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
Elect Dauphinais	[x] Candidate Committee [ ] Exploratory Committee

3. TREASURER NAME

First	MI	Last	Suffix
Cynthia	**L**	**Dehner**	

4. TREASURER ADDRESS

Street Address	City	State	Zip Code
36 Bunny Ln	**Brooklyn**	**CT**	**06234**

5. ELECTION DATE	6. OFFICE SOUGHT *(Complete only if Candidate Committee)*	7. DISTRICT NUMBER *(if applicable)*
11/03/2026	**State Representative**	**R044**

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

First	MI	Last	Suffix
Anne		**Dauphinais**	

9. TYPE OF REPORT

April 10 Filing - Amendment

10. PERIOD COVERED

Beginning Date		Ending Date
01/20/2026	thru	**03/31/2026**

11. CERTIFICATION

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

Electronic Filing	**Cynthia Dehner**	**04/30/2026 12:25:16PM**
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	
Elect Dauphinais	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)	**$675.00**	**$675.00**
15. Receipts from Other Committees (Sections C1 and C2)	**$0.00**	**$0.00**
16. Other Monetary Receipts (Section D through I)	**$0.03**	**$0.03**
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)	**$675.03**	**$675.03**
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	**$675.03**	**$675.03**
20. Expenses Paid by Committee (Section N)	**$21.00**	**$21.00**
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	**$654.03**	**$654.03**
22. In-Kind Donations not Considered Contributions Received (Section J3)	**$0.00**	**$0.00**
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	**$0.00**	**$0.00**
24. In-Kind Contributions Received (Section K)	**$0.00**	**$0.00**
25. Refundable Deposit to Telephone Company (Section L)	**$0.00**	**$0.00**
26. Beginning Loan Balance	**$0.00**	
26a. + Loans Received (Section D)	**$0.00**	**$0.00**
26b. + Interest and Penalties on Loan(s)	**$0.00**	**$0.00**
26c. - Payments on Loan(s)	**$0.00**	**$0.00**
26d. Total Outstanding Loan Amount	**$0.00**	
27. Campaign Expenses Paid By Candidate (Section O)	**$0.00**	**$0.00**
28. Expenses Incurred on Committee Credit Card (Section P)	**$0.00**	**$0.00**
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	**$0.00**	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	**$0.00**	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Dauphinais	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 #
~~Landry~~	~~Donna~~		~~0002~~
Residential Street Address	**City**	**State**	**Zip Code**
~~67 State Ave~~	~~Rogers~~	~~CT~~	~~06263~~

Principal Occupation:

Name of Employer: ~~Unemployed~~

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

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

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

Amount of Contribution: ~~$95.70~~

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: ~~$195.70~~

Last Name	First	MI	Contribution ID #
Dehner	Cynthia		0001
Residential Street Address	**City**	**State**	**Zip Code**
36 Bunny Ln	Brooklyn	CT	06234

Principal Occupation: Cashiering Ops Supervisor

Name of Employer: Mohegan Sun Casino

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 #
Landry	**Donna**		**0002**
Residential Street Address	**City**	**State**	**Zip Code**
67 State Ave	**Rogers**	**CT**	**06263**

Principal Occupation:

Name of Employer: **Unemployed**

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

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

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

Amount of Contribution: **$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**

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Dehner	**Cynthia**		**0065**
Residential Street Address	City	State	Zip Code
36 Bunny Ln	**Brooklyn**	**CT**	**06234**
Principal Occupation	Name of Employer		
Cashiering Ops Supervisor	**Mohegan Sun Casino**		

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: **02/17/2026**

Aggregate Contributions: **$10.00**

Last Name	First	MI	Contribution ID #
Dehner	**Cynthia**	**L**	**0066**
Residential Street Address	City	State	Zip Code
36 Bunny Ln	**Brooklyn**	**CT**	**06234**
Principal Occupation	Name of Employer		
Cashiering Ops Supervisor	**Mohegan Sun Casino**		

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: **02/22/2026**

Aggregate Contributions: **$5.00**

Last Name	First	MI	Contribution ID #
~~Dehner~~	~~Cynthia~~		~~0004~~
Residential Street Address	City	State	Zip Code
~~36 Bunny Ln~~	~~Brooklyn~~	~~CT~~	~~06234~~
Principal Occupation	Name of Employer		
~~Cashiering Ops Supervisor~~	~~Mohegan Sun Casino~~		

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: ~~$18.30~~

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: ~~$23.30~~

Last Name	First	MI	Contribution ID #
Dehner	**Cynthia**		**0004**
Residential Street Address	City	State	Zip Code
36 Bunny Ln	**Brooklyn**	**CT**	**06234**
Principal Occupation	Name of Employer		
Cashiering Ops Supervisor	**Mohegan Sun Casino**		

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**

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Dehner~~	~~Cynthia~~		~~0003~~

Residential Street Address	City	State	Zip Code
~~36 Bunny Ln~~	~~Brooklyn~~	~~CT~~	~~06234~~

Principal Occupation	Name of Employer
~~Cashiering Ops Supervisor~~	~~Mohegan Sun Casino~~

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: ~~$4.50~~

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: ~~$9.50~~

Last Name	First	MI	Contribution ID #
Dehner	**Cynthia**		**0003**

Residential Street Address	City	State	Zip Code
36 Bunny Ln	**Brooklyn**	**CT**	**06234**

Principal Occupation	Name of Employer
Cashiering Ops Supervisor	**Mohegan Sun Casino**

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: **03/09/2026**

Aggregate Contributions: **$5.00**

Last Name	First	MI	Contribution ID #
Knupp	**Adam**	**P**	**0005**

Residential Street Address	City	State	Zip Code
180 Cook Hill Rd	**Danielson**	**CT**	**06239**

Principal Occupation	Name of Employer
Transmission Lindeman	**National Grid**

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 #
~~Knupp~~	~~Adam~~	~~P~~	~~0005~~

Residential Street Address	City	State	Zip Code
~~180 Cook Hill Rd~~	~~Danielson~~	~~CT~~	~~06239~~

Principal Occupation	Name of Employer
~~Transmission Lindeman~~	~~National Grid~~

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: ~~$95.70~~

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: ~~$195.70~~

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Velilla	**Janice**	**P**	**0008**
Residential Street Address	City	State	Zip Code
3 Nutmeg Ln	**Milford**	**CT**	**06461**

Principal Occupation: **Asst. Preschool Teacher**

Name of Employer: **Little Eagles pre-K**

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: **03/25/2026**

Aggregate Contributions: **$50.00**

Last Name	First	MI	Contribution ID #
~~Velilla~~	~~Janice~~	~~P~~	~~0008~~
Residential Street Address	City	State	Zip Code
~~3 Nutmeg Ln~~	~~Milford~~	~~CT~~	~~06461~~

Principal Occupation: ~~Asst. Preschool Teacher~~

Name of Employer: ~~Little Eagles pre-K~~

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: ~~$47.70~~

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: ~~$97.70~~

Last Name	First	MI	Contribution ID #
Demers	**Carla**		**0006**
Residential Street Address	City	State	Zip Code
18 Jupiter Point Rd	**Groton**	**CT**	**06340**

Principal Occupation: **Accountant**

Name of Employer: **Demers Accounting**

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

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

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

Amount of Contribution: **$100.00**

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

If yes, list Event #

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

Date Received: **03/26/2026**

Aggregate Contributions: **$100.00**

Last Name	First	MI	Contribution ID #
~~Demers~~	~~Carla~~		~~0006~~
Residential Street Address	City	State	Zip Code
~~18 Jupiter Point Rd~~	~~Groton~~	~~CT~~	~~06340~~

Principal Occupation: ~~Accountant~~

Name of Employer: ~~Demers Accounting~~

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: ~~$95.70~~

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: ~~$195.70~~

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Mailhot~~	~~Erik~~		~~0007~~
Residential Street Address	**City**	**State**	**Zip Code**
~~255 Slater Hill Rd~~	~~Dayville~~	~~CT~~	~~06241~~

Principal Occupation: ~~Foreman Carpenter~~

Name of Employer: ~~H.Carr and Sons~~

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: ~~$23.70~~

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: ~~$48.70~~

Last Name	First	MI	Contribution ID #
~~Verge~~	~~James~~		~~0009~~
Residential Street Address	**City**	**State**	**Zip Code**
~~62 Bailey Rd~~	~~Moosup~~	~~CT~~	~~06354~~

Principal Occupation: ~~BC-HIS~~

Name of Employer: ~~Amplisound Hearing Care Center~~

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

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

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

Amount of Contribution: ~~$47.70~~

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: ~~$97.70~~

Last Name	First	MI	Contribution ID #
Mailhot	**Erik**		**0007**
Residential Street Address	**City**	**State**	**Zip Code**
255 Slater Hill Rd	**Dayville**	**CT**	**06241**

Principal Occupation: **Foreman Carpenter**

Name of Employer: **H.Carr and Sons**

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**

Last Name	First	MI	Contribution ID #
Verge	**James**		**0009**
Residential Street Address	**City**	**State**	**Zip Code**
62 Bailey Rd	**Moosup**	**CT**	**06354**

Principal Occupation: **BC-HIS**

Name of Employer: **Amplisound Hearing Care Center**

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

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

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

Amount of Contribution: **$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: **03/27/2026**

Aggregate Contributions: **$50.00**

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Wood	Richard	J	0068
Residential Street Address	**City**	**State**	**Zip Code**
161 Newport Rd	Oneco	CT	06373

Principal Occupation: retired

Name of Employer: Retired

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 03/31/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Wood	Sandra	J	0067
Residential Street Address	**City**	**State**	**Zip Code**
161 Newport Rd	Oneco	CT	06373

Principal Occupation: Retired

Name of Employer: Retired

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 03/31/2026

Aggregate Contributions: $100.00

Total of Section B	**$675.00**
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Total on Line 14, Column A of Summary Page)*	**$675.00**

I. MONETARY RECEIPTS (Section A-I)

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

G. Interest from Deposits in Authorized Accounts

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Elect Dauphinais	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
Elect Dauphinais	April 10 Filing - Amendment

I. Miscellaneous Monetary Receipts not Considered Contributions

Name	Date of Transaction	Amount Received
CEF	03/27/2026	

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

Description	
Test transaction	$0.03

Total of Section I	**$0.03**

II. EVENT ACTIVITY (Sections J1 - J4)

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

J1. Event Information

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

Location: Street Address	City	State	Zip Code

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

Total of Section J1	

II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Dauphinais	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	Date Received	Event #	Aggregate value for this event	
Sole Proprietorship				

Total of Section J3	

II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
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J4. In-Kind Donations Not Considered Contributions Associated with a House Party

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

Street Address	City	State	Zip Code

Description of Donation			Fair Market Value of Donation
Event #	Aggregate value of this Event - all hosts	Aggregate value of all Events - this host/candidate	

Total of Section J4	

III. NONMONETARY RECEIPTS (Sections K - L)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot Inc	**03/30/2026**	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1201 W Peachtree St Ste 2625 PMB 434	**Atlanta**	**GA**	**30309**

Purpose of Expendit	Description	Amount
BNK	**online contribution processing fees charged 2/18/26 thru 3/27/26**	**$21.00**

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

Total of Section N	**$21.00**

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
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O. Expenses Paid By Candidate

Name of Payee (Name of vendor who candidate paid directly)	Date of Payment	Is Reimbursement Claimed? Yes No

Street Address	City	State	Zip Code	Amount

Purpose of Expenditure (by code)	Description	Event #

Total of Section O	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Dauphinais	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
Elect Dauphinais	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
Elect Dauphinais	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: Check # Debit Card EFT

Name of Vendor Paid by Committee Worker/Consultant

Street Address of Vendor	City	State	Zip Code

Purpose of Expenditure (by code)	Description

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

Total of Section R	

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Dauphinais	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