principal Occupation ARA II | Name of Employer CT | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/27/2026 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|------------------------------------|
| Last Name Thompson | First Jill | MI | Contribution ID # 0224 |
| Residential Street Address 24 Manor Dr | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Antique dealer | Name of Employer Eureka | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/27/2026 | Aggregate Contributions \$20.00 |
| | | Amount of Contribution \$20.00 | |

| | | | |
|--|--|---|------------------------------------|
| Last Name Boynton | First Ted | MI | Contribution ID # 0225 |
| Residential Street Address 30 Wiley Ave | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Educator | Name of Employer Milford Bd of Ed | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/27/2026 | Aggregate Contributions \$10.00 |
| | | Amount of Contribution \$10.00 | |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Gomes | First Marissa | MI | Contribution ID # 0226 |
| Residential Street Address 120 West Ave | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Occupational Therapist | Name of Employer Baron Therapy Services | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/27/2026 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Maroney | First James | MI | Contribution ID # 0227 |
| Residential Street Address 22 Saranac Rd | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Student | Name of Employer Student | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/27/2026 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-----------------------------------|
| Last Name McConnell | First Ryan | MI | Contribution ID # 0228 |
| Residential Street Address 114 Maple St | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Self employed restaurateur | Name of Employer Self employed Cafe Atlantique | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/27/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Diaz | First Trayvonn | MI | Contribution ID # 0229 |
| Residential Street Address 42 Linwood St | City Waterbury | State CT | Zip Code 06704 |
| Principal Occupation Mayoral staffer | Name of Employer City of waterbury | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/30/2026 | Aggregate Contributions \$20.00 |
| | | | Amount of Contribution \$20.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Garofalo | First Marc | MI | Contribution ID # 0230 |
| Residential Street Address 95 Academy Hill Rd | City Derby | State CT | Zip Code 06418 |
| Principal Occupation Town Clerk | Name of Employer City of Derby | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/31/2026 | Aggregate Contributions \$50.00 |
| | | | Amount of Contribution \$50.00 |

| | | | |
|--|--|--|-------------------|
| Total of Section B | | | \$6,874.00 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS | | | \$6,874.00 |

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

I. MONETARY RECEIPTS (Section A-I)

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

C2. Reimbursements or Surplus Distributions from other Committees

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

Total of Section C2

I. MONETARY RECEIPTS (Section A-I)

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

D. Loans Received this Period

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

I. MONETARY RECEIPTS (Section A-I)

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

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

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

I. Monetary Receipts (Section A-I)

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

G. Interest from Deposits in Authorized Accounts

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

I. MONETARY RECEIPTS (Section A-I)

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

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

| Purpose of Grant: | Grant Cycle: | Date Received | Amount |
|---|---|---------------|--------|
| Initial Grant Adjustment Supplemental/Post Election Deficit | Primary General Election Special Election | | |

Total of Section H

I. MONETARY RECEIPTS (Section A-I)

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

J1. Event Information

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

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

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Lombardi 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: | Description of Donation | | | Fair Market Value of Donation |
| Individual | | | | |
| Business Entity | Date Received | Event # | Aggregate value for this event | |
| Sole Proprietorship | | | | |

Total of Section J3

II. EVENT ACTIVITY (Sections J1 - J4)

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

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

| | | | |
|-------------------------|---|---|-------------------------------|
| Name of Host | | Is this event supporting more than one candidate? Yes No If yes, complete Itemization in Addendum J4 | |
| 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 |
| Lombardi 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? If yes, list Event# | Yes No | Description of In-Kind Contribution | |
| Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? | Yes No | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative | Fair Market Value of this Contribution |
| Type of Contributor: Individual Committee Sole Proprietorship | Date Received | Aggregate contributions | |

Total of Section K

III. Non Monetary Receipts (Sections K - L)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Lombardi 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 Deposit |
| Street Address | City | State | |
| Total of Section L | | | |

IV. EXPENDITURES (Sections N - S)

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

| | | | | |
|---|----------------------------|---|---|-------------------|
| Name of Payee Squarespace, Inc. | | Date of Payment 03/11/2026 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 225 Varick St Fl 12 | | City New York | State NY | Zip Code 10014 |
| Purpose of Expend WEB | Description Web Hosting | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$204.19 |

| | | | | |
|---|-----------------------------|---|---|-------------------|
| Name of Payee The Milford Bank | | Date of Payment 03/11/2026 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 33 Broad St | | City Milford | State CT | Zip Code 06460 |
| Purpose of Expend BNK | Description Checks Order | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$33.00 |

| | | | | |
|---|--|---|--|-------------------|
| Name of Payee Michael Farina | | Date of Payment 03/20/2026 | Method of Payment <input checked="" type="checkbox"/> Check # <u>101</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 54 Robert Rd | | City Manchester | State CT | Zip Code 06040 |
| Purpose of Expend WEB | Description GoDaddy domain name reimbursement | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$57.36 |

IV. EXPENDITURES (Sections N - S)

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

| | | | |
|---|---|---|------------------------|
| Name of Payee Mailchimp | Date of Payment 03/24/2026 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 405 N Angier Ave NE | City Atlanta | State GA | Zip Code 30308 |
| Purpose of Expend A-WEB | Description Email mailing list service | Amount | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | <input type="checkbox"/> Yes <input type="checkbox"/> No | Expenditure # (if applicable) | Event # \$26.77 |

| | | | |
|---|---|---|-------------------------|
| Name of Payee Anedot | Date of Payment 03/31/2026 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 1201 W Peachtree St NW Ste 2625 , PMB 43460 | City Atlanta | State GA | Zip Code 30309-3499 |
| Purpose of Expend BNK | Description Anedot transaction fees | Amount | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | <input type="checkbox"/> Yes <input type="checkbox"/> No | Expenditure # (if applicable) | Event # \$296.96 |

Total of Section N**\$618.28**

IV. EXPENDITURES (Sections N - S)

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

IV. EXPENDITURES (Sections N - S)

| | | | | | | | |
|---|-------------|--|--|------|--|-------------------------------|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | | | | TYPE OF REPORT | |
| Lombardi 2026 | | | | | | April 10 Filing - Original | |
| P. Expenses Incurred on Committee Credit Card | | | | | | | |
| Name of Issuing Institution | | | | | Type of Credit Card: | | |
| | | | | | <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express | | |
| | | | | | <input type="checkbox"/> Other | | |
| Name of Vendor | | | | | | Date of Transaction | |
| | | | | | | | |
| Street Address | | | | City | | State | Zip Code |
| | | | | | | | |
| Purpose of Expenditure (by code) | Description | | | | | Amount | |
| | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | | | Yes | No | Expenditure # (if applicable) | Event # |
| | | | | | | | |
| If yes, assign an Expenditure # and complete Itemization in Addendum | | | | | | | |
| Total of Section P | | | | | | | |

IV. EXPENDITURES (Sections N - S)

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

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

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

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

IV. EXPENDITURES (Sections N - S)

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

R. Itemization of Reimbursements and Secondary Payees

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

IV. EXPENDITURES (Sections N - S)

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

S. Surplus Distribution of Equipment and Furniture

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

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

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

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

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

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