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

Electronic Filing

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COVER PAGE

1.NAME OF COMMITTEE	2. TYPE OF COMMITTEE
Mary for the 79th	[x] Candidate Committee [ ] Exploratory Committee

3. TREASURER NAME

First	MI	Last	Suffix
Kenneth	**S**	**Rasmussen-Tuller**	

4. TREASURER ADDRESS

Street Address	City	State	Zip Code
7 Douglas Cir	**West Hartford**	**CT**	**06110**

5. ELECTION DATE	6. OFFICE SOUGHT *(Complete only if Candidate Committee)*	7. DISTRICT NUMBER *(if applicable*
11/03/2026	**State Representative**	**R079**

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

First	MI	Last	Suffix
Mary		**Fortier**	

9. TYPE OF REPORT

April 10 Filing - Original

10. PERIOD COVERED

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

11. CERTIFICATION

[✓] 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	**Kenneth Rasmussen-Tuller**	**04/10/2026 1:11:36PM**
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED

A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to $25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
Mary for the 79th	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	**$63.78**	
14. Contributions received from Individuals (Section A and B)	**$2,560.00**	**$2,660.00**
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)	**$2,560.00**	**$2,660.00**
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	**$2,623.78**	**$2,660.00**
20. Expenses Paid by Committee (Section N)	**$124.74**	**$160.96**
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	**$2,499.04**	**$2,499.04**
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
Mary for the 79th	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	First	MI	Contribution ID #
Rasmussen-Tuller	Kenneth		0002
Residential Street Address	**City**	**State**	**Zip Code**
7 Douglas Cir	West Hartford	CT	06110
Principal Occupation	**Name of Employer**		
Senior Project Manager	Waterbury Hospital		

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

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

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

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 01/08/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Andrews	Peter		0003
Residential Street Address	**City**	**State**	**Zip Code**
893 Farmington Ave # 6H	West Hartford	CT	06119
Principal Occupation	**Name of Employer**		
Constituent Engagement Coordinator	State of Connecticut		

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

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

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

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 01/09/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Andrews	Mary		0004
Residential Street Address	**City**	**State**	**Zip Code**
893 Farmington Ave # 6H	West Hartford	CT	06119
Principal Occupation	**Name of Employer**		
Retired	Retired		

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

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

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

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 01/09/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mary for the 79th	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Zoppo	Ellen		0005
Residential Street Address	**City**	**State**	**Zip Code**
47 Kory Ln	Bristol	CT	06010

Principal Occupation: Mayor
Name of Employer: City of Bristol

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $340.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 01/09/2026
Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Cowles	Erin		0006
Residential Street Address	**City**	**State**	**Zip Code**
60 Rourke Ave	Southington	CT	06489

Principal Occupation: Talent Acquisition
Name of Employer: USI

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $30.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 01/17/2026
Aggregate Contributions: $30.00

Last Name	First	MI	Contribution ID #
Rudnick	Stacey		0007
Residential Street Address	**City**	**State**	**Zip Code**
12 Ipswitch Rd	Bristol	CT	06010

Principal Occupation: Retired
Name of Employer: Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $30.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 01/18/2026
Aggregate Contributions: $30.00

Last Name	First	MI	Contribution ID #
Gorski	Susan		0008
Residential Street Address	**City**	**State**	**Zip Code**
81 Grove Ave Unit 305	Bristol	CT	06010

Principal Occupation: Retired
Name of Employer: Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $30.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 01/19/2026
Aggregate Contributions: $30.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mary for the 79th	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Roberge	Stacie		0009

Residential Street Address	City	State	Zip Code
61 Peppermint Ln	Bristol	CT	06010

Principal Occupation	Name of Employer
Retired	Retired

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

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $20.00

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

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 01/19/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Roberge	Christopher		0010

Residential Street Address	City	State	Zip Code
61 Peppermint Ln	Bristol	CT	06010

Principal Occupation	Name of Employer
Tech Sales Support	IMI Nogren

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

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $30.00

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

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 01/19/2026

Aggregate Contributions: $30.00

Last Name	First	MI	Contribution ID #
Bunn	Katherine		0011

Residential Street Address	City	State	Zip Code
19 Phelan St	Bristol	CT	06010

Principal Occupation	Name of Employer
Retired	Retired

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

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $15.00

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

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 01/20/2026

Aggregate Contributions: $15.00

Last Name	First	MI	Contribution ID #
Sampson	Mayra		0012

Residential Street Address	City	State	Zip Code
371 Emmett St # 53	Bristol	CT	06010

Principal Occupation	Name of Employer
Payroll Assistant	Town of Plainville

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

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

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

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 01/21/2026

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mary for the 79th	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Zoppo	Mary Ellen		0013
Residential Street Address	**City**	**State**	**Zip Code**
510 Stafford Ave # U-3C	Bristol	CT	06010

Principal Occupation	Name of Employer
Retired	Retired

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

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

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

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 01/25/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Sassu	Zachary		0014
Residential Street Address	**City**	**State**	**Zip Code**
47 Kory Ln	Bristol	CT	06010

Principal Occupation	Name of Employer
College Student	College Student

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

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

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

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 01/25/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Sassu	Carson		0015
Residential Street Address	**City**	**State**	**Zip Code**
47 Kory Ln	Bristol	CT	06010

Principal Occupation	Name of Employer
Paraprofessional	City of Bristol BOE

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

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

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

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 01/25/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Sassu	Peter		0016
Residential Street Address	**City**	**State**	**Zip Code**
47 Kory Ln	Bristol	CT	06010

Principal Occupation	Name of Employer
Armed Security Officer	Region 10 BOE

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

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

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

If yes, list Event #

Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 01/25/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mary for the 79th	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Sassu	Shirley		0017
Residential Street Address	**City**	**State**	**Zip Code**
5 Birchwood Ter # 60	Bristol	CT	06010

Principal Occupation: Retired
Name of Employer: Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card
Date Received: 01/26/2026
Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Hintz	Karen		0018
Residential Street Address	**City**	**State**	**Zip Code**
103 Garden St	Bristol	CT	06010

Principal Occupation: CHRO
Name of Employer: PNT Data Corp

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 01/26/2026
Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Benvenuto	Anthony		0019
Residential Street Address	**City**	**State**	**Zip Code**
74 Maxine Rd	Bristol	CT	06010

Principal Occupation: Paramedic
Name of Employer: Bristol EMS

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 01/26/2026
Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Ledger	Kara		0020
Residential Street Address	**City**	**State**	**Zip Code**
159 Brewster Rd	Bristol	CT	06010

Principal Occupation: Training Specialist
Name of Employer: LIMRA

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $30.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 01/27/2026
Aggregate Contributions: $30.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mary for the 79th	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
LaPorte-Grimes	Laurel		0021

Residential Street Address	City	State	Zip Code
112 Putnam St	Bristol	CT	06010

Principal Occupation	Name of Employer
Researcher/Project Evaluator	Laurel LaPorte-Grimes

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

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $30.00

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

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 01/27/2026

Aggregate Contributions: $30.00

Last Name	First	MI	Contribution ID #
Seymour	Steve		0022

Residential Street Address	City	State	Zip Code
29 Carleton Pl	Bristol	CT	06010

Principal Occupation	Name of Employer
Owner	Seymour Media

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

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

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

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 01/27/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Vaughn	Erin		0023

Residential Street Address	City	State	Zip Code
460 Brewster Rd	Bristol	CT	06010

Principal Occupation	Name of Employer
Human Resources	Regal Rexnord

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

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

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

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 01/27/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Thorpe	Keith		0024

Residential Street Address	City	State	Zip Code
117 Kingston Dr	Pelzer	SC	29669

Principal Occupation	Name of Employer
Implementation Manager	Cigna

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

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $30.00

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

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 01/27/2026

Aggregate Contributions: $30.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mary for the 79th	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Mike	Julia		0025
Residential Street Address	**City**	**State**	**Zip Code**
174 Grove St	Bristol	CT	06010

Principal Occupation: Controller
Name of Employer: ITOCHU Chemicals America Inc

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $20.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 01/27/2026
Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Strickland	Saige		0026
Residential Street Address	**City**	**State**	**Zip Code**
97 Jewel St	Bristol	CT	06010

Principal Occupation: Office Clerk
Name of Employer: State of CT Judicial Branch

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 01/27/2026
Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Badyrka	Kelly		0027
Residential Street Address	**City**	**State**	**Zip Code**
4 Bridgeport Ave	Bristol	CT	06010

Principal Occupation: Therapist
Name of Employer: Kelly Badyrka

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $30.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 01/27/2026
Aggregate Contributions: $30.00

Last Name	First	MI	Contribution ID #
Pardal	Amanda		0028
Residential Street Address	**City**	**State**	**Zip Code**
142 Seminary St	Bristol	CT	06010

Principal Occupation: Proposal Analyst
Name of Employer: Cigna

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $20.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 01/27/2026
Aggregate Contributions: $20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mary for the 79th	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Alford	Amy		0029
Residential Street Address	**City**	**State**	**Zip Code**
50R Maple Ave	Collinsville	CT	06019
Principal Occupation	**Name of Employer**		
Billing Analyst	The Hartford		

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

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

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

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 01/27/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Lipscomb	Amy		0030
Residential Street Address	**City**	**State**	**Zip Code**
378 W Washington St	Bristol	CT	06010
Principal Occupation	**Name of Employer**		
Teacher	Bristol BOE		

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

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

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

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 01/27/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Walsh	Kerry		0031
Residential Street Address	**City**	**State**	**Zip Code**
115 Federal St	Bristol	CT	06010
Principal Occupation	**Name of Employer**		
Finance Manager	Bristol Child Development Center		

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

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

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

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 01/27/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Brazaitis	Peter		0032
Residential Street Address	**City**	**State**	**Zip Code**
55 Woodchuck Ln	Harwinton	CT	06791
Principal Occupation	**Name of Employer**		
Engineer	State of Connecticut		

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

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

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

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 01/27/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mary for the 79th	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Paine	Jessica		0033

Residential Street Address	City	State	Zip Code
42 Gilead Rd	Andover	CT	06232

Principal Occupation	Name of Employer
Nurse	Saint Francis Hospital

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

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

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

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 01/27/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Glanzer	Ted		0034

Residential Street Address	City	State	Zip Code
22A Mohawk Dr	Unionville	CT	06085

Principal Occupation	Name of Employer
Press Aide	State of CT

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

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

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

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 01/27/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Sullivan	Sarah		0035

Residential Street Address	City	State	Zip Code
155 Ashley Rd	Bristol	CT	06010

Principal Occupation	Name of Employer
Officiant	Sarah Sullivan

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

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

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

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 01/28/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Zabawa	Denise		0036

Residential Street Address	City	State	Zip Code
30 Dorset Horn Ln	Bristol	CT	06010

Principal Occupation	Name of Employer

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

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

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

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 01/28/2026

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mary for the 79th	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Goralski	Ron		0037

Residential Street Address	City	State	Zip Code
24 Circle Dr	Unionville	CT	06085

Principal Occupation	Name of Employer
Unemployed	Unemployed

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

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

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

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 01/28/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Holden	Maryellen		0038

Residential Street Address	City	State	Zip Code
11 Conifer Ln	Avon	CT	06001

Principal Occupation	Name of Employer
Retired	Retired

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

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $30.00

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

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 01/28/2026

Aggregate Contributions: $30.00

Last Name	First	MI	Contribution ID #
Rao	Maureen		0039

Residential Street Address	City	State	Zip Code
233 Woodland St	Bristol	CT	06010

Principal Occupation	Name of Employer

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

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

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

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 01/28/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Pons	Shelby		0040

Residential Street Address	City	State	Zip Code
143 Larkspur Ln	Bristol	CT	06010

Principal Occupation	Name of Employer
Education Consultant	CT State Department of Education

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

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

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

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 01/28/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mary for the 79th	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Prior	Kevin		0041
Residential Street Address	**City**	**State**	**Zip Code**
41 Broadview St	Bristol	CT	06010

Principal Occupation: Retired
Name of Employer: Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 01/29/2026
Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Sassu	Michaela		0042
Residential Street Address	**City**	**State**	**Zip Code**
222 Morningside Dr W	Bristol	CT	06010

Principal Occupation: Probation Officer
Name of Employer: State of CT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 01/29/2026
Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Chapis	Teran		0043
Residential Street Address	**City**	**State**	**Zip Code**
53 Linwood St	Bristol	CT	06010

Principal Occupation: Mayor's Aide
Name of Employer: City of Bristol

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #

Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 01/30/2026
Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Holihan	Anne		0044
Residential Street Address	**City**	**State**	**Zip Code**
57 Circle St	Bristol	CT	06010

Principal Occupation: Retired
Name of Employer: Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $30.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 01/30/2026
Aggregate Contributions: $30.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mary for the 79th	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Savino	Cathy		0045
Residential Street Address	**City**	**State**	**Zip Code**
246 Peck Ln	Bristol	CT	06010

Principal Occupation: Administrative Assistant
Name of Employer: City of Bristol

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 02/01/2026
Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Dickau	Melissa		0046
Residential Street Address	**City**	**State**	**Zip Code**
205 Village St	Bristol	CT	06010

Principal Occupation: Program Director
Name of Employer: Bristol Health

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 02/01/2026
Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Chapis	Cheryl		0047
Residential Street Address	**City**	**State**	**Zip Code**
53 Linwood St	Bristol	CT	06010

Principal Occupation: Financial Advisor
Name of Employer: Cheryl M. Chapis

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card
Date Received: 02/04/2026
Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
McCauley	Kevin		0048
Residential Street Address	**City**	**State**	**Zip Code**
19 Spring St	Bristol	CT	06010

Principal Occupation: Registrar of Voters
Name of Employer: City of Bristol

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 02/05/2026
Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mary for the 79th	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Casey	Steven		0049

Residential Street Address	City	State	Zip Code
83 Peach Tree Ln	Bristol	CT	06010

Principal Occupation	Name of Employer
Retired	Retired

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

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

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

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 02/05/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Harris	Amy		0050

Residential Street Address	City	State	Zip Code
820 Stafford Ave	Bristol	CT	06010

Principal Occupation	Name of Employer
Retired	Retired

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

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

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

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 02/06/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Barney	Brittany		0051

Residential Street Address	City	State	Zip Code
128 Queen St	Bristol	CT	06010

Principal Occupation	Name of Employer
Sr. Product Manager	Aetna

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

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

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

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 02/15/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Petosa	Michael		0052

Residential Street Address	City	State	Zip Code
30 Walnut St	Bristol	CT	06010

Principal Occupation	Name of Employer
Retired	Retired

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

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

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

If yes, list Event #

Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 02/25/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mary for the 79th	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Heering	Ann M		0053

Residential Street Address	City	State	Zip Code
86 Roberts Trce	Bristol	CT	06010

Principal Occupation	Name of Employer
Retired	Retired

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

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

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

If yes, list Event #

Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 02/25/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Floyd	Melina		0054

Residential Street Address	City	State	Zip Code
108 Carol Dr	Bristol	CT	06010

Principal Occupation	Name of Employer
Manager	United Way

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

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

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

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 02/25/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Melendez	Gricel		0055

Residential Street Address	City	State	Zip Code
108 Carol Dr	Bristol	CT	06010

Principal Occupation	Name of Employer
	Unemployed

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

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

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

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 02/25/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Dickau	Mark		0056

Residential Street Address	City	State	Zip Code
205 Village St	Bristol	CT	06010

Principal Occupation	Name of Employer
Health Insurance Specialist	Provider Resources LLC

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

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

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

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 02/25/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mary for the 79th	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Mullin	Brian		0057

Residential Street Address	City	State	Zip Code
231 Farmington Ave	Bristol	CT	06010

Principal Occupation	Name of Employer
Retired	Retired

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

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

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

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/02/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Lodovico	Bonnie		0058

Residential Street Address	City	State	Zip Code
47 Taillon St	Bristol	CT	06010

Principal Occupation	Name of Employer
Practice Manager	Physicians for Womens Health

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

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

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

If yes, list Event #

Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/02/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Schur	Debra		0059

Residential Street Address	City	State	Zip Code
6 Pilgrim Rd	Bristol	CT	06010

Principal Occupation	Name of Employer
Retired	Retired

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

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

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

If yes, list Event #

Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/04/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Barney	Dean		0060

Residential Street Address	City	State	Zip Code
128 Queen St	Bristol	CT	06010

Principal Occupation	Name of Employer
Driver	BARC

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

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

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

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/09/2026

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mary for the 79th	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Rudnick	Lawrence		0061
Residential Street Address	**City**	**State**	**Zip Code**
12 Ipswitch Rd	Bristol	CT	06010

Principal Occupation: Academic Laboratory Technician
Name of Employer: Central Connecticut State University

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 03/11/2026
Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Bogdanski	Sandra		0062
Residential Street Address	**City**	**State**	**Zip Code**
235 Fern Hill Rd	Bristol	CT	06010

Principal Occupation: Senior Data Analyst
Name of Employer: The Hartford

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 03/23/2026
Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Bogdanski	Sophie		0063
Residential Street Address	**City**	**State**	**Zip Code**
235 Fern Hill Rd	Bristol	CT	06010

Principal Occupation: Waitress
Name of Employer: Mecha Noodle Bar

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 03/23/2026
Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Ragaini	Thomas		0064
Residential Street Address	**City**	**State**	**Zip Code**
651 Lake Ave Unit 38	Bristol	CT	06010

Principal Occupation: Retired
Name of Employer: Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card
Date Received: 03/25/2026
Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mary for the 79th	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Goodwin	Richard		0065
Residential Street Address	**City**	**State**	**Zip Code**
185 Baldwin Dr	Bristol	CT	06010

Principal Occupation: Life Insurance
Name of Employer: Pacific Life

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $20.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card
Date Received: 03/25/2026
Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Bianchi	Sara		0066
Residential Street Address	**City**	**State**	**Zip Code**
89 Ivy Dr	Bristol	CT	06010

Principal Occupation: Administrative Assistant
Name of Employer: City of Bristol

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 03/26/2026
Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Janick	Michael		0067
Residential Street Address	**City**	**State**	**Zip Code**
89 Ivy Dr	Bristol	CT	06010

Principal Occupation: Property Manager
Name of Employer: Woodbirch Associates

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 03/26/2026
Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Aparo	Allison		0068
Residential Street Address	**City**	**State**	**Zip Code**
89 Ivy Dr	Bristol	CT	06010

Principal Occupation: Recruiter
Name of Employer: Anderson Windows

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card
Date Received: 03/26/2026
Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mary for the 79th	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Aparo	Leah		0069

Residential Street Address	City	State	Zip Code
89 Ivy Dr	Bristol	CT	06010

Principal Occupation	Name of Employer
Student	Student

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

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

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

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/26/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Holden	Maryellen		0070

Residential Street Address	City	State	Zip Code
11 Conifer Ln	Avon	CT	06001

Principal Occupation	Name of Employer
Retired	Retired

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

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

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

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/26/2026

Aggregate Contributions: $40.00

Last Name	First	MI	Contribution ID #
Hahn	Gregory		0071

Residential Street Address	City	State	Zip Code
145 Redwood Dr	Bristol	CT	06010

Principal Occupation	Name of Employer
IT	Cigna

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

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

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

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/26/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Patton	Morris		0072

Residential Street Address	City	State	Zip Code
49 Field St	Bristol	CT	06010

Principal Occupation	Name of Employer
Organizer	Team Lamont

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

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

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

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/26/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mary for the 79th	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Zoppo	Mary Ellen		0073

Residential Street Address	City	State	Zip Code
510 Stafford Ave # U-3C	Bristol	CT	06010

Principal Occupation	Name of Employer
Retired	Retired

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

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

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

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/27/2026

Aggregate Contributions: $15.00

Last Name	First	MI	Contribution ID #
Burke	Benjamin		0074

Residential Street Address	City	State	Zip Code
78 Old Turnpike Rd	Bristol	CT	06010

Principal Occupation	Name of Employer
	Unemployed

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

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

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

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/27/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Burke	Camryn		0075

Residential Street Address	City	State	Zip Code
78 Old Turnpike Rd	Bristol	CT	06010

Principal Occupation	Name of Employer
Sales	T-Mobile Inc

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

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

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

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/27/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Burke	Aaron		0076

Residential Street Address	City	State	Zip Code
78 Old Turnpike Rd	Bristol	CT	06010

Principal Occupation	Name of Employer

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

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

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

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/27/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mary for the 79th	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Burke	Jessica		0077
Residential Street Address	**City**	**State**	**Zip Code**
78 Old Turnpike Rd	Bristol	CT	06010

Principal Occupation: Registered Nurse
Name of Employer: Bristol Hospital

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card
Date Received: 03/28/2026
Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Burke	Sean		0078
Residential Street Address	**City**	**State**	**Zip Code**
78 Old Turnpike Rd	Bristol	CT	06010

Principal Occupation: Site Manager
Name of Employer: Bristol Board of Education

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card
Date Received: 03/28/2026
Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Tuller	Laura		0079
Residential Street Address	**City**	**State**	**Zip Code**
124 Marconi Ave	Bristol	CT	06010

Principal Occupation: Unemployed
Name of Employer: Unemployed

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card
Date Received: 03/28/2026
Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Arigoni	Tammy		0080
Residential Street Address	**City**	**State**	**Zip Code**
124 Marconi Ave	Bristol	CT	06010

Principal Occupation: Retired
Name of Employer: Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No
Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No
If yes, list Event #
Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card
Date Received: 03/28/2026
Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mary for the 79th	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Harriott	Andrew		0081
Residential Street Address	**City**	**State**	**Zip Code**
163 Goodwin St	Bristol	CT	06010

Principal Occupation	Name of Employer
Program Manager	Pyramid Consulting LLC

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

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $60.00

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

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/29/2026

Aggregate Contributions: $60.00

Last Name	First	MI	Contribution ID #
Nightingale	Janice		0082
Residential Street Address	**City**	**State**	**Zip Code**
3 Hampton Ct	Bristol	CT	06010

Principal Occupation	Name of Employer
Retired	Retired

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

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

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

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/29/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Krell	Paul		0083
Residential Street Address	**City**	**State**	**Zip Code**
86 Vine Rd	Bristol	CT	06010

Principal Occupation	Name of Employer
Retired	Retired

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

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $60.00

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

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/31/2026

Aggregate Contributions: $60.00

Total of Section B	**$2,560.00**
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Total on Line 14, Column A of Summary Page)*	**$2,560.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mary for the 79th	April 10 Filing - Original

C1. Contributions from Other Committees

Name of Committee	Name of Treasurer

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

City	State	Zip Code	Date Received	Aggregate Contributions

Total of Section C1	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Mary for the 79th	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
Mary for the 79th	April 10 Filing - Original

D. Loans Received this Period

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Mary for the 79th	April 10 Filing - Original

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

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

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Mary for the 79th	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
Mary for the 79th	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
Mary for the 79th	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
Mary for the 79th	April 10 Filing - Original

J1. Event Information

Event # / Date of Event / Letter	Description	Was this a fundraising event? Yes No

Location: Street Address	City	State	Zip Code

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

Total of Section J1	

II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mary for the 79th	April 10 Filing - Original

J3. In-Kind Donations Not Considered Contributions

Name of the Donor

Street Address	City	State	Zip Code

Donation Given by:	Description of Donation			Fair Market Value of Donation
Individual Business Entity Sole Proprietorship	Date Received	Event #	Aggregate value for this event	

Total of Section J3	

II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mary for the 79th	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
Mary for the 79th	April 10 Filing - Original

K. In-Kind Contributions

Name			
Street Address	City	State	Zip Code

Is this contribution associated with an event reported in Section J1? Yes No If yes, list Event#	Description of In-Kind Contribution

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

Type of Contributor: Individual Committee Sole Proprietorship	Date Received	Aggregate contributions

Total of Section K	

III. Non Monetary Receipts (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mary for the 79th	April 10 Filing - Original

L. Refundable Deposit to Telephone Company

Last Name of Individual	First Name	MI	Date Deposit Made	
Residential Street Address	City	State	Zip Code	Amount of Deposit
Name of Telephone company				
Street Address	City	State	Zip Code	
			Total of Section L	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mary for the 79th	April 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Walmart	03/28/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
1400 Farmington Ave	Bristol	CT	06010

Purpose of Expend	Description	Amount
OFFICE	thank you cards	$31.84

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

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

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

Purpose of Expend	Description	Amount
BNK	consolidated anedot fees	$92.90

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

Total of Section N	$124.74

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
Mary for the 79th	April 10 Filing - Original

P. Expenses Incurred on Committee Credit Card

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

Name of Vendor			Date of Transaction	
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Total of Section P	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mary for the 79th	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 (by code)	Description		Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No If yes, assign an Expenditure # and completes Itemization in Addendum Q	Expenditure # (if applicable)	Event #		

Total of Section Q	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mary for the 79th	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 If yes, assign an Expenditure # and completes Itemization in Addendum R	Expenditure # (if applicable)	Event #	Amount

Total of Section R	

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mary for the 79th	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