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
Laroche4CT	[x] Candidate Committee [ ] Exploratory Committee

3. TREASURER NAME

First	MI	Last	Suffix
Loretta	**J**	**Chory**	

4. TREASURER ADDRESS

Street Address	City	State	Zip Code
18 Brookside Ct	**Newtown**	**CT**	**06470**

5. ELECTION DATE	6. OFFICE SOUGHT *(Complete only if Candidate Committee)*	7. DISTRICT NUMBER *(if applicable)*
11/03/2026	**State Senator**	**S028**

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

First	MI	Last	Suffix
Amybeth		**Laroche**	

9. TYPE OF REPORT

April 10 Filing - Amendment

10. PERIOD COVERED

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

11. CERTIFICATION

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

Electronic Filing	**Loretta Chory**	**07/03/2026 1:02:06PM**
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	
Laroche4CT	April 10 Filing - Amendment	
	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)	**$10,103.00**	**$10,103.00**
15. Receipts from Other Committees (Sections C1 and C2)	**$0.00**	**$0.00**
16. Other Monetary Receipts (Section D through I)	**$1.25**	**$1.25**
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)	**$10,104.25**	**$10,104.25**
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	**$10,104.25**	**$10,104.25**
20. Expenses Paid by Committee (Section N)	**$2,751.52**	**$2,751.52**
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	**$7,352.73**	**$7,352.73**
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)	**$50.00**	**$50.00**
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)	**$929.47**	**$929.47**
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
Laroche4CT	April 10 Filing - Amendment

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 #
Ronan	Kathy	F	0112

Residential Street Address	City	State	Zip Code
25 Mount Pleasant Rd	Newtown	CT	06470

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

Last Name	First	MI	Contribution ID #
McClay	Steven		0053

Residential Street Address	City	State	Zip Code
12 Elana Ln	Sandy Hook	CT	06482

Principal Occupation	Name of Employer
Operations Supervisor	Lockheed Martin

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: 01/11/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Zachos	John		0100

Residential Street Address	City	State	Zip Code
52 Elm Dr	Newtown	CT	06470

Principal Occupation	Name of Employer
Demand Planning Manager	Duracell

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: 01/14/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Landy	James		0048

Residential Street Address	City	State	Zip Code
150 Head of Meadow Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
Compliance Officer	NYL Ins.

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: 01/15/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Buzzi Jr	Andrew		0010

Residential Street Address	City	State	Zip Code
38 Obtuse Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
Attorney	Buzzi Parkin 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: $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: 01/16/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Stolfi	Stephen		0090

Residential Street Address	City	State	Zip Code
39 The Blvd	Newtown	CT	06470

Principal Occupation	Name of Employer
Chief Commercial Officer	Ativion

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: 01/16/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Zachos	Ann		0098

Residential Street Address	City	State	Zip Code
52 Elm Dr	Newtown	CT	06470

Principal Occupation	Name of Employer
Food Service	Stew Leonard,Äôs

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: 01/17/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Engel	Joseph		0021

Residential Street Address	City	State	Zip Code
144 Lincoln Ave .	Eastchester	NY	10709

Principal Occupation	Name of Employer
Electrical Engineering	ODETNY

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: 01/17/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Cuocci	Vincent		0018

Residential Street Address	City	State	Zip Code
30 Little Brook Ln	Newtown	CT	06470

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: 01/17/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
O'Brien	Sharon		0056

Residential Street Address	City	State	Zip Code
190 Moore Hill Dr	Southington	CT	06489

Principal Occupation	Name of Employer
Real Estate Sales	Self: Hillside Properties

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: 01/18/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Freedman	David		0025

Residential Street Address	City	State	Zip Code
4 Laurel Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
Human Resources	Subway

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: 01/18/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Zachos	John		0099

Residential Street Address	City	State	Zip Code
52 Elm Dr	Newtown	CT	06470

Principal Occupation	Name of Employer
Demand Planning Manager	Duracell

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: 01/20/2026

Aggregate Contributions: $75.00

Last Name	First	MI	Contribution ID #
Conlon	Jennifer		0016

Residential Street Address	City	State	Zip Code
7 Sebastian Trl	Newtown	CT	06470

Principal Occupation	Name of Employer
homemaker	homemaker

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: 01/20/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Sampson	Rob		0082

Residential Street Address	City	State	Zip Code
276 Bound Line Rd	Wolcott	CT	06716

Principal Occupation	Name of Employer
Realtor	Realty 3 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: $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: 01/20/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Pertoso	Tracey		0062

Residential Street Address	City	State	Zip Code
34 Winton Farm Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
Attorney	Yale New Haven 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: $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: 01/20/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Pisani	Derek		0064

Residential Street Address	City	State	Zip Code
28 Parmalee Hill Rd	Newtown	CT	06470

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	Aggregate Contributions
01/21/2026	$100.00

Last Name	First	MI	Contribution ID #
Landau	JENNIFER		0046

Residential Street Address	City	State	Zip Code
13 Wiley Ln	Newtown	CT	06470

Principal Occupation	Name of Employer
Real Estate	Landau Ventures

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	Aggregate Contributions
01/21/2026	$100.00

Last Name	First	MI	Contribution ID #
Landau	David		0045

Residential Street Address	City	State	Zip Code
13 Wiley Ln	Newtown	CT	06470

Principal Occupation	Name of Employer
Real Estate	Landau Ventures

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	Aggregate Contributions
01/21/2026	$100.00

Last Name	First	MI	Contribution ID #
Morgan	Michael		0054

Residential Street Address	City	State	Zip Code
300 Big Rock Rd	Salisbury	NC	28146

Principal Occupation	Name of Employer
Police Detective	City of Salisbury

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: $250.00

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	Aggregate Contributions
01/22/2026	$250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Burland	Patrick		0009

Residential Street Address	City	State	Zip Code
11 Ledge Rd	Woodbridge	CT	06525

Principal Occupation	Name of Employer
Digital Comm Mngr	ACC

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: 01/24/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Warek	Richard		0094

Residential Street Address	City	State	Zip Code
3 Lone Oak Mdws	Sandy Hook	CT	06482

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: $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: 01/25/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
~~Roussas~~	~~Sandy~~		~~0079~~

Residential Street Address	City	State	Zip Code
~~38 Maltbie Rd~~	~~Newtown~~	~~CT~~	~~06470~~

Principal Occupation	Name of Employer
~~Attorny~~	~~Self~~

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: ~~$200.00~~

Last Name	First	MI	Contribution ID #
Roussas	**Sandy**		**0079**

Residential Street Address	City	State	Zip Code
38 Maltbie Rd	**Newtown**	**CT**	**06470**

Principal Occupation	Name of Employer
Attorny	**Stockman O'Connor**

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**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
MacGuffie	**Robert**	**W**	**0113**

Residential Street Address	City	State	Zip Code
144 Mayweed Rd	**Fairfield**	**CT**	**06824**

Principal Occupation	Name of Employer
Insurance Agent	**Evergreen Insurance, 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: **$200.00**

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: **$340.00**

Last Name	First	MI	Contribution ID #
Pasquarella	Dom		0060

Residential Street Address	City	State	Zip Code
15 Butterfield Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
Advertising	Mediassociates

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: 01/30/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Atherton	Bryan	K	0114

Residential Street Address	City	State	Zip Code
30 Charter Ridge Dr	Sandy Hook	CT	06482

Principal Occupation	Name of Employer
Real Estate Broker	Atherton Real Estate Advisors

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: 01/30/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
~~MacGuffie~~	~~Robert~~	~~W~~	~~0113~~

Residential Street Address	City	State	Zip Code
~~144 Mayweed Rd~~	~~Fairfield~~	~~CT~~	~~06824~~

Principal Occupation	Name of Employer
~~Insurance Agent~~	~~Evergreen Insurance, 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: ~~$200.00~~

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: ~~$340.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Nicoletti	Jennifer		0055

Residential Street Address	City	State	Zip Code
68 Totem Trl	Sandy Hook	CT	06482

Principal Occupation	Name of Employer
Sales	Maplewood at Newtown

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	Aggregate Contributions
02/02/2026	$100.00

Last Name	First	MI	Contribution ID #
O'Connor	**Barbara**		**0129**

Residential Street Address	City	State	Zip Code
36 Little Brook Ln	**Newtown**	**CT**	**06470**

Principal Occupation	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: **$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	Aggregate Contributions
02/05/2026	**$50.00**

Last Name	First	MI	Contribution ID #
~~O'Connor~~	~~Barbara~~		~~0129~~

Residential Street Address	City	State	Zip Code
~~36 Little Brook Ln~~	~~Newtown~~	~~CT~~	~~06470~~

Principal Occupation	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: ~~$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	Aggregate Contributions
~~02/05/2026~~	~~$100.00~~

Last Name	First	MI	Contribution ID #
Pieretti	Emily		0063

Residential Street Address	City	State	Zip Code
14 Brandywine Ln	Sandy Hook	CT	06482

Principal Occupation	Name of Employer
Self Employed Esthetician	Emily Pieretti Beauty + Bridal

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	Aggregate Contributions
02/06/2026	$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Wang	Hsuan-Hui	A	0156

Residential Street Address	City	State	Zip Code
46 Village Walk	Wilton	CT	06897

Principal Occupation	Name of Employer
Teacher	New Canaan Public Schools

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 # 02072026A

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

Date Received: 02/07/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
DeMarco	Rose		0019

Residential Street Address	City	State	Zip Code
20 Sunset Hill Rd	Brookfield	CT	06804

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: $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 ☒ Credit/Debit Card ☐ Money Order

Date Received: 02/07/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Accomando	Debora		0001

Residential Street Address	City	State	Zip Code
94 Walnut Tree Hill Rd	Sandy Hook	CT	06482

Principal Occupation	Name of Employer
Owner	Nutmeg Healthcare Recruiters

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 ☒ Credit/Debit Card ☐ Money Order

Date Received: 02/07/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Accomando	Robert		0002

Residential Street Address	City	State	Zip Code
94 Walnut Tree Hill Rd	Sandy Hook	CT	06482

Principal Occupation	Name of Employer
COO	Nutmeg Healthcare

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 ☒ Credit/Debit Card ☐ Money Order

Date Received: 02/07/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Catania	Charles		0014

Residential Street Address	City	State	Zip Code
20 Dailey Cir	Vernon	CT	06066

Principal Occupation: Principal Consultant

Name of Employer: Branding With Chuck

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: 02/07/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Buzzi	Michele		0158

Residential Street Address	City	State	Zip Code
38 Obtuse Rd	Newtown	CT	06470

Principal Occupation: Marketing

Name of Employer: Buzzi Parkin

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 # 02072026A

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

Date Received: 02/07/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
~~Covey~~	~~Matthew~~	~~M~~	~~0157~~

Residential Street Address	City	State	Zip Code
~~181 Center St~~	~~Manchester~~	~~CT~~	~~06040~~

Principal Occupation: ~~Manager~~

Name of Employer: ~~McKinnens 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: ~~$100.00~~

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

If yes, list Event # ~~02072026A~~

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

Date Received: ~~02/07/2026~~

Aggregate Contributions: ~~$200.00~~

Last Name	First	MI	Contribution ID #
Bolinsky	Mitch		0008

Residential Street Address	City	State	Zip Code
3 Wiley Ln	Newtown	CT	06470

Principal Occupation: State Representative

Name of Employer: CGA

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: 02/07/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Allen	**Lisa**		**0159**

Residential Street Address	City	State	Zip Code
5 Elana Ln	**Sandy Hook**	**CT**	**06482**

Principal Occupation	Name of Employer
Controller	**Berkshire Taconic Comm Foundation**

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: **$150.00**

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

If yes, list Event # **02072026A**

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

Date Received: **02/07/2026**

Aggregate Contributions: **$150.00**

Last Name	First	MI	Contribution ID #
~~Allen~~	~~Lisa~~		~~0159~~

Residential Street Address	City	State	Zip Code
~~5 Elana Ln~~	~~Sandy Hook~~	~~CT~~	~~06482~~

Principal Occupation	Name of Employer
~~N/A~~	~~N/A~~

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: ~~$150.00~~

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

If yes, list Event # ~~02072026A~~

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

Date Received: ~~02/07/2026~~

Aggregate Contributions: ~~$300.00~~

Last Name	First	MI	Contribution ID #
Kearney	Joseph	W	0160

Residential Street Address	City	State	Zip Code
9 Daniels Hill Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
VP Retail, Bus.Dev.	DFA, 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: $100.00

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

If yes, list Event # 02072026A

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

Date Received: 02/07/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Rahtelli	Donna		0161

Residential Street Address	City	State	Zip Code
16 Timber Mill Rd	Sandy Hook	CT	06482

Principal Occupation	Name of Employer
Educator	Diocese of Bridgeport

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 # 02072026A

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

Date Received: 02/07/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Koehm	Andrew		0044

Residential Street Address	City	State	Zip Code
5 Fernbrook Drew	Brookfield	CT	06804

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: 02/07/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Sauro	John		0083

Residential Street Address	City	State	Zip Code
18 Kitchawan Rd	Pound Ridge	NY	10576

Principal Occupation	Name of Employer
Owner	North Atlantic Mortgage 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: 02/07/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
TOWNZEN	MATTHEW		0093

Residential Street Address	City	State	Zip Code
404 Marklawn Ln	Hutto	TX	78634

Principal Occupation	Name of Employer
Soldier	U.S. Army

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: 02/07/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Corey	**Matthew**	**M**	**0157**

Residential Street Address	City	State	Zip Code
181 Center St	**Manchester**	**CT**	**06040**

Principal Occupation	Name of Employer
Manager	**McKinnens 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: **$100.00**

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

If yes, list Event # **02072026A**

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

Date Received: **02/07/2026**

Aggregate Contributions: **$100.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Larkin	Erin		0115

Residential Street Address	City	State	Zip Code
10 Marlin Rd	Newtown	CT	06482

Principal Occupation	Name of Employer
	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: 02/08/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
~~Porriello~~	~~John Porriello~~		~~0069~~

Residential Street Address	City	State	Zip Code
~~567 Main St~~	~~South Glastonbury~~	~~CT~~	~~06073~~

Principal Occupation	Name of Employer
~~Wealth Manager~~	~~Lifeline Financial, 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: ~~$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 ☒ Credit/Debit Card ☐ Money Order

Date Received: ~~02/08/2026~~

Aggregate Contributions: ~~$100.00~~

Last Name	First	MI	Contribution ID #
Porriello	**John**		**0069**

Residential Street Address	City	State	Zip Code
567 Main St	**South Glastonbury**	**CT**	**06073**

Principal Occupation	Name of Employer
Wealth Manager	**Lifeline Financial, 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: **$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 ☒ Credit/Debit Card ☐ Money Order

Date Received: **02/08/2026**

Aggregate Contributions: **$50.00**

Last Name	First	MI	Contribution ID #
Manusky	Anne		0051

Residential Street Address	City	State	Zip Code
20 Morning Glory Dr	Easton	CT	06612

Principal Occupation	Name of Employer
homemaker	homemaker

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 ☒ Credit/Debit Card ☐ Money Order

Date Received: 02/08/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Larkin	Tim		0117

Residential Street Address	City	State	Zip Code
10 Marlin Rd	Newtown	CT	06482

Principal Occupation	Name of Employer
Police Officer	Town of Monroe

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: 02/08/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Larkin	Ryan		0116

Residential Street Address	City	State	Zip Code
10 Marlin Rd	Newtown	CT	06482

Principal Occupation	Name of Employer
Student	None

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: 02/08/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Foncello	Marty		0022

Residential Street Address	City	State	Zip Code
11 Drover Rd	Brookfield	CT	06804

Principal Occupation	Name of Employer
State Representative	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: $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: 02/09/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Timper	Teresa		0092

Residential Street Address	City	State	Zip Code
11 Elana Ln	Sandy Hook	CT	06482

Principal Occupation	Name of Employer
School Guidance Counselor	NYC 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: $125.00

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: 02/09/2026

Aggregate Contributions: $125.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Orlowski	Daniel		0057

Residential Street Address	City	State	Zip Code
16 Bridge End Farm Ln	Sandy Hook	CT	06482

Principal Occupation	Name of Employer
Owner	Truck Yeah 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: $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: 02/10/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Sefsik	Marie		0119

Residential Street Address	City	State	Zip Code
10 Roberts Dr	Bethel	CT	06801

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: 02/12/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Sefsik	Peter, Jr.		0118

Residential Street Address	City	State	Zip Code
10 Roberts Dr	Bethel	CT	06801

Principal Occupation	Name of Employer
Meat Cutter	Caraluzzi's Market

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: 02/12/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Renzuella-Haddy	Kelly		0074

Residential Street Address	City	State	Zip Code
155 Currituck Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
Department of Defense Contractor	Leonardo DRS

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: 02/15/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Jarvis	Jennifer		0041

Residential Street Address	City	State	Zip Code
52 Old Hawleyville Rd	Bethel	CT	06801

Principal Occupation	Name of Employer
Administrative	Grace Family Church

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: 02/15/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Robertson	Tiffany		0076

Residential Street Address	City	State	Zip Code
50 Poverty Hollow Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
Fiduciary Strategist	KeyBank

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: 02/16/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Carroll	Philip		0121

Residential Street Address	City	State	Zip Code
1 Fieldstone Dr	Newtown	CT	06470

Principal Occupation	Name of Employer
Dept. of Motor Vehicles	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: $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: 02/16/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Fitchett	Keith	W	0120

Residential Street Address	City	State	Zip Code
12 Cherry St	Sandy Hook	CT	06482

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: $28.00

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: 02/16/2026

Aggregate Contributions: $28.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Larkin	Jennifer	J	0162

Residential Street Address	City	State	Zip Code
10 Marlin Rd	Sandy Hook	CT	06482

Principal Occupation	Name of Employer
Marketing	Blue Crest

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: $75.00

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	Aggregate Contributions
02/18/2026	$75.00

Last Name	First	MI	Contribution ID #
Pertoso	Robert		0061

Residential Street Address	City	State	Zip Code
34 Winton Farm Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
Director of Sales	Seymour Oil & Propane

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	Aggregate Contributions
02/22/2026	$5.00

Last Name	First	MI	Contribution ID #
Gardner-Young	Fernanda		0026

Residential Street Address	City	State	Zip Code
98 Hopewell Woods Rd	Redding	CT	06896

Principal Occupation	Name of Employer
homemaker	homemaker

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	Aggregate Contributions
02/22/2026	$50.00

Last Name	First	MI	Contribution ID #
Hampton	Yolanda		0033

Residential Street Address	City	State	Zip Code
99 Walnut Tree Hill Rd	Sandy Hook	CT	06482

Principal Occupation	Name of Employer
homemaker	homemaker

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	Aggregate Contributions
02/22/2026	$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Hampton	Gregory		0031

Residential Street Address	City	State	Zip Code
99 Walnut Tree Hill Rd	Sandy Hook	CT	06482

Principal Occupation	Name of Employer
Pilot	Solairus Aviation

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: 02/22/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Reiss	Scott		0073

Residential Street Address	City	State	Zip Code
42 Obtuse Rd	Newtown	CT	06470

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: 02/23/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Reiss	Cathy		0072

Residential Street Address	City	State	Zip Code
42 Obtuse Rd	Newtown	CT	06470

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: 02/23/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Atkinson	Mary		0004

Residential Street Address	City	State	Zip Code
8 Waterview Dr	Sandy Hook	CT	06482

Principal Occupation	Name of Employer
School Counselor	Joel Barlow High School

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: 02/23/2026

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Gelder	Josh		0027

Residential Street Address	City	State	Zip Code
301 Derby Ave	Derby	CT	06418

Principal Occupation	Name of Employer
Chief compliance officer	United Aero Group

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: $150.00

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: $150.00

Last Name	First	MI	Contribution ID #
Sorrentino	Daniel	J	0122

Residential Street Address	City	State	Zip Code
4 Surrey Trl	Sandy Hook	CT	06482

Principal Occupation	Name of Employer
Owner/Manager	Ren Corporation

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: 02/25/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Waugh	Steven	G	0124

Residential Street Address	City	State	Zip Code
10 Cross Bow Ln	Easton	CT	06612

Principal Occupation	Name of Employer
Retired	Town of Easton

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: 02/26/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Boczar	David	J	0123

Residential Street Address	City	State	Zip Code
6 Newman Dr	Easton	CT	06612

Principal Occupation	Name of Employer
Financial Planner	Self

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: 02/26/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Maiorano	Glenn		0141

Residential Street Address	City	State	Zip Code
18 Fair Oak Dr	Easton	CT	06612

Principal Occupation	Name of Employer
Tech Consultant	Accenture

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: 02/26/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Rocchio	Scott		0077

Residential Street Address	City	State	Zip Code
353 Woodland Ln	Orange	CT	06477

Principal Occupation	Name of Employer
Chiropractor	Southern CT Chiropractic

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: 02/27/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Wiley	Denise		0125

Residential Street Address	City	State	Zip Code
71 Algonquin Trl	Sandy Hook	CT	06482

Principal Occupation	Name of Employer
Office Manager	United Methodist Church of Monroe

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: $200.00

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: 03/01/2026

Aggregate Contributions: $200.00

Last Name	First	MI	Contribution ID #
Sorrentino	Melissa	G	0126

Residential Street Address	City	State	Zip Code
4 Surrey Trl	Sandy Hook	CT	06482

Principal Occupation	Name of Employer
	Homemaker

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Simon	Neuseli		0086

Residential Street Address	City	State	Zip Code
57 Taunton Lake Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
International Compensation Analyst	Cartus Corporation

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: 03/02/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Stolfi	Kristen		0089

Residential Street Address	City	State	Zip Code
39 The Blvd	Newtown	CT	06470

Principal Occupation	Name of Employer
Real Estate Agent	Berkshire Hathaway

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: 03/02/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Zukowski	Deborra		0101

Residential Street Address	City	State	Zip Code
4 Cornfield Ridge Rd	Newtown	CT	06470

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: $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: 03/02/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Hawley	Robert		0034

Residential Street Address	City	State	Zip Code
27 Swamp Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
Security Officer	Lockheed Martin

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Atkinson	Mary		0003

Residential Street Address	City	State	Zip Code
8 Waterview Dr	Sandy Hook	CT	06482

Principal Occupation	Name of Employer
School Counselor	Joel Barlow High School

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: 03/02/2026

Aggregate Contributions: $15.00

Last Name	First	MI	Contribution ID #
Goodridge	Ryan	Y	0139

Residential Street Address	City	State	Zip Code
3 Longview Heights Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
Store Manager	Caraluzzi's

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: 03/03/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Goodridge	Susanbeth		0138

Residential Street Address	City	State	Zip Code
3 Longview Heights Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
Assistant Rep Registrar	Town of Newtown

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: 03/03/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Goodridge	Steven	B	0137

Residential Street Address	City	State	Zip Code
3 Long View Heights Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
Sales Consultant	Eder-Goodman

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: 03/03/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Canfield	**Kenneth**	**C**	**0127**

Residential Street Address	City	State	Zip Code
7 Fox Run Ln S	**Newtown**	**CT**	**06470**

Principal Occupation	Name of Employer
Mechanic	**NJK Automotive**

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: **03/03/2026**

Aggregate Contributions: **$250.00**

Last Name	First	MI	Contribution ID #
Hamilton	**Kathy**		**0029**

Residential Street Address	City	State	Zip Code
18 Nunnawauk Rd	**Newtown**	**CT**	**06470**

Principal Occupation	Name of Employer
Realtor	**Berkshire Hathaway HomeServices**

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: **03/03/2026**

Aggregate Contributions: **$100.00**

Last Name	First	MI	Contribution ID #
~~Hamilton~~	~~Kathy~~		~~0029~~

Residential Street Address	City	State	Zip Code
~~18 Nunnawauk Rd~~	~~Newtown~~	~~CT~~	~~06470~~

Principal Occupation	Name of Employer
~~Realtor~~	~~Self-Employment~~

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: ~~03/03/2026~~

Aggregate Contributions: ~~$200.00~~

Last Name	First	MI	Contribution ID #
Canfield	Kenneth		0011

Residential Street Address	City	State	Zip Code
7 Fox Run Ln S	Newtown	CT	06470

Principal Occupation	Name of Employer
CNC Machining	Arch Medical Solutions Newtown

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: $200.00

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: 03/03/2026

Aggregate Contributions: $200.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Speiser	Thomas		0087

Residential Street Address	City	State	Zip Code
3 Farm Field Ridge Rd	Sandy Hook	CT	06482

Principal Occupation	Name of Employer
Plumber	Rob Rozz

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: 03/03/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Canfield	Erica	R	0128

Residential Street Address	City	State	Zip Code
7 Fox Run Ln S	Newtown	CT	06470

Principal Occupation	Name of Employer
Registrar of Voters	Town of Newtown

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: 03/03/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
~~Canfield~~	~~Kenneth~~	~~C~~	~~0127~~

Residential Street Address	City	State	Zip Code
~~7 Fox Run Ln S~~	~~Newtown~~	~~CT~~	~~06470~~

Principal Occupation	Name of Employer
~~Mechanic~~	~~NJK Automotive~~

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: ~~03/03/2026~~

Aggregate Contributions: ~~$250.00~~

Last Name	First	MI	Contribution ID #
Ruben	Nina		0081

Residential Street Address	City	State	Zip Code
115A Brushy Hill Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
homemaker	homemaker

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: 03/04/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Ruben	Ben		0080

Residential Street Address	City	State	Zip Code
115A Brushy Hill Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
Broker	The BAR Group

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	Aggregate Contributions
03/04/2026	$100.00

Last Name	First	MI	Contribution ID #
Dittmar	Meghan		0020

Residential Street Address	City	State	Zip Code
15 Timbermill Rd	Sandy Hook	CT	06482

Principal Occupation	Name of Employer
Speech Language Pathologist	Danbury 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	Aggregate Contributions
03/04/2026	$25.00

Last Name	First	MI	Contribution ID #
Improta	Paul		0040

Residential Street Address	City	State	Zip Code
11 Highview Ter	Bethel	CT	06801

Principal Occupation	Name of Employer
Insurance Agent	Underwriters, 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: $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	Aggregate Contributions
03/04/2026	$100.00

Last Name	First	MI	Contribution ID #
Pisani	Domenica		0065

Residential Street Address	City	State	Zip Code
28 Parmalee Hill Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
Coach	Elite Gymnastics Center 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	Aggregate Contributions
03/04/2026	$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Rahtelli	Joseph		0070

Residential Street Address	City	State	Zip Code
16 Timbermill Rd	Sandy Hook	CT	06482

Principal Occupation	Name of Employer
Engineer	Self

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	Aggregate Contributions
03/04/2026	$25.00

Last Name	First	MI	Contribution ID #
Catalina	Toni		0013

Residential Street Address	City	State	Zip Code
59 Butterfield Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
President	EAAL Equity 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: $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	Aggregate Contributions
03/06/2026	$50.00

Last Name	First	MI	Contribution ID #
Catalina	Tom		0012

Residential Street Address	City	State	Zip Code
59 Butterfield Rd	Newtown	CT	06470

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: $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	Aggregate Contributions
03/06/2026	$50.00

Last Name	First	MI	Contribution ID #
Boland	Mark		0007

Residential Street Address	City	State	Zip Code
66 Taunton Hill Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
Insurance	Skyward Specialty Insurance

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: $200.00

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	Aggregate Contributions
03/06/2026	$200.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Halstead	Debbie		0028

Residential Street Address	City	State	Zip Code
23 Cherry St	Sandy Hook	CT	06482

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: 03/07/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
hudak	lori		0038

Residential Street Address	City	State	Zip Code
53 Riverside Rd	Sandy Hook	CT	06482

Principal Occupation	Name of Employer
Instructor	SNHU

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: 03/07/2026

Aggregate Contributions: $15.00

Last Name	First	MI	Contribution ID #
MacGuffie	Robert		0050

Residential Street Address	City	State	Zip Code
144 Mayweed Rd .	Fairfield	CT	06824

Principal Occupation	Name of Employer
insurance agent	Evergreen Insurance

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: $140.00

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: 03/07/2026

Aggregate Contributions: $140.00

Last Name	First	MI	Contribution ID #
Bloom	Barbara		0005

Residential Street Address	City	State	Zip Code
25 Philo Curtis Rd	Sandy Hook	CT	06482

Principal Occupation	Name of Employer
Paraeducator	Newtown 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: 03/08/2026

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Bloom	Dennis		0006

Residential Street Address	City	State	Zip Code
25 Philo Curtis Rd	Sandy Hook	CT	06482

Principal Occupation	Name of Employer
Senior Center Driver	Town of Southbury

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: 03/08/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Ramsey	Donald		0071

Residential Street Address	City	State	Zip Code
3 Prospect Dr	Newtown	CT	06470

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: $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: 03/08/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Hawley	Tiffany		0035

Residential Street Address	City	State	Zip Code
27 Swamp Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
Owner	Tallow Dream Cream 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: $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: 03/08/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
~~Matthew~~	~~Mihalcik~~		~~0052~~

Residential Street Address	City	State	Zip Code
~~93 Berkshire Rd~~	~~Sandy Hook~~	~~CT~~	~~06482~~

Principal Occupation	Name of Employer
~~Commercial lending~~	~~Newtown Savings Bank~~

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: ~~03/09/2026~~

Aggregate Contributions: ~~$50.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Mihalcik	**Matthew**		**0052**

Residential Street Address	City	State	Zip Code
93 Berkshire Rd	**Sandy Hook**	**CT**	**06482**

Principal Occupation	Name of Employer
Commercial lending	**Newtown Savings Bank**

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: **03/09/2026**

Aggregate Contributions: **$25.00**

Last Name	First	MI	Contribution ID #
Widmann	**Constance**		**0096**

Residential Street Address	City	State	Zip Code
74 Hattertown Rd	**Newtown**	**CT**	**06470**

Principal Occupation	Name of Employer
Realtor	**William Raveis**

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: **03/10/2026**

Aggregate Contributions: **$50.00**

Last Name	First	MI	Contribution ID #
Palmieri	Joseph	A	0140

Residential Street Address	City	State	Zip Code
195 N Park Ave	Easton	CT	06612

Principal Occupation	Name of Employer
Farm/Tree Service	Palmieri Farm

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: 03/10/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Humire	Melissa		0039

Residential Street Address	City	State	Zip Code
8 Fox Run Ln S	Newtown	CT	06470

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: $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: 03/10/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Widmann~~	~~Constance~~		~~0096~~

Residential Street Address	City	State	Zip Code
~~74 Hattertown Rd~~	~~Newtown~~	~~CT~~	~~06470~~

Principal Occupation	Name of Employer
~~Realtor~~	~~Self~~

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: ~~03/10/2026~~

Aggregate Contributions: ~~$100.00~~

Last Name	First	MI	Contribution ID #
Termini	Steven		0091

Residential Street Address	City	State	Zip Code
8 Fox Run Ln S	Newtown	CT	06470

Principal Occupation	Name of Employer
Lmsw	Hosptial

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: 03/10/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Landin	Steven		0047

Residential Street Address	City	State	Zip Code
26 Main St	Newtown	CT	06470

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: $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: 03/13/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Sheridan	John		0085

Residential Street Address	City	State	Zip Code
2 12th St .	Hoboken	NJ	07030

Principal Occupation	Name of Employer
Sr Technology Manager	NYS Courts

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: 03/14/2026

Aggregate Contributions: $340.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Wright	Jeffrey		0097

Residential Street Address	City	State	Zip Code
1925 Huntington Tpke	Trumbull	CT	06611

Principal Occupation	Name of Employer
Painting Contractor	J.A.Wright & Co,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

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
03/14/2026	$200.00	$200.00

Last Name	First	MI	Contribution ID #
Carroll	Robert	J	0133

Residential Street Address	City	State	Zip Code
10 Hitfield Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
Grocer Manager	Big Y

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

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
03/15/2026	$5.00	$5.00

Last Name	First	MI	Contribution ID #
Carroll	Sharon	F	0132

Residential Street Address	City	State	Zip Code
10 Hitfield Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
Manager	Big Y

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

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
03/15/2026	$5.00	$5.00

Last Name	First	MI	Contribution ID #
Mick	Michelle	C	0131

Residential Street Address	City	State	Zip Code
10 Hitfield Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
Postal Clerk	USPS

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

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
03/15/2026	$5.00	$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Carroll	Nick		0130

Residential Street Address	City	State	Zip Code
10 Hitfield Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
Kitchen Clerk	Big Y

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: 03/15/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Schierloh	Ed		0084

Residential Street Address	City	State	Zip Code
6 Shady Rest Blvd	Sandy Hook	CT	06482

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: 03/16/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Formica	Barbara		0024

Residential Street Address	City	State	Zip Code
11 Founders Ln	Sandy Hook	CT	06482

Principal Occupation	Name of Employer
Paraeducator	Weston Public Schools

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: 03/18/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Formica	Antonio		0023

Residential Street Address	City	State	Zip Code
11 Founders Ln	Sandy Hook	CT	06482

Principal Occupation	Name of Employer
Professional Pilot	Solairus Aviation

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: 03/18/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Beeble	Timothy	R	0134

Residential Street Address	City	State	Zip Code
63 Grassy Plain St	Bethel	CT	06801

Principal Occupation	Name of Employer
Registrar of Voters	Town of Bethel

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: 03/20/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
MacGuffie	Adrienne		0049

Residential Street Address	City	State	Zip Code
144 Mayweed Rd	Fairfield	CT	06824

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: 03/21/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Kellerman	Kiley		0042

Residential Street Address	City	State	Zip Code
4 Brookfield Ave	Fairfield	CT	06825

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: $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: 03/22/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Clark	Bruce		0015

Residential Street Address	City	State	Zip Code
100 Wasserman Way	Newtown	CT	06470

Principal Occupation	Name of Employer
Property manager	Potatuck land company

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: 03/23/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Henneberry	Kenneth	W	0153

Residential Street Address	City	State	Zip Code
31 Deer Run	Bethel	CT	06801

Principal Occupation	Name of Employer
Retired	N/A

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: 03/23/2026

Aggregate Contributions: $30.00

Last Name	First	MI	Contribution ID #
Montague	Dave	R	0135

Residential Street Address	City	State	Zip Code
4 Kip Ln	Newtown	CT	06470

Principal Occupation	Name of Employer
Arborist	NEH Service

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: 03/23/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Szatkowski	Paul	R	0142

Residential Street Address	City	State	Zip Code
24 Winthrop Rd	Bethel	CT	06801

Principal Occupation	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: 03/24/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Finn	Steven	W	0154

Residential Street Address	City	State	Zip Code
10 Twelve O'Clock Cir	Trumbull	CT	06611

Principal Occupation	Name of Employer
Hair stylist	Steven Nicole Salon

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: 03/24/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Sorensen~~	~~Brigette~~	~~A~~	~~0136~~

Residential Street Address	City	State	Zip Code
~~160 Boggs Hill Rd~~	~~Newtown~~	~~CT~~	~~06470~~

Principal Occupation	Name of Employer
~~Visual Artist~~	

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: ~~03/24/2026~~

Aggregate Contributions: ~~$100.00~~

Last Name	First	MI	Contribution ID #
Sorensen	**Brigette**	**A**	**0136**

Residential Street Address	City	State	Zip Code
160 Boggs Hill Rd	**Newtown**	**CT**	**06470**

Principal Occupation	Name of Employer
Visual Artist	**Brigette Sorensen 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: **$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: **03/24/2026**

Aggregate Contributions: **$50.00**

Last Name	First	MI	Contribution ID #
Hampton	Gertrude		0030

Residential Street Address	City	State	Zip Code
611 E Hill Rd	Southbury	CT	06488

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: 03/24/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Cornwell	Bruce	A	0145

Residential Street Address	City	State	Zip Code
2 Buckboard Rdg	Bethel	CT	06801

Principal Occupation	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: $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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Hislop	Frank	T	0144

Residential Street Address	City	State	Zip Code
5 Evergreen Dr	Bethel	CT	06801

Principal Occupation	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: 03/25/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Ryan	Diane	S	0143

Residential Street Address	City	State	Zip Code
13 Karen Dr	Bethel	CT	06801

Principal Occupation	Name of Employer
Retired	N/A

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 #
Frank	Paul		0149

Residential Street Address	City	State	Zip Code
143 Nashville Rd	Bethel	CT	06801

Principal Occupation	Name of Employer
Fleet/Warehouse Manager	The NY-CONN Corporation

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: 03/25/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Gualtieri	Deno	S	0147

Residential Street Address	City	State	Zip Code
26 Codfish Hill Rd	Bethel	CT	06801

Principal Occupation	Name of Employer
N/A	N/A

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: 03/25/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Cuocci	Helen		0017

Residential Street Address	City	State	Zip Code
30 Little Brook Ln	Newtown	CT	06470

Principal Occupation	Name of Employer
Shift mgr	CVS

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	Aggregate Contributions
03/25/2026	$5.00

Last Name	First	MI	Contribution ID #
Palmieri	John		0059

Residential Street Address	City	State	Zip Code
88 Juniper Ln	Southport	CT	06890

Principal Occupation	Name of Employer
Sales	Broadcom

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	Aggregate Contributions
03/26/2026	$25.00

Last Name	First	MI	Contribution ID #
Palmer	Joe		0058

Residential Street Address	City	State	Zip Code
263 Middlebrook Dr	Fairfield	CT	06824

Principal Occupation	Name of Employer
Sale/Marketing	Radius

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	Aggregate Contributions
03/26/2026	$50.00

Last Name	First	MI	Contribution ID #
Riccitelli	Stephen		0075

Residential Street Address	City	State	Zip Code
32 Button Shop Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
Security Officer	Sikorsky Aircraft

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	Aggregate Contributions
03/26/2026	$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Dacey	Beverlee	F	0146

Residential Street Address	City	State	Zip Code
257 Redding Rd	Easton	CT	06612

Principal Occupation	Name of Employer
Manufacturing	Amodex Products

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 #
Szegedi	Deborah	K	0148

Residential Street Address	City	State	Zip Code
215 N Park Ave	Easton	CT	06612

Principal Occupation	Name of Employer
Town Clerk	Town of Easton

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 #
Tasi	Lisa	V	0155

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

Principal Occupation	Name of Employer
Coder Specialist	HHCHealth

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: 03/26/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Romanino	**Philip**		**0078**

Residential Street Address	City	State	Zip Code
23A Narragansett Trl	**Sandy Hook**	**CT**	**06482**

Principal Occupation	Name of Employer
Business Broker	**Sterling Business Consultants**

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: **03/26/2026**

Aggregate Contributions: **$25.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Kellerman	Taylor		0043

Residential Street Address	City	State	Zip Code
4 Brookfield Ave	Fairfield	CT	06825

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: $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: 03/26/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
~~Romanino~~	~~Philip~~		~~0078~~

Residential Street Address	City	State	Zip Code
~~23A Narragansett Trl~~	~~Sandy Hook~~	~~CT~~	~~06482~~

Principal Occupation	Name of Employer
~~Business Broker~~	~~Self~~

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: ~~03/26/2026~~

Aggregate Contributions: ~~$50.00~~

Last Name	First	MI	Contribution ID #
Wheatley	David		0095

Residential Street Address	City	State	Zip Code
341 Rock House Rd	Easton	CT	06612

Principal Occupation	Name of Employer
Financial Advisor	Tidewater Wealth Management

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: 03/26/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Pisani	Ryan		0067

Residential Street Address	City	State	Zip Code
28 Parmalee Hill Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
Shipping processor / Supervisor	Good Directions 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: $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: 03/27/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Mordente	Anthony	N	0150

Residential Street Address	City	State	Zip Code
17 Bayberry Ln	Levittown	NY	11756

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 # 03282026A

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

Date Received: 03/28/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Gallagi	Frank		0151

Residential Street Address	City	State	Zip Code
178 Green Acre Ln	Fairfield	CT	06824

Principal Occupation	Name of Employer
CFO	FEMSelect Health, 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: $25.00

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

If yes, list Event # 03282026A

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

Date Received: 03/28/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Olivieri	Carlos	R	0152

Residential Street Address	City	State	Zip Code
880 Old Post Rd	Fairfield	CT	06824

Principal Occupation	Name of Employer
Construction management	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 # 03282026A

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

Date Received: 03/28/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Sprock	Kristin		0111

Residential Street Address	City	State	Zip Code
119 Rockwell Rd	Bethel	CT	06801

Principal Occupation	Name of Employer
Teacher	Bethel Public Schools

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: 03/28/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Wlasuk	Pete		0110

Residential Street Address	City	State	Zip Code
4 Hattertown Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
Plumber	Self employed

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: 03/28/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Wlasuk	Antoinette		0109

Residential Street Address	City	State	Zip Code
4 Hattertown Rd	Newtown	CT	06470

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 #
Schierloh	Carey		0107

Residential Street Address	City	State	Zip Code
6 Shady Rest Blvd	Sandy Hook	CT	06482

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: $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: 03/29/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Knapp	Ryan		0106

Residential Street Address	City	State	Zip Code
11 Jeremiah Rd	Sandy Hook	CT	06482

Principal Occupation	Name of Employer
Engineer	Naiad Dynamics

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: 03/29/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Laroche4CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Capeci	Bradley		0108

Residential Street Address	City	State	Zip Code
52 Bear Hills Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
Sales Engineer	OEM Controls

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	Aggregate Contributions
03/29/2026	$5.00

Last Name	First	MI	Contribution ID #
Buzzi	Julia		0105

Residential Street Address	City	State	Zip Code
104 Great Hill Dr	Bethel	CT	06801

Principal Occupation	Name of Employer
Administration	Grace Medical Aethetics

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	Aggregate Contributions
03/30/2026	$10.00

Last Name	First	MI	Contribution ID #
Capeci	A. Jeffrey		0104

Residential Street Address	City	State	Zip Code
52 Bear Hills Rd	Newtown	CT	06470

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	Aggregate Contributions
03/30/2026	$5.00

Last Name	First	MI	Contribution ID #
Robb	Dennis		0103

Residential Street Address	City	State	Zip Code
131 Nonopoge Rd	Fairfield	CT	06825

Principal Occupation	Name of Employer
Electrical	Premier energy Services

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	Aggregate Contributions
03/31/2026	$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Nicoletti	Joseph		0102
Residential Street Address	**City**	**State**	**Zip Code**
68 Totem Trl	Sandy Hook	CT	06482

Principal Occupation	Name of Employer
Sr. Account Executive	Alera Group

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

Is this contribution associated with an event reported in Section J1?	Method of contribution:	Date Received	Aggregate Contributions	
☐ Yes ☒ No	☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	03/31/2026	$50.00	$50.00
If yes, list Event #				

Total of Section B	**$10,103.00**
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Total on Line 14, Column A of Summary Page)*	**$10,103.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Amendment

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
Laroche4CT	April 10 Filing - Amendment

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
Laroche4CT	April 10 Filing - Amendment

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		Stat	Zip Code	
				Total of Section D	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Laroche4CT	April 10 Filing - Amendment

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
Laroche4CT	April 10 Filing - Amendment

G. Interest from Deposits in Authorized Accounts

Name of Institution	Date Received	Amount
Newtown Savings Bank	01/30/2026	

Street Address	City	State	Zip Code	Amount
32 Church Hill Rd	Newtown	CT	06470	$0.07

Name of Institution	Date Received	Amount
Newtown Savings Bank	02/27/2026	

Street Address	City	State	Zip Code	Amount
32 Church Hill Rd	Newtown	CT	06470	$0.41

Name of Institution	Date Received	Amount
Newtown Savings Bank	03/31/2026	

Street Address	City	State	Zip Code	Amount
32 Church Hill Rd	Newtown	CT	06470	$0.73
			Total of Section G	**$1.21**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Laroche4CT	April 10 Filing - Amendment

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
Laroche4CT	April 10 Filing - Amendment

I. Miscellaneous Monetary Receipts not Considered Contributions

Name	Date of Transaction	Amount Received
State of CT/SEEC/CEP	03/26/2026	

Street Address	City	State	Zip Code
55 Farmington Ave	Hartford	CT	06105

Description	
Deposit via the "penny test"	$0.04
Total of Section I	**$0.04**

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Amendment

J1. Event Information

Event # / Date of Event	Letter	Description	Was this a fundraising event?
02/07/2026	A	Speech Event	☐ Yes ☒ No

Location: Street Address	City	State	Zip Code
8 Simpson St	Newtown	CT	06470

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.) $0.00

Event # / Date of Event	Letter	Description	Was this a fundraising event?
03/28/2026	A	Meet and Greet Event	☐ Yes ☒ No

Location: Street Address	City	State	Zip Code
144 Mayweed Rd	Fairfield	CT	06824

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.) $0.00

Total of Section J1	$0.00

II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Amendment

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
Laroche4CT	April 10 Filing - Amendment

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

Name of Host	Is this event supporting more than one candidate?	
Adrienne MacGuffie	☐ Yes ☒ No	If yes, complete Itemization in Addendum J4

Street Address	City	State	Zip Code
144 Mayweed Rd	Fairfield	CT	06824

Description of Donation			Fair Market Value of Donation
Coffee and pastries			
Event #	Aggregate value of this Event - all hosts	Aggregate value of all Events - this host/candidate	
03282026A	$50.00	$50.00	$50.00

Total of Section J4	**$50.00**

III. NONMONETARY RECEIPTS (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Amendment

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
Laroche4CT	April 10 Filing - Amendment

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
Laroche4CT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
~~Anedot~~	~~01/11/2026~~	☐ Check # ☐ Debit Card ☒ ~~X~~ EFT

Street Address	City	State	Zip Code
~~1340 Pay Drive St Ste 1770~~	~~New Orleans~~	~~LA~~	~~70112~~

Purpose of Expendit	Description	Amount
~~BNK~~	~~Anedot processing Fees~~	~~$1.30~~

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

Name of Payee	Date of Payment	Method of Payment
Anedot	**01/11/2026**	☐ Check # ☐ Debit Card ☒ X EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	**New Orleans**	**LA**	**70112**

Purpose of Expendit	Description	Amount
WEB	**Anedot processing Fees**	**$1.30**

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

Name of Payee	Date of Payment	Method of Payment
Anedot	**01/14/2026**	☐ Check # ☐ Debit Card ☒ X EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	**New Orleans**	**LA**	**70112**

Purpose of Expendit	Description	Amount
WEB	**Anedot processing Fees**	**$1.30**

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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
~~Anedot~~	~~01/14/2026~~	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
~~1340 Pay Drive St Ste 1770~~	~~New Orleans~~	~~LA~~	~~70112~~

Purpose of Expendit	Description	Amount
~~BNK~~	~~Anedot processing Fees~~	~~$1.30~~

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

Name of Payee	Date of Payment	Method of Payment
~~Anedot~~	~~01/15/2026~~	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
~~1340 Pay Drive St Ste 1770~~	~~New Orleans~~	~~LA~~	~~70112~~

Purpose of Expendit	Description	Amount
~~BNK~~	~~Anedot processing Fees~~	~~$4.30~~

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

Name of Payee	Date of Payment	Method of Payment
Anedot	**01/15/2026**	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	**New Orleans**	**LA**	**70112**

Purpose of Expendit	Description	Amount
WEB	**Anedot processing Fees**	**$4.30**

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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot	**01/16/2026**	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	**New Orleans**	**LA**	**70112**

Purpose of Expendit	Description	Amount
WEB	**Anedot processing Fees**	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
☐ Yes ☒ No			**$27.80**
If yes, assign an Expenditure # and complete Itemization in Addendum N			

Name of Payee	Date of Payment	Method of Payment
~~Anedot~~	~~01/16/2026~~	☐ Check # ☐ Debit Card ☒ ~~EFT~~

Street Address	City	State	Zip Code
~~1340 Pay Drive St Ste 1770~~	~~New Orleans~~	~~LA~~	~~70112~~

Purpose of Expendit	Description	Amount
~~BNK~~	~~Anedot processing Fees~~	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
☐ Yes ☒ No			~~$27.80~~
If yes, assign an Expenditure # and complete Itemization in Addendum N			

Name of Payee	Date of Payment	Method of Payment
~~Anedot~~	~~01/17/2026~~	☐ Check # ☐ Debit Card ☒ ~~EFT~~

Street Address	City	State	Zip Code
~~1340 Pay Drive St Ste 1770~~	~~New Orleans~~	~~LA~~	~~70112~~

Purpose of Expendit	Description	Amount
~~BNK~~	~~Anedot processing Fees~~	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
☐ Yes ☒ No			~~$8.90~~
If yes, assign an Expenditure # and complete Itemization in Addendum N			

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot	**01/17/2026**	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	**New Orleans**	**LA**	**70112**

Purpose of Expendit	Description	Amount
WEB	**Anedot processing Fees**	**$8.90**

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable)

Event #

Name of Payee	Date of Payment	Method of Payment
Anedot	**01/18/2026**	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	**New Orleans**	**LA**	**70112**

Purpose of Expendit	Description	Amount
WEB	**Anedot processing Fees**	**$2.60**

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable)

Event #

Name of Payee	Date of Payment	Method of Payment
~~Anedot~~	~~01/18/2026~~	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
~~1340 Pay Drive St Ste 1770~~	~~New Orleans~~	~~LA~~	~~70112~~

Purpose of Expendit	Description	Amount
~~BNK~~	~~Anedot processing Fees~~	~~$2.60~~

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable)

Event #

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
~~Anedot~~	~~01/20/2026~~	☐ Check # ☐ Debit Card ☒ ~~X~~ EFT

Street Address	City	State	Zip Code
~~1340 Pay Drive St Ste 1770~~	~~New Orleans~~	~~LA~~	~~70112~~

Purpose of Expendit	Description	Amount
~~BNK~~	~~Anedot processing Fees~~	~~$10.20~~

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

Name of Payee	Date of Payment	Method of Payment
Anedot	**01/20/2026**	☐ Check # ☐ Debit Card ☒ X EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	**New Orleans**	**LA**	**70112**

Purpose of Expendit	Description	Amount
WEB	**Anedot processing Fees**	**$10.20**

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

Name of Payee	Date of Payment	Method of Payment
Anedot	**01/21/2026**	☐ Check # ☐ Debit Card ☒ X EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	**New Orleans**	**LA**	**70112**

Purpose of Expendit	Description	Amount
WEB	**Anedot processing Fees**	**$12.90**

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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
~~Anedot~~	~~01/21/2026~~	☐ Check # ☐ Debit Card ☒ ~~X~~ EFT

Street Address	City	State	Zip Code
~~1340 Pay Drive St Ste 1770~~	~~New Orleans~~	~~LA~~	~~70112~~

Purpose of Expendit	Description	Amount
~~BNK~~	~~Anedot processing Fees~~	~~$12.90~~

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

Name of Payee	Date of Payment	Method of Payment
~~Anedot~~	~~01/22/2026~~	☐ Check # ☐ Debit Card ☒ ~~X~~ EFT

Street Address	City	State	Zip Code
~~1340 Pay Drive St Ste 1770~~	~~New Orleans~~	~~LA~~	~~70112~~

Purpose of Expendit	Description	Amount
~~BNK~~	~~Anedot processing Fees~~	~~$10.30~~

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

Name of Payee	Date of Payment	Method of Payment
Anedot	**01/22/2026**	☐ Check # ☐ Debit Card ☒ X EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	**New Orleans**	**LA**	**70112**

Purpose of Expendit	Description	Amount
WEB	**Anedot processing Fees**	**$10.30**

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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot	**01/24/2026**	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	**New Orleans**	**LA**	**70112**

Purpose of Expendit	Description	Amount
WEB	**Anedot processing Fees**	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			**$4.30**

Name of Payee	Date of Payment	Method of Payment
~~Anedot~~	~~01/24/2026~~	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
~~1340 Pay Drive St Ste 1770~~	~~New Orleans~~	~~LA~~	~~70112~~

Purpose of Expendit	Description	Amount
~~BNK~~	~~Anedot processing Fees~~	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			~~$4.30~~

Name of Payee	Date of Payment	Method of Payment
~~Anedot~~	~~01/25/2026~~	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
~~1340 Pay Drive St Ste 1770~~	~~New Orleans~~	~~LA~~	~~70112~~

Purpose of Expendit	Description	Amount
~~BNK~~	~~Anedot processing Fees~~	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			~~$2.30~~

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot	**01/25/2026**	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	**New Orleans**	**LA**	**70112**

Purpose of Expendit	Description	Amount
WEB	**Anedot processing Fees**	**$2.30**

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable)

Event #

Name of Payee	Date of Payment	Method of Payment
Anedot	**01/26/2026**	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	**New Orleans**	**LA**	**70112**

Purpose of Expendit	Description	Amount
WEB	**Anedot processing Fees**	**$4.30**

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable)

Event #

Name of Payee	Date of Payment	Method of Payment
~~Anedot~~	~~01/26/2026~~	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
~~1340 Pay Drive St Ste 1770~~	~~New Orleans~~	~~LA~~	~~70112~~

Purpose of Expendit	Description	Amount
~~BNK~~	~~Anedot processing Fees~~	~~$4.30~~

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable)

Event #

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
~~Anedot~~	~~01/30/2026~~	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
~~1340 Pay Drive St Ste 1770~~	~~New Orleans~~	~~LA~~	~~70112~~

Purpose of Expendit	Description	Amount
~~BNK~~	~~Anedot processing Fees~~	~~$4.30~~

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

Name of Payee	Date of Payment	Method of Payment
Anedot	**01/30/2026**	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	**New Orleans**	**LA**	**70112**

Purpose of Expendit	Description	Amount
WEB	**Anedot processing Fees**	**$4.30**

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

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

Street Address	City	State	Zip Code
~~1340 Pay Drive St Ste 1770~~	~~New Orleans~~	~~LA~~	~~70112~~

Purpose of Expendit	Description	Amount
~~BNK~~	~~Anedot processing Fees~~	~~$4.30~~

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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Amendment

N. Expenses Paid By Committee

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

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	**New Orleans**	**LA**	**70112**

Purpose of Expendit	Description	Amount
WEB	**Anedot processing Fees**	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			**$4.30**

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

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	**New Orleans**	**LA**	**70112**

Purpose of Expendit	Description	Amount
WEB	**Anedot processing Fees**	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			**$4.30**

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

Street Address	City	State	Zip Code
~~1340 Pay Drive St Ste 1770~~	~~New Orleans~~	~~LA~~	~~70112~~

Purpose of Expendit	Description	Amount
~~BNK~~	~~Anedot processing Fees~~	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ ~~x~~ No If yes, assign an Expenditure # and complete Itemization in Addendum N			~~$4.30~~

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
~~Anedot~~	~~02/07/2026~~	☐ Check # ☐ Debit Card ☒ ~~X~~ EFT

Street Address	City	State	Zip Code
~~1340 Pay Drive St Ste 1770~~	~~New Orleans~~	~~LA~~	~~70112~~

Purpose of Expendit	Description	Amount
~~BNK~~	~~Anedot processing Fees~~	~~$26.40~~

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

Name of Payee	Date of Payment	Method of Payment
Anedot	**02/07/2026**	☐ Check # ☐ Debit Card ☒ X EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	**New Orleans**	**LA**	**70112**

Purpose of Expendit	Description	Amount
WEB	**Anedot processing Fees**	**$26.40**

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

Name of Payee	Date of Payment	Method of Payment
Anedot	**02/08/2026**	☐ Check # ☐ Debit Card ☒ X EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	**New Orleans**	**LA**	**70112**

Purpose of Expendit	Description	Amount
WEB	**Anedot processing Fees**	**$4.60**

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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
~~Anedot~~	~~02/08/2026~~	☐ Check # ☐ Debit Card ☒ ~~X~~ EFT

Street Address	City	State	Zip Code
~~1340 Pay Drive St Ste 1770~~	~~New Orleans~~	~~LA~~	~~70112~~

Purpose of Expendit	Description	Amount
~~BNK~~	~~Anedot processing Fees~~	~~$4.60~~

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

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

Street Address	City	State	Zip Code
~~1340 Pay Drive St Ste 1770~~	~~New Orleans~~	~~LA~~	~~70112~~

Purpose of Expendit	Description	Amount
~~BNK~~	~~Anedot processing Fees~~	~~$7.60~~

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

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

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	**New Orleans**	**LA**	**70112**

Purpose of Expendit	Description	Amount
WEB	**Anedot processing Fees**	**$7.60**

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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
~~Anedot~~	~~02/10/2026~~	☐ Check # ☐ Debit Card ☒ ~~X~~ EFT

Street Address	City	State	Zip Code
~~1340 Pay Drive St Ste 1770~~	~~New Orleans~~	~~LA~~	~~70112~~

Purpose of Expendit	Description	Amount
~~BNK~~	~~Anedot processing Fees~~	~~$13.90~~

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

Name of Payee	Date of Payment	Method of Payment
Anedot	**02/10/2026**	☐ Check # ☐ Debit Card ☒ X EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	**New Orleans**	**LA**	**70112**

Purpose of Expendit	Description	Amount
WEB	**Anedot processing Fees**	**$13.90**

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

Name of Payee	Date of Payment	Method of Payment
Anedot	**02/15/2026**	☐ Check # ☐ Debit Card ☒ X EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	**New Orleans**	**LA**	**70112**

Purpose of Expendit	Description	Amount
WEB	**Anedot processing Fees**	**$2.60**

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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
~~Anedot~~	~~02/15/2026~~	☐ Check # ☐ Debit Card ☒ ~~X~~ EFT

Street Address	City	State	Zip Code
~~1340 Pay Drive St Ste 1770~~	~~New Orleans~~	~~LA~~	~~70112~~

Purpose of Expendit	Description	Amount
~~BNK~~	~~Anedot processing Fees~~	~~$2.60~~

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

Name of Payee	Date of Payment	Method of Payment
~~Anedot~~	~~02/16/2026~~	☐ Check # ☐ Debit Card ☒ ~~X~~ EFT

Street Address	City	State	Zip Code
~~1340 Pay Drive St Ste 1770~~	~~New Orleans~~	~~LA~~	~~70112~~

Purpose of Expendit	Description	Amount
~~BNK~~	~~Anedot processing Fees~~	~~$1.30~~

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

Name of Payee	Date of Payment	Method of Payment
Anedot	**02/16/2026**	☐ Check # ☐ Debit Card ☒ X EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	**New Orleans**	**LA**	**70112**

Purpose of Expendit	Description	Amount
WEB	**Anedot processing Fees**	**$1.30**

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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Amybeth Laroche	02/18/2026	[X] Check # 102 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
12 Elana Ln	Sandy Hook	CT	06482

Purpose of Expendit	Description	Amount
Misc *	Misc items: office supplies, website expenses and things for kick-off speech and future events	$929.47

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
~~Anedot~~	~~02/22/2026~~	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
~~1340 Pay Drive St Ste 1770~~	~~New Orleans~~	~~LA~~	~~70112~~

Purpose of Expendit	Description	Amount
~~BNK~~	~~Anedot processing Fees~~	~~$7.40~~

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Anedot	**02/22/2026**	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	**New Orleans**	**LA**	**70112**

Purpose of Expendit	Description	Amount
WEB	**Anedot processing Fees**	**$7.40**

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Amendment

N. Expenses Paid By Committee

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

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	**New Orleans**	**LA**	**70112**

Purpose of Expendit	Description	Amount
WEB	**Anedot processing Fees**	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
☐ Yes ☒ No			**$3.30**
If yes, assign an Expenditure # and complete Itemization in Addendum N			

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

Street Address	City	State	Zip Code
~~1340 Pay Drive St Ste 1770~~	~~New Orleans~~	~~LA~~	~~70112~~

Purpose of Expendit	Description	Amount
~~BNK~~	~~Anedot processing Fees~~	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
☐ Yes ☒ No			~~$3.30~~
If yes, assign an Expenditure # and complete Itemization in Addendum N			

Name of Payee	Date of Payment	Method of Payment
~~Anedot~~	~~02/25/2026~~	☐ Check # ☐ Debit Card ☒ ~~EFT~~

Street Address	City	State	Zip Code
~~1340 Pay Drive St Ste 1770~~	~~New Orleans~~	~~LA~~	~~70112~~

Purpose of Expendit	Description	Amount
~~BNK~~	~~Anedot processing Fees~~	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
☐ Yes ☒ No			~~$6.30~~
If yes, assign an Expenditure # and complete Itemization in Addendum N			

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Truck Yeah Media	02/25/2026	[ ] Check # [x] Debit Card [ ] EFT

Street Address	City	State	Zip Code
PO Box 69	Southbury	CT	06488

Purpose of Expendit	Description	Amount
A-SIGN	Mobile digital billboard sign (on a truck)	$500.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [x] No If yes, assign an Expenditure # and complete Itemization in Addendum N		02072026A

Name of Payee	Date of Payment	Method of Payment
Anedot	**02/25/2026**	[ ] Check # [ ] Debit Card [x] EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	**New Orleans**	**LA**	**70112**

Purpose of Expendit	Description	Amount
WEB	**Anedot processing Fees**	**$6.30**

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

Name of Payee	Date of Payment	Method of Payment
Anedot	**02/27/2026**	[ ] Check # [ ] Debit Card [x] EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	**New Orleans**	**LA**	**70112**

Purpose of Expendit	Description	Amount
WEB	**Anedot processing Fees**	**$4.30**

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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
~~Anedot~~	~~02/27/2026~~	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
~~1340 Pay Drive St Ste 1770~~	~~New Orleans~~	~~LA~~	~~70112~~

Purpose of Expendit	Description	Amount
~~BNK~~	~~Anedot processing Fees~~	~~$4.30~~

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

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

Street Address	City	State	Zip Code
~~1340 Pay Drive St Ste 1770~~	~~New Orleans~~	~~LA~~	~~70112~~

Purpose of Expendit	Description	Amount
~~BNK~~	~~Anedot processing Fees~~	~~$11.00~~

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

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

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	**New Orleans**	**LA**	**70112**

Purpose of Expendit	Description	Amount
WEB	**Anedot processing Fees**	**$11.00**

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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Amendment

N. Expenses Paid By Committee

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

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	**New Orleans**	**LA**	**70112**

Purpose of Expendit	Description	Amount
WEB	**Anedot processing Fees**	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
☐ Yes ☒ No			**$16.90**
If yes, assign an Expenditure # and complete Itemization in Addendum N			

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

Street Address	City	State	Zip Code
~~1340 Pay Drive St Ste 1770~~	~~New Orleans~~	~~LA~~	~~70112~~

Purpose of Expendit	Description	Amount
~~BNK~~	~~Anedot processing Fees~~	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
☐ Yes ☒ No			~~$16.90~~
If yes, assign an Expenditure # and complete Itemization in Addendum N			

Name of Payee	Date of Payment	Method of Payment
~~Anedot~~	~~03/04/2026~~	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
~~1340 Pay Drive St Ste 1770~~	~~New Orleans~~	~~LA~~	~~70112~~

Purpose of Expendit	Description	Amount
~~BNK~~	~~Anedot processing Fees~~	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
☐ Yes ☒ No			~~$17.00~~
If yes, assign an Expenditure # and complete Itemization in Addendum N			

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Proforma	03/04/2026	[X] Check # 103 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
PO Box 640814	Cincinnati	OH	45264

Purpose of Expendit	Description	Amount
PRNT	Promotional Mailing Inserts	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$170.16

Name of Payee	Date of Payment	Method of Payment
Proforma	03/04/2026	[X] Check # 104 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
PO Box 640814	Cincinnati	OH	45264

Purpose of Expendit	Description	Amount
A-OTH	Campaign buttons saying Laroche for CT	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$380.41

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

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	**New Orleans**	**LA**	**70112**

Purpose of Expendit	Description	Amount
WEB	**Anedot processing Fees**	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			**$17.00**

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Amendment

N. Expenses Paid By Committee

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

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	**New Orleans**	**LA**	**70112**

Purpose of Expendit	Description	Amount
WEB	**Anedot processing Fees**	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			**$12.90**

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

Street Address	City	State	Zip Code
~~1340 Pay Drive St Ste 1770~~	~~New Orleans~~	~~LA~~	~~70112~~

Purpose of Expendit	Description	Amount
~~BNK~~	~~Anedot processing Fees~~	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			~~$12.90~~

Name of Payee	Date of Payment	Method of Payment
~~Anedot~~	~~03/07/2026~~	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
~~1340 Pay Drive St Ste 1770~~	~~New Orleans~~	~~LA~~	~~70112~~

Purpose of Expendit	Description	Amount
~~BNK~~	~~Anedot processing Fees~~	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			~~$8.50~~

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot	**03/07/2026**	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	**New Orleans**	**LA**	**70112**

Purpose of Expendit	Description	Amount
WEB	**Anedot processing Fees**	**$8.50**

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Anedot	**03/08/2026**	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	**New Orleans**	**LA**	**70112**

Purpose of Expendit	Description	Amount
WEB	**Anedot processing Fees**	**$4.40**

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
~~Anedot~~	~~03/08/2026~~	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
~~1340 Pay Drive St Ste 1770~~	~~New Orleans~~	~~LA~~	~~70112~~

Purpose of Expendit	Description	Amount
~~BNK~~	~~Anedot processing Fees~~	~~$4.40~~

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
~~Anedot~~	~~03/09/2026~~	☐ Check # ☐ Debit Card ☒ ~~X~~ EFT

Street Address	City	State	Zip Code
~~1340 Pay Drive St Ste 1770~~	~~New Orleans~~	~~LA~~	~~70112~~

Purpose of Expendit	Description	Amount
~~BNK~~	~~Anedot processing Fees~~	~~$1.30~~

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

Name of Payee	Date of Payment	Method of Payment
Anedot	**03/09/2026**	☐ Check # ☐ Debit Card ☒ X EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	**New Orleans**	**LA**	**70112**

Purpose of Expendit	Description	Amount
WEB	**Anedot processing Fees**	**$1.30**

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

Name of Payee	Date of Payment	Method of Payment
Anedot	**03/10/2026**	☐ Check # ☐ Debit Card ☒ X EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	**New Orleans**	**LA**	**70112**

Purpose of Expendit	Description	Amount
WEB	**Anedot processing Fees**	**$3.30**

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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
~~Anedot~~	~~03/10/2026~~	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
~~1340 Pay Drive St Ste 1770~~	~~New Orleans~~	~~LA~~	~~70112~~

Purpose of Expendit	Description	Amount
~~BNK~~	~~Anedot processing Fees~~	~~$3.30~~

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

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

Street Address	City	State	Zip Code
~~1340 Pay Drive St Ste 1770~~	~~New Orleans~~	~~LA~~	~~70112~~

Purpose of Expendit	Description	Amount
~~BNK~~	~~Anedot processing Fees~~	~~$2.30~~

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

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

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	**New Orleans**	**LA**	**70112**

Purpose of Expendit	Description	Amount
WEB	**Anedot processing Fees**	**$2.30**

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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot	**03/14/2026**	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	**New Orleans**	**LA**	**70112**

Purpose of Expendit	Description	Amount
WEB	**Anedot processing Fees**	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			**$22.20**

Name of Payee	Date of Payment	Method of Payment
~~Anedot~~	~~03/14/2026~~	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
~~1340 Pay Drive St Ste 1770~~	~~New Orleans~~	~~LA~~	~~70112~~

Purpose of Expendit	Description	Amount
~~BNK~~	~~Anedot processing Fees~~	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			~~$22.20~~

Name of Payee	Date of Payment	Method of Payment
~~Anedot~~	~~03/16/2026~~	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
~~1340 Pay Drive St Ste 1770~~	~~New Orleans~~	~~LA~~	~~70112~~

Purpose of Expendit	Description	Amount
~~BNK~~	~~Anedot processing Fees~~	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			~~$1.30~~

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot	**03/16/2026**	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	**New Orleans**	**LA**	**70112**

Purpose of Expendit	Description	Amount
WEB	**Anedot processing Fees**	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			**$1.30**

Name of Payee	Date of Payment	Method of Payment
Anedot	**03/18/2026**	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	**New Orleans**	**LA**	**70112**

Purpose of Expendit	Description	Amount
WEB	**Anedot processing Fees**	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			**$8.60**

Name of Payee	Date of Payment	Method of Payment
~~Anedot~~	~~03/18/2026~~	☐ Check # ☐ Debit Card ☒ ~~x~~ EFT

Street Address	City	State	Zip Code
~~1340 Pay Drive St Ste 1770~~	~~New Orleans~~	~~LA~~	~~70112~~

Purpose of Expendit	Description	Amount
~~BNK~~	~~Anedot processing Fees~~	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ ~~x~~ No If yes, assign an Expenditure # and complete Itemization in Addendum N			~~$8.60~~

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
USPS	03/19/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
23 Barnabas Rd Ste 5	Hawleyville	CT	06440

Purpose of Expendit	Description	Amount
POST	Mailed SEEC Form CEP 12 (penny test) by certified mail with return receipt requested	$10.48

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
~~Anedot~~	~~03/21/2026~~	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
~~1340 Pay Drive St Ste 1770~~	~~New Orleans~~	~~LA~~	~~70112~~

Purpose of Expendit	Description	Amount
~~BNK~~	~~Anedot processing Fees~~	~~$4.30~~

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Anedot	**03/21/2026**	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	**New Orleans**	**LA**	**70112**

Purpose of Expendit	Description	Amount
WEB	**Anedot processing Fees**	**$4.30**

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot	**03/22/2026**	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	**New Orleans**	**LA**	**70112**

Purpose of Expendit	Description	Amount
WEB	**Anedot processing Fees**	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			**$1.30**

Name of Payee	Date of Payment	Method of Payment
~~Anedot~~	~~03/22/2026~~	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
~~1340 Pay Drive St Ste 1770~~	~~New Orleans~~	~~LA~~	~~70112~~

Purpose of Expendit	Description	Amount
~~BNK~~	~~Anedot processing Fees~~	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			~~$1.30~~

Name of Payee	Date of Payment	Method of Payment
~~Anedot~~	~~03/23/2026~~	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
~~1340 Pay Drive St Ste 1770~~	~~New Orleans~~	~~LA~~	~~70112~~

Purpose of Expendit	Description	Amount
~~BNK~~	~~Anedot processing Fees~~	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			~~$4.30~~

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot	**03/23/2026**	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	**New Orleans**	**LA**	**70112**

Purpose of Expendit	Description	Amount
WEB	**Anedot processing Fees**	**$4.30**

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable)

Event #

Name of Payee	Date of Payment	Method of Payment
Anedot	**03/24/2026**	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	**New Orleans**	**LA**	**70112**

Purpose of Expendit	Description	Amount
WEB	**Anedot processing Fees**	**$2.00**

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable)

Event #

Name of Payee	Date of Payment	Method of Payment
~~Anedot~~	~~03/24/2026~~	☐ Check # ☐ Debit Card ☒ ~~x~~ EFT

Street Address	City	State	Zip Code
~~1340 Pay Drive St Ste 1770~~	~~New Orleans~~	~~LA~~	~~70112~~

Purpose of Expendit	Description	Amount
~~BNK~~	~~Anedot processing Fees~~	~~$2.00~~

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ ~~x~~ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable)

Event #

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
~~Toriana Sauro~~	~~03/24/2026~~	[x] Check # ~~106~~ [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
~~18 Kitchawan Rd~~	~~Pound Ridge~~	~~NY~~	~~10576~~

Purpose of Expendit	Description	Amount
~~A-WEB~~	~~Video editing and graphic design work for material being posted on social media~~	~~$242.50~~

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [x] No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Toriana Sauro	**03/24/2026**	[x] Check # **106** [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
18 Kitchawan Rd	**Pound Ridge**	**NY**	**10576**

Purpose of Expendit	Description	Amount
CNSLT	**Video editing and graphic design work for material being posted on social media**	**$242.50**

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [x] No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
~~Anedot~~	~~03/25/2026~~	[ ] Check # [ ] Debit Card [x] EFT

Street Address	City	State	Zip Code
~~1340 Pay Drive St Ste 1770~~	~~New Orleans~~	~~LA~~	~~70112~~

Purpose of Expendit	Description	Amount
~~BNK~~	~~Anedot processing Fees~~	~~$0.50~~

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [x] No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot	**03/25/2026**	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	**New Orleans**	**LA**	**70112**

Purpose of Expendit	Description	Amount
WEB	**Anedot processing Fees**	**$0.50**

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Anedot	**03/26/2026**	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	**New Orleans**	**LA**	**70112**

Purpose of Expendit	Description	Amount
WEB	**Anedot processing Fees**	**$12.80**

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
~~Anedot~~	~~03/26/2026~~	☐ Check # ☐ Debit Card ☒ ~~X~~ EFT

Street Address	City	State	Zip Code
~~1340 Pay Drive St Ste 1770~~	~~New Orleans~~	~~LA~~	~~70112~~

Purpose of Expendit	Description	Amount
~~BNK~~	~~Anedot processing Fees~~	~~$12.80~~

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ ~~X~~ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Amendment

N. Expenses Paid By Committee

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

Street Address	City	State	Zip Code
~~1340 Pay Drive St Ste 1770~~	~~New Orleans~~	~~LA~~	~~70112~~

Purpose of Expendit	Description	Amount
~~BNK~~	~~Anedot processing Fees~~	~~$1.30~~

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

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

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	**New Orleans**	**LA**	**70112**

Purpose of Expendit	Description	Amount
WEB	**Anedot processing Fees**	**$1.30**

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

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

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	**New Orleans**	**LA**	**70112**

Purpose of Expendit	Description	Amount
WEB	**Anedot Processing Fees**	**$2.00**

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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Amendment

N. Expenses Paid By Committee

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

Street Address	City	State	Zip Code
~~1340 Pay Drive St Ste 1770~~	~~New Orleans~~	~~LA~~	~~70112~~

Purpose of Expendit	Description	Amount
~~BNK~~	~~Anedot Processing Fees~~	~~$2.00~~

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

Name of Payee	Date of Payment	Method of Payment
~~Anedot~~	~~03/29/2026~~	☐ Check # ☐ Debit Card ☒ ~~X~~ EFT

Street Address	City	State	Zip Code
~~1340 Pay Drive St Ste 1770~~	~~New Orleans~~	~~LA~~	~~70112~~

Purpose of Expendit	Description	Amount
~~BNK~~	~~Anedot Processing Fees~~	~~$7.80~~

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

Name of Payee	Date of Payment	Method of Payment
Anedot	**03/29/2026**	☐ Check # ☐ Debit Card ☒ X EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	**New Orleans**	**LA**	**70112**

Purpose of Expendit	Description	Amount
WEB	**Anedot Processing Fees**	**$7.80**

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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Amendment

N. Expenses Paid By Committee

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

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	**New Orleans**	**LA**	**70112**

Purpose of Expendit	Description	Amount
WEB	**Anedot Processing Fees**	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			**$1.20**

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

Street Address	City	State	Zip Code
~~1340 Pay Drive St Ste 1770~~	~~New Orleans~~	~~LA~~	~~70112~~

Purpose of Expendit	Description	Amount
~~BNK~~	~~Anedot Processing Fees~~	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			~~$1.20~~

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

Street Address	City	State	Zip Code
23 Barnabas Rd Ste 5	Hawleyville	CT	06440

Purpose of Expendit	Description	Amount
POST	Book of stamps for mailing bills, thank you notes and whatever else might need to get mailed	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$15.60

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Amybeth Laroche	03/30/2026	[X] Check # 107 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
12 Elana Ln	Sandy Hook	CT	06482

Purpose of Expendit	Description	Amount
FNDR *	Rental of rooms at Newtown Community Center for kick-off speech event and team meeting next day	$170.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N		02072026A

Name of Payee	Date of Payment	Method of Payment
~~Anedot~~	~~03/31/2026~~	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
~~1340 Pay Drive St Ste 1770~~	~~New Orleans~~	~~LA~~	~~70112~~

Purpose of Expendit	Description	Amount
~~BNK~~	~~Anedot Processing Fees~~	~~$4.60~~

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

Name of Payee	Date of Payment	Method of Payment
Anedot	**03/31/2026**	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
1340 Pay Drive St Ste 1770	**New Orleans**	**LA**	**70112**

Purpose of Expendit	Description	Amount
WEB	**Anedot Processing Fees**	**$4.60**

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

Total of Section N	**$2,751.52**

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Amendment

O. Expenses Paid By Candidate

Name of Payee (Name of vendor who candidate paid directly)	Date of Payment	Is Reimbursement Claimed?
Amybeth Laroche	02/18/2026	[X] Yes [ ] No

Street Address	City	State	Zip Code	Amount
12 Elana Ln	Sandy Hook	CT	06482	

Purpose of Expenditure (by code)	Description	Event #	Amount
Misc *	Misc items: office supplies, website, and things for kick-off speech and future events		$929.47

Name of Payee (Name of vendor who candidate paid directly)	Date of Payment	Is Reimbursement Claimed?
~~Amybeth Laroche~~	~~03/30/2026~~	[~~X~~] Yes [ ] No

Street Address	City	State	Zip Code	Amount
~~12 Elana Ln~~	~~Sandy Hook~~	~~CT~~	~~06482~~	

Purpose of Expenditure (by code)	Description	Event #	Amount
~~FNDR *~~	~~Rental of rooms at Newtown Community Center for kick-off speech event and team meeting next day~~	~~02072026A~~	~~$170.00~~

Total of Section O	**$929.47**

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Amendment

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 P	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
Laroche4CT	April 10 Filing - Amendment

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
Laroche4CT	April 10 Filing - Amendment

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:
Laroche	Amybeth		01/05/2026	[X] Check # 102 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Amazon

Street Address of Vendor	City	State	Zip Code
410 Terry Ave N	Seattle	WA	98109

Purpose of Expenditure (by code)	Description
OFFICE	tablecloth to use for events

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$12.71

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Laroche	Amybeth		01/07/2026	[X] Check # 102 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Amazon

Street Address of Vendor	City	State	Zip Code
410 Terry Ave N	Seattle	WA	98109

Purpose of Expenditure (by code)	Description
OFFICE	Phone tripod to be used for events

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$25.51

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Amendment

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:
Laroche	Amybeth		01/09/2026	[X] Check # 102 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Bluehost

Street Address of Vendor	City	State	Zip Code
5335 Gate Pkwy Fl 2	Jacksonville	FL	32256

Purpose of Expenditure (by code)	Description
WEB	website domain and hosting

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$133.12

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Laroche	Amybeth		01/11/2026	[X] Check # 102 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Amazon

Street Address of Vendor	City	State	Zip Code
410 Terry Ave N	Seattle	WA	98109

Purpose of Expenditure (by code)	Description
OFFICE	Name tags for events

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$11.69

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Amendment

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:
Laroche	Amybeth		01/14/2026	[X] Check # 102 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Walmart

Street Address of Vendor	City	State	Zip Code
702 SW 8th St	Bentonville	AR	72716

Purpose of Expenditure (by code)	Description
OFFICE	Cash box and accordion file folder

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$28.46

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Laroche	Amybeth		01/15/2026	[X] Check # 102 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Envato

Street Address of Vendor	City	State	Zip Code
PO Box 16122 Collins St W	Victoria	AU	

Purpose of Expenditure (by code)	Description
WEB	Website builder for WordPress

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$74.67

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Amendment

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:
Laroche	Amybeth		01/15/2026	[X] Check # 102 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Amazon

Street Address of Vendor	City	State	Zip Code
410 Terry Ave N	Seattle	WA	98109

Purpose of Expenditure (by code)	Description
OFFICE	Printer ink and envelopes

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$36.14

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Laroche	Amybeth		01/16/2026	[X] Check # 102 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Signs.com

Street Address of Vendor	City	State	Zip Code
8000 Haskell Ave	Van Nuys	CA	91406

Purpose of Expenditure (by code)	Description
A-OTH	Podium sign to be used for multiple events

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$43.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Amendment

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:
Laroche	Amybeth		01/18/2026	[X] Check # 102 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Signs.com

Street Address of Vendor	City	State	Zip Code
8000 Haskell Ave	Van Nuys	CA	91406

Purpose of Expenditure (by code)	Description
A-OTH	Backdrop banner with campaign name to be used for multiple events

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$343.56

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Laroche	Amybeth		01/19/2026	[X] Check # 102 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Amazon

Street Address of Vendor	City	State	Zip Code
410 Terry Ave N	Seattle	WA	98109

Purpose of Expenditure (by code)	Description
OFFICE	tablecloth and thank you notes

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$28.61

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Amendment

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:
Laroche	Amybeth		01/20/2026	[X] Check # 102 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Amazon

Street Address of Vendor	City	State	Zip Code
410 Terry Ave N	Seattle	WA	98109

Purpose of Expenditure (by code)	Description
OFFICE	envelopes

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$20.09

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Laroche	Amybeth		02/03/2026	[X] Check # 102 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Amazon

Street Address of Vendor	City	State	Zip Code
410 Terry Ave N	Seattle	WA	98109

Purpose of Expenditure (by code)	Description
OFFICE	phone tripod

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$25.51

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Amendment

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:
Laroche	Amybeth		02/04/2026	[X] Check # 102 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Amazon

Street Address of Vendor	City	State	Zip Code
410 Terry Ave N	Seattle	WA	98109

Purpose of Expenditure (by code)	Description
OFFICE	mic stand and holder for events

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$47.81

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Laroche	Amybeth		02/06/2026	[X] Check # 102 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Dollar Tree store

Street Address of Vendor	City	State	Zip Code
838 Stony Hill Rd	Bethel	CT	06801

Purpose of Expenditure (by code)	Description
FNDR *	Balloons for kick-off speech event

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R		02072026A	$38.29

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Amendment

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:
Laroche	Amybeth		02/13/2026	[X] Check # 102 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Bee Publishing Co

Street Address of Vendor	City	State	Zip Code
5 Church Hill Rd	Newtown	CT	06470

Purpose of Expenditure (by code)	Description
WEB	Photos to use for social media and other promotional opportunities

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$60.00

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Laroche	Amybeth		03/17/2026	[X] Check # 107 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Newtown Community Center

Street Address of Vendor	City	State	Zip Code
8 Simpson St	Newtown	CT	06470

Purpose of Expenditure (by code)	Description
FNDR *	Rental of rooms at Newtown Community Center for kick-off speech event and team meeting next day

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R		02072026A	$170.00

Total of Section R	**$1,099.47**

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Laroche4CT	April 10 Filing - Amendment

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