



**COVER PAGE**

|   |  |  |                         |   |                             |                                      |  |
|---|--|--|-------------------------|---|-----------------------------|--------------------------------------|--|
| 1. NAME OF COMMITTEE  |  |  |                         | 2. TYPE OF COMMITTEE  |                             |                                      |  |
| <b>Stephanie Thomas for CT</b>  |  |  |                         | <input checked="" type="checkbox"/> Candidate Committee<br><input type="checkbox"/> Exploratory Committee |                             |                                      |  |
| 3. TREASURER NAME   |  |  |                         |   |                             |                                      |  |
| First<br><b>Alan</b>  |  | MI   | Last<br><b>Shinbaum</b> |   |                             | Suffix                               |  |
| 4. TREASURER ADDRESS  |  |  |                         |   |                             |                                      |  |
| Street Address<br><b>202 Harvest Cmns</b>   |  |  | City<br><b>Westport</b> |   | State<br><b>CT</b>          | Zip Code<br><b>06880</b>             |  |
| 5. ELECTION DATE  |  | 6. OFFICE SOUGHT ( Complete only if Candidate Committee) |                         |   |                             | 7. DISTRICT NUMBER ( if applicable ) |  |
| <b>11/03/2026</b>   |  | <b>Secretary of the State</b>                            |                         |   |                             |                                      |  |
| 8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)   |  |  |                         |   |                             |                                      |  |
| First<br><b>Stephanie</b>   |  | MI   | Last<br><b>Thomas</b>   |   |                             | Suffix                               |  |
| 9. TYPE OF REPORT   |  |  |                         |   |                             |                                      |  |
| <b>April 10 Filing - Amendment</b>  |  |  |                         |   |                             |                                      |  |
| 10. PERIOD COVERED  |  |  |                         |   |                             |                                      |  |
|   |  | Beginning Date   |                         | Ending Date   |                             |                                      |  |
|   |  | <b>01/01/2026</b>  |                         | thru  |                             | <b>03/31/2026</b>                    |  |
| 11. CERTIFICATION   |  |  |                         |   |                             |                                      |  |
| <input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.                          |  |  |                         |   |                             |                                      |  |
| <b>Electronic Filing</b>  |  | <b>Alan Shinbaum</b>                                     |                         |   | <b>05/06/2026 6:11:10PM</b> |                                      |  |
| SIGNATURE   |  | PRINT NAME OF THE SIGNER                                 |                         |   | DATE CERTIFIED              |                                      |  |
|   |  |  |                         |   |                             |                                      |  |
| <p><b>A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.</b></p> |  |  |                         |   |                             |                                      |  |

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

**SUMMARY PAGE TOTALS**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)                           | TYPE OF REPORT              |                       |
|---|-----------------------------|-----------------------|
| <b>Stephanie Thomas for CT</b>  | April 10 Filing - Amendment |                       |
|   | COLUMN A<br>This Period     | COLUMN B<br>Aggregate |
| 12. Balance on hand from day Committee was formed   |                             | <b>\$0.00</b>         |
| 13. Balance on hand at the beginning of Reporting Period  | <b>\$28,504.13</b>          |                       |
| 14. Contributions received from Individuals (Section A and B)                                     | <b>\$30,191.00</b>          | <b>\$64,773.00</b>    |
| 15. Receipts from Other Committees (Sections C1 and C2)   | <b>\$0.00</b>               | <b>\$0.00</b>         |
| 16. Other Monetary Receipts (Section D through I)   | <b>\$0.04</b>               | <b>\$320.04</b>       |
| 17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)                           | <b>\$0.00</b>               | <b>\$0.00</b>         |
| 18. Total Monetary Receipts (add totals for lines 14 through 17)                                  | <b>\$30,191.04</b>          | <b>\$65,093.04</b>    |
| 19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)           | <b>\$58,695.17</b>          | <b>\$65,093.04</b>    |
| 20. Expenses Paid by Committee (Section N)  | <b>\$5,488.96</b>           | <b>\$11,886.83</b>    |
| 21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns ) | <b>\$53,206.21</b>          | <b>\$53,206.21</b>    |
| 22. In-Kind Donations not Considered Contributions Received (Section J3)                          | <b>\$0.00</b>               | <b>\$0.00</b>         |
| 23. In-Kind Donations not Considered Contributions - House Party (Section J4)                     | <b>\$0.00</b>               | <b>\$0.00</b>         |
| 24. In-Kind Contributions Received (Section K)  | <b>\$0.00</b>               | <b>\$0.00</b>         |
| 25. Refundable Deposit to Telephone Company (Section L)   | <b>\$0.00</b>               | <b>\$0.00</b>         |
| 26. Beginning Loan Balance  | <b>\$0.00</b>               |                       |
| 26a. + Loans Received (Section D)   | <b>\$0.00</b>               | <b>\$0.00</b>         |
| 26b. + Interest and Penalties on Loan(s)  | <b>\$0.00</b>               | <b>\$0.00</b>         |
| 26c. - Payments on Loan(s)  | <b>\$0.00</b>               | <b>\$0.00</b>         |
| 26d. Total Outstanding Loan Amount  | <b>\$0.00</b>               |                       |
| 27. Campaign Expenses Paid By Candidate (Section O)   | <b>\$0.00</b>               | <b>\$0.00</b>         |
| 28. Expenses Incurred on Committee Credit Card (Section P)  | <b>\$0.00</b>               | <b>\$0.00</b>         |
| 29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)                    | <b>\$0.00</b>               |                       |
| 29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)                    | <b>\$0.00</b>               |                       |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | 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<br>Johnson   | First<br>Krista  | MI  | Contribution ID #<br>0249          |
| Residential Street Address<br>64 Magnolia Ave  | City<br>Norwalk  | State<br>CT   | Zip Code<br>06850                  |
| Principal Occupation<br>Director of Development  | Name of Employer<br>CT Institute for Refugees & Immigrants   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>01/06/2026   | Aggregate Contributions<br>\$25.00 |
|  |  |   | Amount of Contribution<br>\$25.00  |

|  |  |   |                                    |
|--|--|---|------------------------------------|
| Last Name<br>Hubbard   | First<br>Hannah  | MI  | Contribution ID #<br>0250          |
| Residential Street Address<br>259 Arch Bridge Rd   | City<br>Bethlehem  | State<br>CT   | Zip Code<br>06751                  |
| Principal Occupation<br>Retired  | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>01/06/2026   | Aggregate Contributions<br>\$50.00 |
|  |  |   | Amount of Contribution<br>\$50.00  |

|  |  |   |                                     |
|--|--|---|-------------------------------------|
| Last Name<br>Rosenberg   | First<br>Yvonne  | MI<br>A   | Contribution ID #<br>0251           |
| Residential Street Address<br>23 W Lake Rd   | City<br>Warwick  | State<br>NY   | Zip Code<br>10990                   |
| Principal Occupation<br>Retired  | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>01/07/2026   | Aggregate Contributions<br>\$100.00 |
|  |  |   | Amount of Contribution<br>\$100.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Almquist   | First<br>Jennifer  | MI  | Contribution ID #<br>0252          |
| Residential Street Address<br>114 Colebrook Rd  | City<br>Norfolk  | State<br>CT   | Zip Code<br>06058                  |
| Principal Occupation<br>Photojournalist/writer  | Name of Employer<br>Lakeville Journal  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>01/12/2026   | Aggregate Contributions<br>\$10.00 |
|   |  |   | Amount of Contribution<br>\$10.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Notar-Francesco  | First<br>Jill  | MI  | Contribution ID #<br>0253          |
| Residential Street Address<br>56 Willard Ave  | City<br>Old Saybrook   | State<br>CT   | Zip Code<br>06475                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>01/12/2026   | Aggregate Contributions<br>\$20.00 |
|   |  |   | Amount of Contribution<br>\$20.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Heuvelman  | First<br>David   | MI<br>B   | Contribution ID #<br>0254           |
| Residential Street Address<br>10 Buckingham Pl  | City<br>Norwalk  | State<br>CT   | Zip Code<br>06851                   |
| Principal Occupation<br>Attorney  | Name of Employer<br>DBH Legal LLC  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>01/13/2026   | Aggregate Contributions<br>\$100.00 |
|   |  |   | Amount of Contribution<br>\$100.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Peterson   | First<br>June  | MI<br>G   | Contribution ID #<br>0255          |
| Residential Street Address<br>44 Ashpohtag Rd .   | City<br>Norfolk  | State<br>CT   | Zip Code<br>06058                  |
| Principal Occupation<br>media relations   | Name of Employer<br>Mediabids  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>01/14/2026   | Aggregate Contributions<br>\$10.00 |
|   |  |   | Amount of Contribution<br>\$10.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>siegert  | First<br>Allan   | MI<br>a   | Contribution ID #<br>0256          |
| Residential Street Address<br>597 Westport Ave # B240   | City<br>Norwalk  | State<br>CT   | Zip Code<br>06851                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>01/26/2026   | Aggregate Contributions<br>\$25.00 |
|   |  |   | Amount of Contribution<br>\$25.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Levy   | First<br>Leslie  | MI<br>L   | Contribution ID #<br>0257          |
| Residential Street Address<br>34 Kent Hollow Rd   | City<br>South Kent   | State<br>CT   | Zip Code<br>06785                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>01/26/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Madden   | First<br>Tom   | MI  | Contribution ID #<br>0258          |
| Residential Street Address<br>50 Madeline Dr  | City<br>Ridgefield   | State<br>CT   | Zip Code<br>06877                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>01/26/2026   | Aggregate Contributions<br>\$25.00 |
|   |  |   | Amount of Contribution<br>\$25.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Gorin  | First<br>Jenifer   | MI  | Contribution ID #<br>0259           |
| Residential Street Address<br>21 High Point Rd  | City<br>Westport   | State<br>CT   | Zip Code<br>06880                   |
| Principal Occupation<br>Consultant  | Name of Employer<br>Impact Growth Partners   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>01/26/2026   | Aggregate Contributions<br>\$340.00 |
|   |  |   | Amount of Contribution<br>\$340.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Brown  | First<br>John  | MI  | Contribution ID #<br>0260           |
| Residential Street Address<br>126 Old Hickory Rd  | City<br>Orange   | State<br>CT   | Zip Code<br>06477                   |
| Principal Occupation<br>Computer Consultant   | Name of Employer<br>Bridgetown Computer Services   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>01/26/2026   | Aggregate Contributions<br>\$340.00 |
|   |  |   | Amount of Contribution<br>\$190.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Klee   | First<br>Jennifer  | MI  | Contribution ID #<br>0261          |
| Residential Street Address<br>132 Hany Ln   | City<br>Vernon   | State<br>CT   | Zip Code<br>06066                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>01/26/2026   | Aggregate Contributions<br>\$25.00 |
|   |  |   | Amount of Contribution<br>\$25.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Kapoor   | First<br>Nick  | MI  | Contribution ID #<br>0262           |
| Residential Street Address<br>109 Meadows End Rd  | City<br>Monroe   | State<br>CT   | Zip Code<br>06468                   |
| Principal Occupation<br>Professor   | Name of Employer<br>Fairfield University   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>01/26/2026   | Aggregate Contributions<br>\$340.00 |
|   |  |   | Amount of Contribution<br>\$20.00   |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Sarner   | First<br>Sharyn  | MI  | Contribution ID #<br>0263          |
| Residential Street Address<br>122 Frost Pond Rd   | City<br>Stamford   | State<br>CT   | Zip Code<br>06903                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>01/26/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Siegelbaum   | First<br>Beth  | MI<br>M   | Contribution ID #<br>0264           |
| Residential Street Address<br>57 Russell St   | City<br>Norwalk  | State<br>CT   | Zip Code<br>06855                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>01/26/2026   | Aggregate Contributions<br>\$125.00 |
|   |  |   | Amount of Contribution<br>\$50.00   |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Goldberg-Honig   | First<br>Diane   | MI  | Contribution ID #<br>0265          |
| Residential Street Address<br>71 Town Line Rd   | City<br>Harwinton  | State<br>CT   | Zip Code<br>06791                  |
| Principal Occupation<br>Personal Fitness Trainer  | Name of Employer<br>Diane Honig Fitness  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>01/26/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Stover   | First<br>Dwight  | MI  | Contribution ID #<br>0266          |
| Residential Street Address<br>72 Kings Hwy  | City<br>North Haven  | State<br>CT   | Zip Code<br>06473                  |
| Principal Occupation<br>Office Assistant  | Name of Employer<br>State of Connecticut   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>01/26/2026   | Aggregate Contributions<br>\$25.00 |
|   |  |   | Amount of Contribution<br>\$25.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Madore   | First<br>Paul  | MI  | Contribution ID #<br>0267           |
| Residential Street Address<br>63 Greenwoods Rd E  | City<br>Norfolk  | State<br>CT   | Zip Code<br>06058                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>01/26/2026   | Aggregate Contributions<br>\$100.00 |
|   |  |   | Amount of Contribution<br>\$100.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Kinsman  | First<br>Susan   | MI<br>E   | Contribution ID #<br>0268          |
| Residential Street Address<br>161 Newberry Rd   | City<br>East Haddam  | State<br>CT   | Zip Code<br>06423                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>01/26/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Weaver   | First<br>Belinda   | MI<br>D   | Contribution ID #<br>0269          |
| Residential Street Address<br>224 Walnut St   | City<br>Waterbury  | State<br>CT   | Zip Code<br>06704                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>01/26/2026   | Aggregate Contributions<br>\$25.00 |
|   |  |   | Amount of Contribution<br>\$25.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Bryce-Buchanan   | First<br>Carol   | MI<br>J   | Contribution ID #<br>0270           |
| Residential Street Address<br>2077 5th Ave  | City<br>New York   | State<br>NY   | Zip Code<br>10035                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>01/26/2026   | Aggregate Contributions<br>\$340.00 |
|   |  |   | Amount of Contribution<br>\$340.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Kapoor   | First<br>Nicholas  | MI  | Contribution ID #<br>0271          |
| Residential Street Address<br>109 Meadows End Rd  | City<br>Monroe   | State<br>CT   | Zip Code<br>06468                  |
| Principal Occupation<br>Professor   | Name of Employer<br>Fairfield University   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>01/27/2026   | Aggregate Contributions<br>\$70.00 |
|   |  |   | Amount of Contribution<br>\$70.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Williams   | First<br>Brad  | MI  | Contribution ID #<br>0272           |
| Residential Street Address<br>515 E 89th St   | City<br>New York   | State<br>NY   | Zip Code<br>10128                   |
| Principal Occupation<br>Actuary   | Name of Employer<br>General Reinsurance Corp.  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>01/27/2026   | Aggregate Contributions<br>\$340.00 |
|   |  |   | Amount of Contribution<br>\$20.00   |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Imber  | First<br>Michael   | MI  | Contribution ID #<br>0273           |
| Residential Street Address<br>6 Glenwood Rd   | City<br>Weston   | State<br>CT   | Zip Code<br>06883                   |
| Principal Occupation<br>Business development  | Name of Employer<br>Epiq   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>01/28/2026   | Aggregate Contributions<br>\$390.00 |
|   |  |   | Amount of Contribution<br>\$70.00   |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Hayes  | First<br>Shiela  | MI  | Contribution ID #<br>0274           |
| Residential Street Address<br>382 Laurel Hill Ave Unit 30   | City<br>Norwich  | State<br>CT   | Zip Code<br>06360                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>01/29/2026   | Aggregate Contributions<br>\$100.00 |
|   |  |   | Amount of Contribution<br>\$100.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Baker  | First<br>Michael   | MI<br>J   | Contribution ID #<br>0275           |
| Residential Street Address<br>26 Woodpecker Way   | City<br>Marlboro   | State<br>NJ   | Zip Code<br>07746                   |
| Principal Occupation<br>Partner   | Name of Employer<br>m3 Development   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>01/29/2026   | Aggregate Contributions<br>\$410.00 |
|   |  |   | Amount of Contribution<br>\$90.00   |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Williams   | First<br>Brad  | MI  | Contribution ID #<br>0276           |
| Residential Street Address<br>515 E 89th St   | City<br>New York   | State<br>NY   | Zip Code<br>10128                   |
| Principal Occupation<br>Actuary   | Name of Employer<br>General Reinsurance Crp  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>01/29/2026   | Aggregate Contributions<br>\$410.00 |
|   |  |   | Amount of Contribution<br>\$70.00   |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Williams   | First<br>Dorothy   | MI  | Contribution ID #<br>0277          |
| Residential Street Address<br>515 E 89th St Apt 4LM   | City<br>New York   | State<br>NY   | Zip Code<br>10128                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>01/30/2026   | Aggregate Contributions<br>\$90.00 |
|   |  |   | Amount of Contribution<br>\$90.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Cogut  | First<br>Charles   | MI  | Contribution ID #<br>0278           |
| Residential Street Address<br>25 Bulls Bridge Rd  | City<br>South Kent   | State<br>CT   | Zip Code<br>06785                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>01/30/2026   | Aggregate Contributions<br>\$410.00 |
|   |  |   | Amount of Contribution<br>\$90.00   |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Cogut  | First<br>Ellen   | MI  | Contribution ID #<br>0279           |
| Residential Street Address<br>25 Bulls Bridge Rd  | City<br>South Kent   | State<br>CT   | Zip Code<br>06785                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>01/30/2026   | Aggregate Contributions<br>\$410.00 |
|   |  |   | Amount of Contribution<br>\$90.00   |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Ferraro  | First<br>Pamela  | MI<br>R   | Contribution ID #<br>0248          |
| Residential Street Address<br>43 Ancellus Dr  | City<br>Greenwich  | State<br>CT   | Zip Code<br>06831                  |
| Principal Occupation<br>Fundraising Professional  | Name of Employer<br>Greenwich Academy  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>01/30/2026   | Aggregate Contributions<br>\$25.00 |
|   |  |   | Amount of Contribution<br>\$25.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Dietch   | First<br>Jody  | MI  | Contribution ID #<br>0280          |
| Residential Street Address<br>601 Harborview Rd   | City<br>Orange   | State<br>CT   | Zip Code<br>06477                  |
| Principal Occupation<br>Executive Director  | Name of Employer<br>Congregation Mishkan Israel  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>01/31/2026   | Aggregate Contributions<br>\$25.00 |
|   |  |   | Amount of Contribution<br>\$25.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Ball   | First<br>Carol   | MI<br>M   | Contribution ID #<br>0282          |
| Residential Street Address<br>80 Washington Post Dr   | City<br>Wilton   | State<br>CT   | Zip Code<br>06897                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>02/01/2026   | Aggregate Contributions<br>\$15.00 |
|   |  |   | Amount of Contribution<br>\$15.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Duarte   | First<br>Elizabeth   | MI  | Contribution ID #<br>0283          |
| Residential Street Address<br>54 Cottage St   | City<br>Groton   | State<br>CT   | Zip Code<br>06340                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>02/01/2026   | Aggregate Contributions<br>\$25.00 |
|   |  |   | Amount of Contribution<br>\$25.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Post   | First<br>Albert  | MI<br>J   | Contribution ID #<br>0284          |
| Residential Street Address<br>814 Rail Fence Rd   | City<br>Orange   | State<br>CT   | Zip Code<br>06477                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>02/01/2026   | Aggregate Contributions<br>\$10.00 |
|   |  |   | Amount of Contribution<br>\$10.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Frisch   | First<br>Patricia  | MI<br>CT  | Contribution ID #<br>0285           |
| Residential Street Address<br>166 Ridgefield Rd   | City<br>Wilton   | State<br>CT   | Zip Code<br>06897                   |
| Principal Occupation<br>Attorney  | Name of Employer<br>Frisch & Frisch  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>02/01/2026   | Aggregate Contributions<br>\$200.00 |
|   |  |   | Amount of Contribution<br>\$200.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Watanabe   | First<br>Myrna   | MI<br>CT  | Contribution ID #<br>0286          |
| Residential Street Address<br>155 Woodchuck Ln  | City<br>Harwinton  | State<br>CT   | Zip Code<br>06791                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>02/02/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Chaffin  | First<br>Linda   | MI<br>CT  | Contribution ID #<br>0287          |
| Residential Street Address<br>585 A Pequot Ln   | City<br>Stratford  | State<br>CT   | Zip Code<br>06614                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>02/02/2026   | Aggregate Contributions<br>\$10.00 |
|   |  |   | Amount of Contribution<br>\$10.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Hughes   | First<br>Adam  | MI  | Contribution ID #<br>0288          |
| Residential Street Address<br>1 Northside Piers   | City<br>Brooklyn   | State<br>NY   | Zip Code<br>11249                  |
| Principal Occupation<br>Executive   | Name of Employer<br>kyu Investment Incorporated  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>02/02/2026   | Aggregate Contributions<br>\$90.00 |
|   |  |   | Amount of Contribution<br>\$90.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Kinsman  | First<br>Susan   | MI<br>E   | Contribution ID #<br>0289          |
| Residential Street Address<br>161 Newberry Rd .   | City<br>East Haddam  | State<br>CT   | Zip Code<br>06423                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>02/02/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Kostek   | First<br>David   | MI  | Contribution ID #<br>0290           |
| Residential Street Address<br>16 Keyser Rd  | City<br>Westport   | State<br>CT   | Zip Code<br>06880                   |
| Principal Occupation<br>Digital Director  | Name of Employer<br>Democratic State Central Committee   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>02/02/2026   | Aggregate Contributions<br>\$100.00 |
|   |  |   | Amount of Contribution<br>\$100.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Furman   | First<br>Gayle   | MI  | Contribution ID #<br>0291          |
| Residential Street Address<br>35 Jan Dr   | City<br>Colchester   | State<br>CT   | Zip Code<br>06415                  |
| Principal Occupation<br>Town clerk  | Name of Employer<br>Town of Colchester   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>02/02/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Driscoll   | First<br>Eileen  | MI<br>P   | Contribution ID #<br>0292          |
| Residential Street Address<br>672 Forest St   | City<br>East Hartford  | State<br>CT   | Zip Code<br>06118                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>02/02/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Winter   | First<br>Nancy   | MI<br>M   | Contribution ID #<br>0293           |
| Residential Street Address<br>10 Edgewood St  | City<br>Norwalk  | State<br>CT   | Zip Code<br>06854                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>02/02/2026   | Aggregate Contributions<br>\$100.00 |
|   |  |   | Amount of Contribution<br>\$100.00  |

|   |  |   |                                      |
|---|--|---|--------------------------------------|
| Last Name<br>Singer   | First<br>Susan   | MI<br>E   | Contribution ID #<br>0294            |
| Residential Street Address<br>760 Smith Rdg Road  | City<br>New Canaan   | State<br>CT   | Zip Code<br>06840                    |
| Principal Occupation<br>Political Activist  | Name of Employer<br>None   |   |                                      |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                      |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>02/02/2026   | Aggregate Contributions<br>\$300.00- |
|   |  |   | Amount of Contribution<br>\$150.00-  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Fox  | First<br>Ellen   | MI<br>S   | Contribution ID #<br>0295           |
| Residential Street Address<br>522 Traditions Ct N   | City<br>Oxford   | State<br>CT   | Zip Code<br>06478                   |
| Principal Occupation<br>Registrar of Voters   | Name of Employer<br>Town of Oxford, CT   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>02/02/2026   | Aggregate Contributions<br>\$175.00 |
|   |  |   | Amount of Contribution<br>\$25.00   |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Wilkinson  | First<br>Karen   | MI  | Contribution ID #<br>0296          |
| Residential Street Address<br>69 Lake Ridge Dr  | City<br>Marlborough  | State<br>CT   | Zip Code<br>06447                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>02/02/2026   | Aggregate Contributions<br>\$25.00 |
|   |  |   | Amount of Contribution<br>\$25.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>mortimer   | First<br>john  | MI  | Contribution ID #<br>0297          |
| Residential Street Address<br>41 James St   | City<br>Milford  | State<br>CT   | Zip Code<br>06460                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>02/02/2026   | Aggregate Contributions<br>\$10.00 |
|   |  |   | Amount of Contribution<br>\$10.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Goldblatt  | First<br>Mitch   | MI  | Contribution ID #<br>0298          |
| Residential Street Address<br>291 Drummond Rd   | City<br>Orange   | State<br>CT   | Zip Code<br>06477                  |
| Principal Occupation<br>Director of Human Resources   | Name of Employer<br>Town of Guilford   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>02/02/2026   | Aggregate Contributions<br>\$25.00 |
|   |  |   | Amount of Contribution<br>\$25.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Harrity  | First<br>Mary-Kay  | MI  | Contribution ID #<br>0299          |
| Residential Street Address<br>65 Wolfpit Ave Apt 1B   | City<br>Norwalk  | State<br>CT   | Zip Code<br>06851                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>02/02/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Singer</b>   | First<br><b>Susan</b>  | MI<br><b>O</b>  | Contribution ID #<br><b>0294</b>           |
| Residential Street Address<br><b>760 Smith Rdg RoadI</b>   | City<br><b>New Canaan</b>  | State<br><b>CT</b>  | Zip Code<br><b>06840</b>                   |
| Principal Occupation<br><b>Retired</b>   | Name of Employer<br><b>Retired</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><b>02/02/2026</b>  | Aggregate Contributions<br><b>\$150.00</b> |
|  |  | Amount of Contribution<br><b>\$150.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Kulos</b>  | First<br><b>Mark</b>   | MI<br><b>H</b>  | Contribution ID #<br><b>0300</b>         |
| Residential Street Address<br><b>327 Broadway</b>  | City<br><b>Norwich</b>   | State<br><b>CT</b>  | Zip Code<br><b>06360</b>                 |
| Principal Occupation<br><b>Attorney</b>  | Name of Employer<br><b>Law Office of Mark H Kulos</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><b>02/03/2026</b>  | Aggregate Contributions<br><b>\$5.00</b> |
|  |  | Amount of Contribution<br><b>\$5.00</b>   |  |

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>Gentile</b>  | First<br><b>Vincent</b>  | MI<br><b>J</b>  | Contribution ID #<br><b>0301</b>          |
| Residential Street Address<br><b>35 Horseshoe Dr</b>   | City<br><b>Westbrook</b>   | State<br><b>CT</b>  | Zip Code<br><b>06498</b>                  |
| Principal Occupation<br><b>Systems Administrator</b>   | Name of Employer<br><b>Whelen Engineering</b>  |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><b>02/06/2026</b>  | Aggregate Contributions<br><b>\$25.00</b> |
|  |  | Amount of Contribution<br><b>\$25.00</b>  |   |

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>Kretschmann</b>  | First<br><b>Paul</b>   | MI<br><b>CT</b>   | Contribution ID #<br><b>0302</b>          |
| Residential Street Address<br><b>8 Fairchild Ln</b>  | City<br><b>Greenwich</b>   | State<br><b>CT</b>  | Zip Code<br><b>06831</b>                  |
| Principal Occupation<br><b>Retired</b>   | Name of Employer<br><b>Retired</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><b>02/06/2026</b>  | Aggregate Contributions<br><b>\$25.00</b> |
|  |  | Amount of Contribution<br><b>\$25.00</b>  |   |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |                             |   |                                    |
|---|-----------------------------|---|------------------------------------|
| Last Name<br>Kretschmann  | First<br>Diane              | MI  | Contribution ID #<br>0303          |
| Residential Street Address<br>8 Fairchild Ln  | City<br>Greenwich           | State<br>CT   | Zip Code<br>06831                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                             | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   |                             | Date Received<br>02/06/2026   | Aggregate Contributions<br>\$25.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card  |                             | Amount of Contribution<br>\$25.00   |                                    |

|   |                             |   |                                     |
|---|-----------------------------|---|-------------------------------------|
| Last Name<br>Boritz   | First<br>Richard            | MI  | Contribution ID #<br>0304           |
| Residential Street Address<br>401A Heritage Vlg   | City<br>Southbury           | State<br>CT   | Zip Code<br>06488                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                             | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   |                             | Date Received<br>02/07/2026   | Aggregate Contributions<br>\$200.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card  |                             | Amount of Contribution<br>\$100.00  |                                     |

|   |                             |   |                                     |
|---|-----------------------------|---|-------------------------------------|
| Last Name<br>Buck   | First<br>Maria              | MI  | Contribution ID #<br>0305           |
| Residential Street Address<br>300 Ocean Pkwy  | City<br>Brooklyn            | State<br>NY   | Zip Code<br>11218                   |
| Principal Occupation<br>University Director   | Name of Employer<br>RF CUNY |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                             | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   |                             | Date Received<br>02/07/2026   | Aggregate Contributions<br>\$340.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card  |                             | Amount of Contribution<br>\$340.00  |                                     |

|   |                             |   |                                    |
|---|-----------------------------|---|------------------------------------|
| Last Name<br>Roper  | First<br>Peter              | MI<br>G   | Contribution ID #<br>0306          |
| Residential Street Address<br>210 Pequot Ave .  | City<br>Mystic              | State<br>CT   | Zip Code<br>06355                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                             | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   |                             | Date Received<br>02/07/2026   | Aggregate Contributions<br>\$15.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card  |                             | Amount of Contribution<br>\$5.00  |                                    |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Myers  | First<br>Stephen   | MI  | Contribution ID #<br>0307           |
| Residential Street Address<br>122 Palmers Hill Rd   | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>02/07/2026   | Aggregate Contributions<br>\$340.00 |
|   |  |   | Amount of Contribution<br>\$140.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Watanabe   | First<br>Myrna   | MI  | Contribution ID #<br>0308           |
| Residential Street Address<br>155 Woodchuck Ln  | City<br>Harwinton  | State<br>CT   | Zip Code<br>06791                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>02/07/2026   | Aggregate Contributions<br>\$150.00 |
|   |  |   | Amount of Contribution<br>\$100.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Poruban  | First<br>Kevin   | MI<br>M   | Contribution ID #<br>0309           |
| Residential Street Address<br>43 King St  | City<br>Norwalk  | State<br>CT   | Zip Code<br>06851                   |
| Principal Occupation<br>Training Development Manager  | Name of Employer<br>AT&T   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>02/08/2026   | Aggregate Contributions<br>\$100.00 |
|   |  |   | Amount of Contribution<br>\$100.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Berardi  | First<br>Connie  | MI  | Contribution ID #<br>0310           |
| Residential Street Address<br>71 Pine Woods Rd  | City<br>North Stonington   | State<br>CT   | Zip Code<br>06359                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>02/08/2026   | Aggregate Contributions<br>\$150.00 |
|   |  |   | Amount of Contribution<br>\$100.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Bryant   | First<br>Robert                        | MI<br>T   | Contribution ID #<br>0311          |
| Residential Street Address<br>23 Morgan Ave   | City<br>Norwalk                        | State<br>CT   | Zip Code<br>06851                  |
| Principal Occupation<br>Consultant  | Name of Employer<br>Heritage Resources |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   |  | Date Received<br>02/08/2026   | Aggregate Contributions<br>\$50.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card  |  | Amount of Contribution<br>\$50.00   |                                    |

|   |                                     |   |                                    |
|---|-------------------------------------|---|------------------------------------|
| Last Name<br>Siegel-Miles   | First<br>Alyssa                     | MI<br>J   | Contribution ID #<br>0312          |
| Residential Street Address<br>712 Colonel Ledyard Hwy   | City<br>Ledyard                     | State<br>CT   | Zip Code<br>06339                  |
| Principal Occupation<br>Program aide  | Name of Employer<br>UConn Extension |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                     | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   |                                     | Date Received<br>02/08/2026   | Aggregate Contributions<br>\$15.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card  |                                     | Amount of Contribution<br>\$15.00   |                                    |

|   |                                   |   |                                    |
|---|-----------------------------------|---|------------------------------------|
| Last Name<br>Fongkhamdeng   | First<br>Heng                     | MI  | Contribution ID #<br>0313          |
| Residential Street Address<br>12801 Sunset Ter  | City<br>Clive                     | State<br>IA   | Zip Code<br>50325                  |
| Principal Occupation<br>Accountant  | Name of Employer<br>Heartland AEA |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   |                                   | Date Received<br>02/08/2026   | Aggregate Contributions<br>\$10.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card  |                                   | Amount of Contribution<br>\$10.00   |                                    |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Reis   | First<br>Paul                          | MI  | Contribution ID #<br>0314          |
| Residential Street Address<br>52 Kent Rd  | City<br>Wilton                         | State<br>CT   | Zip Code<br>06897                  |
| Principal Occupation<br>Administrator   | Name of Employer<br>Fordham University |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   |  | Date Received<br>02/08/2026   | Aggregate Contributions<br>\$50.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card  |  | Amount of Contribution<br>\$50.00   |                                    |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Grubstein  | First<br>Peter   | MI<br>H   | Contribution ID #<br>0315           |
| Residential Street Address<br>63 Duck Pond Rd   | City<br>Litchfield   | State<br>CT   | Zip Code<br>06759                   |
| Principal Occupation<br>Business person   | Name of Employer<br>NGEN   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>02/09/2026   | Aggregate Contributions<br>\$200.00 |
|   |  |   | Amount of Contribution<br>\$200.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Dathan   | First<br>Lucy  | MI<br>S   | Contribution ID #<br>0316          |
| Residential Street Address<br>950 Silvermine Rd   | City<br>New Canaan   | State<br>CT   | Zip Code<br>06840                  |
| Principal Occupation<br>Legislator  | Name of Employer<br>State of Connecticut   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>02/09/2026   | Aggregate Contributions<br>\$20.00 |
|   |  |   | Amount of Contribution<br>\$20.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Koechl   | First<br>Penelope  | MI  | Contribution ID #<br>0317          |
| Residential Street Address<br>94 Graenest Ridge Rd  | City<br>Wilton   | State<br>CT   | Zip Code<br>06897                  |
| Principal Occupation<br>TV writer   | Name of Employer<br>Penelope Koechl  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>02/09/2026   | Aggregate Contributions<br>\$25.00 |
|   |  |   | Amount of Contribution<br>\$25.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Baanante   | First<br>Sharon  | MI<br>R   | Contribution ID #<br>0318           |
| Residential Street Address<br>64 Comstock Hill Ave  | City<br>Norwalk  | State<br>CT   | Zip Code<br>06850                   |
| Principal Occupation<br>Finance   | Name of Employer<br>Morgan Stanley   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>02/09/2026   | Aggregate Contributions<br>\$340.00 |
|   |  |   | Amount of Contribution<br>\$340.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Moon   | First<br>Polly   | MI  | Contribution ID #<br>0319          |
| Residential Street Address<br>23 Orchard Brook Dr   | City<br>Wethersfield   | State<br>CT   | Zip Code<br>06109                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>02/09/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Kavros DeGraw  | First<br>Eleni   | MI  | Contribution ID #<br>0320           |
| Residential Street Address<br>112 Westland Rd   | City<br>Avon   | State<br>CT   | Zip Code<br>06001                   |
| Principal Occupation<br>State Representative  | Name of Employer<br>State of CT  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>02/09/2026   | Aggregate Contributions<br>\$100.00 |
|   |  |   | Amount of Contribution<br>\$100.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Simpson  | First<br>Anne  | MI  | Contribution ID #<br>0321          |
| Residential Street Address<br>15 Old Wood Rd  | City<br>Avon   | State<br>CT   | Zip Code<br>06001                  |
| Principal Occupation<br>Student   | Name of Employer<br>Student  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>02/09/2026   | Aggregate Contributions<br>\$25.00 |
|   |  |   | Amount of Contribution<br>\$25.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Obuchowski   | First<br>Elsa  | MI<br>P   | Contribution ID #<br>0281          |
| Residential Street Address<br>41 East Ave   | City<br>Norwalk  | State<br>CT   | Zip Code<br>06851                  |
| Principal Occupation<br>Educator - Writer   | Name of Employer<br>Elsa Paterson Ltd  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>02/09/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Spohn  | First<br>Melissa   | MI  | Contribution ID #<br>0322           |
| Residential Street Address<br>66 Spoonwood Rd   | City<br>Wilton   | State<br>CT   | Zip Code<br>06897                   |
| Principal Occupation<br>Wealth Managment  | Name of Employer<br>UBS Financial Services inc   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>02/10/2026   | Aggregate Contributions<br>\$340.00 |
|   |  |   | Amount of Contribution<br>\$90.00   |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Steremberg   | First<br>Debra   | MI<br>B   | Contribution ID #<br>0323          |
| Residential Street Address<br>28 Wyngate Dr   | City<br>Avon   | State<br>CT   | Zip Code<br>06001                  |
| Principal Occupation<br>Homemaker   | Name of Employer<br>Homemaker  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>02/11/2026   | Aggregate Contributions<br>\$25.00 |
|   |  |   | Amount of Contribution<br>\$25.00  |

|   |  |   |  |
|---|--|---|--|
| Last Name<br>Greenberg  | First<br>Alva  | MI  | Contribution ID #<br>0324                      |
| Residential Street Address<br><del>182 Cold Spring St</del>   | City<br>New Haven  | State<br>CT   | Zip Code<br><del>06511</del>                   |
| Principal Occupation<br>NA  | Name of Employer<br>NA   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>02/11/2026   | Aggregate Contributions<br><del>\$680.00</del> |
|   |  |   | Amount of Contribution<br><del>\$340.00</del>  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Abt  | First<br>Michelle  | MI<br>W   | Contribution ID #<br>0325           |
| Residential Street Address<br>150 June Rd   | City<br>Stamford   | State<br>CT   | Zip Code<br>06903                   |
| Principal Occupation<br>writer  | Name of Employer<br>Pulse Content  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>02/11/2026   | Aggregate Contributions<br>\$100.00 |
|   |  |   | Amount of Contribution<br>\$100.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Pryde</b>  | First<br><b>Linda</b>  | MI  | Contribution ID #<br><b>0326</b>           |
| Residential Street Address<br><b>134 Regents Park</b>  | City<br><b>Westport</b>  | State<br><b>CT</b>  | Zip Code<br><b>06880</b>                   |
| Principal Occupation<br><b>Retired</b>   | Name of Employer<br><b>Retired</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><b>02/11/2026</b>  | Aggregate Contributions<br><b>\$340.00</b> |
|  |  | Amount of Contribution<br><b>\$240.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Greenberg</b>  | First<br><b>Alva</b>   | MI  | Contribution ID #<br><b>0324</b>           |
| Residential Street Address<br><b>182 Cold Spring St</b>  | City<br><b>New Haven</b>   | State<br><b>CT</b>  | Zip Code<br><b>06511</b>                   |
| Principal Occupation<br><b>Retired</b>   | Name of Employer<br><b>Retired</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><b>02/11/2026</b>  | Aggregate Contributions<br><b>\$340.00</b> |
|  |  | Amount of Contribution<br><b>\$340.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Bartlett</b>   | First<br><b>Geoffrey</b>   | MI  | Contribution ID #<br><b>0327</b>           |
| Residential Street Address<br><b>27 Seth Low Mountain Rd</b>   | City<br><b>Ridgefield</b>  | State<br><b>CT</b>  | Zip Code<br><b>06877</b>                   |
| Principal Occupation<br><b>Retired</b>   | Name of Employer<br><b>Retired</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><b>02/12/2026</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Vanacore</b>   | First<br><b>Jade</b>   | MI  | Contribution ID #<br><b>0328</b>         |
| Residential Street Address<br><b>87 Country Club Rd</b>  | City<br><b>Avon</b>  | State<br><b>CT</b>  | Zip Code<br><b>06001</b>                 |
| Principal Occupation<br><b>Physician Assistant</b>   | Name of Employer<br><b>Trinity Health of New England</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><b>02/15/2026</b>  | Aggregate Contributions<br><b>\$5.00</b> |
|  |  | Amount of Contribution<br><b>\$5.00</b>   |  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Ruby   | First<br>Joan  | MI  | Contribution ID #<br>0329          |
| Residential Street Address<br>638 Danbury Rd Unit 40  | City<br>Ridgefield   | State<br>CT   | Zip Code<br>06877                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>02/15/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Summers  | First<br>Pamm  | MI  | Contribution ID #<br>0330           |
| Residential Street Address<br>105 Nagy Rd   | City<br>Ashford  | State<br>CT   | Zip Code<br>06278                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>02/18/2026   | Aggregate Contributions<br>\$340.00 |
|   |  |   | Amount of Contribution<br>\$340.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Bloch  | First<br>Michele   | MI  | Contribution ID #<br>0331           |
| Residential Street Address<br>57 Colony Rd  | City<br>Westport   | State<br>CT   | Zip Code<br>06880                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>02/18/2026   | Aggregate Contributions<br>\$100.00 |
|   |  |   | Amount of Contribution<br>\$100.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Constantine  | First<br>Savet   | MI  | Contribution ID #<br>0332           |
| Residential Street Address<br>135 Whipstick Rd  | City<br>Wilton   | State<br>CT   | Zip Code<br>06897                   |
| Principal Occupation<br>State Legislator  | Name of Employer<br>CT State   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>02/21/2026   | Aggregate Contributions<br>\$100.00 |
|   |  |   | Amount of Contribution<br>\$100.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Muraskin   | First<br>Craig   | MI  | Contribution ID #<br>0333           |
| Residential Street Address<br>135 Whipstick Rd  | City<br>Wilton   | State<br>CT   | Zip Code<br>06897                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>02/21/2026   | Aggregate Contributions<br>\$100.00 |
|   |  |   | Amount of Contribution<br>\$100.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Shinbaum   | First<br>Alan  | MI  | Contribution ID #<br>0334           |
| Residential Street Address<br>202 Harvest Cmns  | City<br>Westport   | State<br>CT   | Zip Code<br>06880                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>02/23/2026   | Aggregate Contributions<br>\$100.00 |
|   |  |   | Amount of Contribution<br>\$100.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Sheehan  | First<br>John  | MI<br>W   | Contribution ID #<br>0335          |
| Residential Street Address<br>19 Laurel Crest Dr Waterford Ct # 6385  | City<br>Waterford  | State<br>CT   | Zip Code<br>06385                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>02/24/2026   | Aggregate Contributions<br>\$10.00 |
|   |  |   | Amount of Contribution<br>\$10.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Childs   | First<br>Mary  | MI  | Contribution ID #<br>0336          |
| Residential Street Address<br>22 Beacon Hill Dr   | City<br>Waterford  | State<br>CT   | Zip Code<br>06385                  |
| Principal Occupation<br>Teacher   | Name of Employer<br>Waterford Board of Education   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>02/24/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>FALK   | First<br>ELIZABETH   | MI  | Contribution ID #<br>0337           |
| Residential Street Address<br>14 Overlook Rd  | City<br>Westport   | State<br>CT   | Zip Code<br>06880                   |
| Principal Occupation<br>manager   | Name of Employer<br>Okla-Tex, LLC  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>02/26/2026   | Aggregate Contributions<br>\$410.00 |
|   |  |   | Amount of Contribution<br>\$90.00   |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Cohen  | First<br>Melissa   | MI  | Contribution ID #<br>0338           |
| Residential Street Address<br>145 E 16th St   | City<br>New York   | State<br>NY   | Zip Code<br>10003                   |
| Principal Occupation<br>development   | Name of Employer<br>YIJR   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>02/27/2026   | Aggregate Contributions<br>\$100.00 |
|   |  |   | Amount of Contribution<br>\$100.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Hylton   | First<br>Ghana Imani   | MI  | Contribution ID #<br>0339          |
| Residential Street Address<br>26 Pleasant Ave   | City<br>Montclair  | State<br>NJ   | Zip Code<br>07042                  |
| Principal Occupation<br>Director in Student Services  | Name of Employer<br>Seton Hall University  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>02/27/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Zapatka  | First<br>Rhonda  | MI  | Contribution ID #<br>0340           |
| Residential Street Address<br>274 First Ave   | City<br>New York   | State<br>NY   | Zip Code<br>10009                   |
| Principal Occupation<br>VP, Development   | Name of Employer<br>Trickle Up   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>02/27/2026   | Aggregate Contributions<br>\$340.00 |
|   |  |   | Amount of Contribution<br>\$340.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |   |
|---|--|---|---|
| Last Name<br><b>Presnall-Shvorin</b>  | First<br><b>Naomi</b>  | MI  | Contribution ID #<br><b>0341</b>                                |
| Residential Street Address<br><b>501 Mandalay Ave</b>   | City<br><b>Clearwater</b>  | State<br><b>FL</b>  | Zip Code<br><b>33767</b>  |
| Principal Occupation<br><b>Student</b>  | Name of Employer<br><b>SNK LLC</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><b>02/28/2026</b>  | Aggregate Contributions<br><b>\$680.00-</b><br><b>\$340.00-</b> |

|   |  |   |   |
|---|--|---|---|
| Last Name<br><b>Kunin</b>   | First<br><b>Jennifer</b>   | MI  | Contribution ID #<br><b>0342</b>                              |
| Residential Street Address<br><b>225 E 76th St</b>  | City<br><b>New York</b>  | State<br><b>NY</b>  | Zip Code<br><b>10021</b>                                      |
| Principal Occupation<br><b>Event planning / Fundraising</b>   | Name of Employer<br><b>Event Management Group</b>  |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><b>02/28/2026</b>  | Aggregate Contributions<br><b>\$100.00</b><br><b>\$100.00</b> |

|   |  |   |   |
|---|--|---|---|
| Last Name<br><b>Goodloe</b>   | First<br><b>William</b>  | MI  | Contribution ID #<br><b>0343</b>                              |
| Residential Street Address<br><b>53 Union Ave</b>   | City<br><b>Maplewood</b>   | State<br><b>NJ</b>  | Zip Code<br><b>07040</b>                                      |
| Principal Occupation<br><b>Executive</b>  | Name of Employer<br><b>SEO</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><b>02/28/2026</b>  | Aggregate Contributions<br><b>\$100.00</b><br><b>\$100.00</b> |

|   |  |   |   |
|---|--|---|---|
| Last Name<br><b>Wells</b>   | First<br><b>Galen</b>  | MI<br><b>W</b>  | Contribution ID #<br><b>0344</b>                              |
| Residential Street Address<br><b>224 W Norwalk Rd</b>   | City<br><b>Norwalk</b>   | State<br><b>CT</b>  | Zip Code<br><b>06850</b>                                      |
| Principal Occupation<br><b>Retired</b>  | Name of Employer<br><b>Retired</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><b>02/28/2026</b>  | Aggregate Contributions<br><b>\$200.00</b><br><b>\$100.00</b> |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Presnall-Shvorin</b>   | First<br><b>Naomi</b>  | MI  | Contribution ID #<br><b>0341</b>           |
| Residential Street Address<br><b>501 Mandalay Ave</b>  | City<br><b>Clearwater</b>  | State<br><b>FL</b>  | Zip Code<br><b>33767</b>                   |
| Principal Occupation<br><b>GM</b>  | Name of Employer<br><b>SNK LLC.</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><b>02/28/2026</b>  | Aggregate Contributions<br><b>\$340.00</b> |
|  |  | Amount of Contribution<br><b>\$340.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Bradford</b>   | First<br><b>Blake</b>  | MI  | Contribution ID #<br><b>0346</b>           |
| Residential Street Address<br><b>668 Rugby Rd</b>  | City<br><b>Brooklyn</b>  | State<br><b>NY</b>  | Zip Code<br><b>11230</b>                   |
| Principal Occupation<br><b>Consultant</b>  | Name of Employer<br><b>BLB Fundraising and Events</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/02/2026</b>  | Aggregate Contributions<br><b>\$200.00</b> |
|  |  | Amount of Contribution<br><b>\$200.00</b>   |  |

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>Lane</b>   | First<br><b>Matthew</b>  | MI  | Contribution ID #<br><b>0347</b>          |
| Residential Street Address<br><b>8 Weatherbell Dr</b>  | City<br><b>Norwalk</b>   | State<br><b>CT</b>  | Zip Code<br><b>06851</b>                  |
| Principal Occupation<br><b>Dep. Registrar of Voters</b>  | Name of Employer<br><b>The City of Norwalk</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/02/2026</b>  | Aggregate Contributions<br><b>\$10.00</b> |
|  |  | Amount of Contribution<br><b>\$10.00</b>  |   |

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>Prendergast</b>  | First<br><b>Patricia</b>   | MI  | Contribution ID #<br><b>0348</b>          |
| Residential Street Address<br><b>65 Neptune Dr</b>   | City<br><b>Old Saybrook</b>  | State<br><b>CT</b>  | Zip Code<br><b>06475</b>                  |
| Principal Occupation<br><b>Retired</b>   | Name of Employer<br><b>Retired</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/03/2026</b>  | Aggregate Contributions<br><b>\$25.00</b> |
|  |  | Amount of Contribution<br><b>\$25.00</b>  |   |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Barnard  | First<br>Cathy   | MI  | Contribution ID #<br>0349          |
| Residential Street Address<br>182 Niantic River Rd  | City<br>Waterford  | State<br>CT   | Zip Code<br>06385                  |
| Principal Occupation<br>Business owner  | Name of Employer<br>ACME Lightning Rod   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/04/2026   | Aggregate Contributions<br>\$10.00 |
|   |  |   | Amount of Contribution<br>\$10.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Bacolini   | First<br>Paula   | MI  | Contribution ID #<br>0350          |
| Residential Street Address<br>11 Garland Dr .   | City<br>Glastonbury  | State<br>CT   | Zip Code<br>06033                  |
| Principal Occupation<br>Speech-Language Pathologist   | Name of Employer<br>Private Practice-Self-employed   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/05/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Cardillo   | First<br>Chad  | MI  | Contribution ID #<br>0351          |
| Residential Street Address<br>158 Hillcrest Ter   | City<br>Meriden  | State<br>CT   | Zip Code<br>06450                  |
| Principal Occupation<br>Teacher   | Name of Employer<br>Meriden BOE  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/06/2026   | Aggregate Contributions<br>\$25.00 |
|   |  |   | Amount of Contribution<br>\$25.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Underwood  | First<br>Janis   | MI  | Contribution ID #<br>0352          |
| Residential Street Address<br>73 Woodside Ter   | City<br>New Haven  | State<br>CT   | Zip Code<br>06515                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/08/2026   | Aggregate Contributions<br>\$35.00 |
|   |  |   | Amount of Contribution<br>\$25.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Holmes   | First<br>Leslie  | MI  | Contribution ID #<br>0353           |
| Residential Street Address<br>25 Merwin Ln  | City<br>Wilton   | State<br>CT   | Zip Code<br>06897                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/08/2026   | Aggregate Contributions<br>\$200.00 |
|   |  |   | Amount of Contribution<br>\$50.00   |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Essagof  | First<br>Bobbi   | MI<br>G   | Contribution ID #<br>0354           |
| Residential Street Address<br>120 Harbor Rd   | City<br>Westport   | State<br>CT   | Zip Code<br>06880                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/08/2026   | Aggregate Contributions<br>\$250.00 |
|   |  |   | Amount of Contribution<br>\$100.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Ulrich   | First<br>Lindasusan  | MI  | Contribution ID #<br>0355          |
| Residential Street Address<br>22 Quentin St   | City<br>Hamden   | State<br>CT   | Zip Code<br>06517                  |
| Principal Occupation<br>Minister  | Name of Employer<br>UUMA   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/08/2026   | Aggregate Contributions<br>\$35.00 |
|   |  |   | Amount of Contribution<br>\$25.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Jefferson  | First<br>Gwendolyn   | MI<br>L   | Contribution ID #<br>0356           |
| Residential Street Address<br>152 Beach 99th St   | City<br>Rockaway Park  | State<br>NY   | Zip Code<br>11694                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/08/2026   | Aggregate Contributions<br>\$100.00 |
|   |  |   | Amount of Contribution<br>\$100.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |                             |   |                                     |
|---|-----------------------------|---|-------------------------------------|
| Last Name<br>Flaherty-Ludwig  | First<br>Mary Ellen         | MI  | Contribution ID #<br>0357           |
| Residential Street Address<br>89 Soundview Ave  | City<br>Norwalk             | State<br>CT   | Zip Code<br>06854                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                             | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   |                             | Date Received<br>03/08/2026   | Aggregate Contributions<br>\$340.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card  |                             | Amount of Contribution<br>\$20.00   |                                     |

|   |                                   |   |                                    |
|---|-----------------------------------|---|------------------------------------|
| Last Name<br>Friedman   | First<br>Mark                     | MI  | Contribution ID #<br>0358          |
| Residential Street Address<br>14 St George Pl   | City<br>Westport                  | State<br>CT   | Zip Code<br>06880                  |
| Principal Occupation<br>Investor  | Name of Employer<br>Mark Friedman |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   |                                   | Date Received<br>03/08/2026   | Aggregate Contributions<br>\$20.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card  |                                   | Amount of Contribution<br>\$20.00   |                                    |

|   |   |   |                                     |
|---|---|---|-------------------------------------|
| Last Name<br>Goldberg-Honig   | First<br>Diane                          | MI  | Contribution ID #<br>0359           |
| Residential Street Address<br>71 Town Line Rd   | City<br>Harwinton                       | State<br>CT   | Zip Code<br>06791                   |
| Principal Occupation<br>Personal Fitness Trainer  | Name of Employer<br>Diane Honig Fitness |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   |   | Date Received<br>03/08/2026   | Aggregate Contributions<br>\$100.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card  |   | Amount of Contribution<br>\$50.00   |                                     |

|   |                             |   |                                   |
|---|-----------------------------|---|-----------------------------------|
| Last Name<br>Durante  | First<br>Kris               | MI  | Contribution ID #<br>0360         |
| Residential Street Address<br>191 Wildcat Hill Rd   | City<br>Harwinton           | State<br>CT   | Zip Code<br>06791                 |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                             | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   |                             | Date Received<br>03/08/2026   | Aggregate Contributions<br>\$5.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card  |                             | Amount of Contribution<br>\$5.00  |                                   |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Carney   | First<br>Bob   | MI  | Contribution ID #<br>0361          |
| Residential Street Address<br>106 Signal Hill Rd  | City<br>Wilton   | State<br>CT   | Zip Code<br>06897                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/08/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Foley  | First<br>Margaret  | MI  | Contribution ID #<br>0362          |
| Residential Street Address<br>41 Pleasant Dr  | City<br>Bethany  | State<br>CT   | Zip Code<br>06524                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/08/2026   | Aggregate Contributions<br>\$25.00 |
|   |  |   | Amount of Contribution<br>\$25.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Farrar   | First<br>Kate  | MI  | Contribution ID #<br>0363          |
| Residential Street Address<br>253 Ridgewood Rd  | City<br>West Hartford  | State<br>CT   | Zip Code<br>06107                  |
| Principal Occupation<br>Legislator  | Name of Employer<br>CT General Assembly  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/08/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Ferenbach  | First<br>E Joan  | MI  | Contribution ID #<br>0364          |
| Residential Street Address<br>21 Trout Lake Dr  | City<br>Westbrook  | State<br>CT   | Zip Code<br>06498                  |
| Principal Occupation<br>bookkeeper  | Name of Employer<br>Angelini Wine Ltd  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/08/2026   | Aggregate Contributions<br>\$20.00 |
|   |  |   | Amount of Contribution<br>\$20.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |   |
|---|--|---|---|
| Last Name<br><b>Smith</b>   | First<br><b>Kathryn</b>  | MI  | Contribution ID #<br><b>0365</b>                              |
| Residential Street Address<br><b>831 Fish Rock Rd</b>   | City<br><b>Southbury</b>   | State<br><b>CT</b>  | Zip Code<br><b>06488</b>                                      |
| Principal Occupation<br><b>Teacher</b>  | Name of Employer<br><b>373129839207004</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/08/2026</b>  | Aggregate Contributions<br><b>\$50.00-</b><br><b>\$25.00-</b> |

|   |  |   |   |
|---|--|---|---|
| Last Name<br><b>Smith</b>   | First<br><b>Kathryn</b>  | MI  | Contribution ID #<br><b>0365</b>                            |
| Residential Street Address<br><b>831 Fish Rock Rd</b>   | City<br><b>Southbury</b>   | State<br><b>CT</b>  | Zip Code<br><b>06488</b>                                    |
| Principal Occupation<br><b>Teacher</b>  | Name of Employer<br><b>NMFAC</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/08/2026</b>  | Aggregate Contributions<br><b>\$25.00</b><br><b>\$25.00</b> |

|   |  |   |   |
|---|--|---|---|
| Last Name<br><b>Sherman</b>   | First<br><b>Anne</b>   | MI  | Contribution ID #<br><b>0368</b>                            |
| Residential Street Address<br><b>439 47th St</b>  | City<br><b>Brooklyn</b>  | State<br><b>NY</b>  | Zip Code<br><b>11220</b>                                    |
| Principal Occupation<br><b>Consultant</b>   | Name of Employer<br><b>Anne Sherman</b>  |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/09/2026</b>  | Aggregate Contributions<br><b>\$18.00</b><br><b>\$18.00</b> |

|   |  |   |   |
|---|--|---|---|
| Last Name<br><b>Howland-Murray</b>  | First<br><b>Deborah</b>  | MI  | Contribution ID #<br><b>0369</b>                            |
| Residential Street Address<br><b>204 Ellsworth St</b>   | City<br><b>Bridgeport</b>  | State<br><b>CT</b>  | Zip Code<br><b>06605</b>                                    |
| Principal Occupation<br><b>Portrait Artist</b>  | Name of Employer<br><b>Deborah Howland-Murray</b>  |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/09/2026</b>  | Aggregate Contributions<br><b>\$45.00</b><br><b>\$20.00</b> |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Meltzer</b>  | First<br><b>Tammy</b>  | MI  | Contribution ID #<br><b>0378</b>           |
| Residential Street Address<br><b>395 S End Ave</b>   | City<br><b>New York</b>  | State<br><b>NY</b>  | Zip Code<br><b>10280</b>                   |
| Principal Occupation<br><b>Event planner and project manager</b>   | Name of Employer<br><b>Tammy A. Meltzer</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/09/2026</b>  | Aggregate Contributions<br><b>\$118.00</b> |
|  |  | Amount of Contribution<br><b>\$118.00</b>   |  |

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>Leichter</b>   | First<br><b>Maryanne</b>   | MI<br><b>C</b>  | Contribution ID #<br><b>0366</b>          |
| Residential Street Address<br><b>62 Wellwood Rd</b>  | City<br><b>Amston</b>  | State<br><b>CT</b>  | Zip Code<br><b>06231</b>                  |
| Principal Occupation<br><b>Retired</b>   | Name of Employer<br><b>Retired</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/09/2026</b>  | Aggregate Contributions<br><b>\$10.00</b> |
|  |  | Amount of Contribution<br><b>\$10.00</b>  |   |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Mechanic</b>   | First<br><b>Michelle</b>   | MI  | Contribution ID #<br><b>0367</b>           |
| Residential Street Address<br><b>6 Blackberry Ln</b>   | City<br><b>Westport</b>  | State<br><b>CT</b>  | Zip Code<br><b>06880</b>                   |
| Principal Occupation<br><b>Consultant and lawyer</b>   | Name of Employer<br><b>Law Office of Michelle Mechanic</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/09/2026</b>  | Aggregate Contributions<br><b>\$250.00</b> |
|  |  | Amount of Contribution<br><b>\$250.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Sherman</b>  | First<br><b>Anne</b>   | MI  | Contribution ID #<br><b>0368</b>                     |
| Residential Street Address<br><b>439 47th St</b>   | City<br><b>Brooklyn</b>  | State<br><b>NY</b>  | Zip Code<br><b>11220</b>                             |
| Principal Occupation<br><b>Consultant</b>  | Name of Employer<br><b>Self employed</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/09/2026</b>  | Aggregate Contributions<br><b><del>\$36.00</del></b> |
|  |  | Amount of Contribution<br><b><del>\$18.00</del></b>   |  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |   |
|---|--|---|---|
| Last Name<br><b>Howland-Murray</b>  | First<br><b>Deborah</b>  | MI  | Contribution ID #<br><b>0369</b>  |
| Residential Street Address<br><b>204 Ellsworth St</b>   | City<br><b>Bridgeport</b>  | State<br><b>CT</b>  | Zip Code<br><b>06605</b>  |
| Principal Occupation<br><b>Portrait Artist</b>  | Name of Employer<br><b>Self-employed</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/09/2026</b>  | Aggregate Contributions<br><b>\$65.00-</b><br>Amount of Contribution<br><b>\$20.00-</b> |

|   |  |   |   |
|---|--|---|---|
| Last Name<br><b>sheldon</b>   | First<br><b>deborah</b>  | MI  | Contribution ID #<br><b>0370</b>  |
| Residential Street Address<br><b>895 Galloping Hill Road Fairfield Ct .</b>   | City<br><b>Fairfield</b>   | State<br><b>CT</b>  | Zip Code<br><b>06824</b>  |
| Principal Occupation<br><b>Retired</b>  | Name of Employer<br><b>Retired</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/09/2026</b>  | Aggregate Contributions<br><b>\$50.00</b><br>Amount of Contribution<br><b>\$50.00</b> |

|   |  |   |   |
|---|--|---|---|
| Last Name<br><b>Kading</b>  | First<br><b>James</b>  | MI<br><b>A</b>  | Contribution ID #<br><b>0371</b>  |
| Residential Street Address<br><b>159 Mechanic St</b>  | City<br><b>Pawcatuck</b>   | State<br><b>CT</b>  | Zip Code<br><b>06379</b>  |
| Principal Occupation<br><b>Retired</b>  | Name of Employer<br><b>Retired</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/09/2026</b>  | Aggregate Contributions<br><b>\$10.00</b><br>Amount of Contribution<br><b>\$10.00</b> |

|   |  |   |  |
|---|--|---|--|
| Last Name<br><b>Axthelm</b>   | First<br><b>Nancy</b>  | MI  | Contribution ID #<br><b>0372</b>   |
| Residential Street Address<br><b>33 Minute Man Hl</b>   | City<br><b>Westport</b>  | State<br><b>CT</b>  | Zip Code<br><b>06880</b>   |
| Principal Occupation<br><b>Retired</b>  | Name of Employer<br><b>Retired</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/09/2026</b>  | Aggregate Contributions<br><b>\$125.00</b><br>Amount of Contribution<br><b>\$25.00</b> |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Duarte   | First<br>Elizabeth   | MI  | Contribution ID #<br>0373          |
| Residential Street Address<br>54 Cottage St .   | City<br>Groton   | State<br>CT   | Zip Code<br>06340                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/09/2026   | Aggregate Contributions<br>\$25.00 |
|   |  |   | Amount of Contribution<br>\$25.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>miller   | First<br>elise   | MI<br>M   | Contribution ID #<br>0374          |
| Residential Street Address<br>174 Southport Woods Dr .  | City<br>Southport  | State<br>CT   | Zip Code<br>06890                  |
| Principal Occupation<br>librarian   | Name of Employer<br>Ridgefield Library   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/09/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Darvick  | First<br>Elinor  | MI  | Contribution ID #<br>0375          |
| Residential Street Address<br>62 Prospect Rdg   | City<br>Ridgefield   | State<br>CT   | Zip Code<br>06877                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/09/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Corsaro  | First<br>Irene   | MI  | Contribution ID #<br>0376           |
| Residential Street Address<br>36 Borglum Rd   | City<br>Wilton   | State<br>CT   | Zip Code<br>06897                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/09/2026   | Aggregate Contributions<br>\$100.00 |
|   |  |   | Amount of Contribution<br>\$100.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>LaPenta-Duffek   | First<br>Teresa  | MI<br>R   | Contribution ID #<br>0377          |
| Residential Street Address<br>7 Barkledge Dr  | City<br>Newington  | State<br>CT   | Zip Code<br>06111                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/09/2026   | Aggregate Contributions<br>\$25.00 |
|   |  |   | Amount of Contribution<br>\$25.00  |

|   |  |   |  |
|---|--|---|--|
| Last Name<br>Meltzer  | First<br><del>Tammy</del>  | MI  | Contribution ID #<br><del>0378</del>           |
| Residential Street Address<br>395 S End Ave   | City<br>New York   | State<br>NY   | Zip Code<br><del>10280</del>                   |
| Principal Occupation<br>Event planner and project manager   | Name of Employer<br>Self employed  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/09/2026   | Aggregate Contributions<br><del>\$236.00</del> |
|   |  |   | Amount of Contribution<br><del>\$118.00</del>  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Sachs  | First<br>Arlene  | MI<br>I   | Contribution ID #<br>0379           |
| Residential Street Address<br>501 Harvest Cmns  | City<br>Westport   | State<br>CT   | Zip Code<br>06880                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/09/2026   | Aggregate Contributions<br>\$100.00 |
|   |  |   | Amount of Contribution<br>\$100.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>West   | First<br>Dorothy   | MI  | Contribution ID #<br>0380          |
| Residential Street Address<br>148 Tuttle Rd   | City<br>Woodbury   | State<br>CT   | Zip Code<br>06798                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/10/2026   | Aggregate Contributions<br>\$25.00 |
|   |  |   | Amount of Contribution<br>\$25.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Balter</b>   | First<br><b>Lisa</b>   | MI  | Contribution ID #<br><b>0381</b>           |
| Residential Street Address<br><b>35 Red Bluff Road East Haven Ct # 6513</b>  | City<br><b>East Haven</b>  | State<br><b>CT</b>  | Zip Code<br><b>06513</b>                   |
| Principal Occupation<br><b>Town Clerk</b>  | Name of Employer<br><b>Town of East Haven</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/10/2026</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>Morrin Bello</b>   | First<br><b>Amy</b>  | MI  | Contribution ID #<br><b>0382</b>          |
| Residential Street Address<br><b>311 Hartford Ave</b>  | City<br><b>Wethersfield</b>  | State<br><b>CT</b>  | Zip Code<br><b>06109</b>                  |
| Principal Occupation<br><b>Admin Asst</b>  | Name of Employer<br><b>Wesleyan University</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/10/2026</b>  | Aggregate Contributions<br><b>\$50.00</b> |
|  |  | Amount of Contribution<br><b>\$50.00</b>  |   |

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>Cusano</b>   | First<br><b>John</b>   | MI  | Contribution ID #<br><b>0383</b>          |
| Residential Street Address<br><b>29 Poplar St</b>  | City<br><b>Norwalk</b>   | State<br><b>CT</b>  | Zip Code<br><b>06855</b>                  |
| Principal Occupation<br><b>Non Profit Consulting</b>   | Name of Employer<br><b>John Cusano</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/10/2026</b>  | Aggregate Contributions<br><b>\$75.00</b> |
|  |  | Amount of Contribution<br><b>\$75.00</b>  |   |

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>Olsen</b>  | First<br><b>John</b>   | MI<br><b>W</b>  | Contribution ID #<br><b>0384</b>          |
| Residential Street Address<br><b>101 Pratt Rd</b>  | City<br><b>Clinton</b>   | State<br><b>CT</b>  | Zip Code<br><b>06413</b>                  |
| Principal Occupation<br><b>Retired</b>   | Name of Employer<br><b>Retired</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/10/2026</b>  | Aggregate Contributions<br><b>\$50.00</b> |
|  |  | Amount of Contribution<br><b>\$50.00</b>  |   |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Dicosola   | First<br>Susan   | MI<br>T   | Contribution ID #<br>0385          |
| Residential Street Address<br>18 Studio Rd  | City<br>Stamford   | State<br>CT   | Zip Code<br>06903                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/11/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Kops   | First<br>Lisa  | MI<br>G   | Contribution ID #<br>0386          |
| Residential Street Address<br>162 Sconset Ln  | City<br>Guilford   | State<br>CT   | Zip Code<br>06437                  |
| Principal Occupation<br>Registrar of Voters (Guilford)  | Name of Employer<br>Town of Guilford   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/11/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Kops   | First<br>Steve   | MI  | Contribution ID #<br>0387          |
| Residential Street Address<br>162 Sconset Ln  | City<br>Guilford   | State<br>CT   | Zip Code<br>06437                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/11/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Gristina   | First<br>Mary Gail   | MI<br>G   | Contribution ID #<br>0388          |
| Residential Street Address<br>38 Belden Hill Ln   | City<br>Wilton   | State<br>CT   | Zip Code<br>06897                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/11/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Pope   | First<br>Jennifer  | MI  | Contribution ID #<br>0389          |
| Residential Street Address<br>37 Woodstock Rd   | City<br>Hamden   | State<br>CT   | Zip Code<br>06517                  |
| Principal Occupation<br>Clinical Research Manager   | Name of Employer<br>Yale University  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/11/2026   | Aggregate Contributions<br>\$25.00 |
|   |  |   | Amount of Contribution<br>\$25.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Neaderland   | First<br>Marjorie  | MI<br>H   | Contribution ID #<br>0390           |
| Residential Street Address<br>21 Possum Ln  | City<br>Norwalk  | State<br>CT   | Zip Code<br>06854                   |
| Principal Occupation<br>veterinarian  | Name of Employer<br>Animal Eye Clinic  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/12/2026   | Aggregate Contributions<br>\$150.00 |
|   |  |   | Amount of Contribution<br>\$50.00   |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Litt   | First<br>Elizabeth   | MI  | Contribution ID #<br>0391          |
| Residential Street Address<br>86 Great Hill Rd  | City<br>Newtown  | State<br>CT   | Zip Code<br>06470                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/12/2026   | Aggregate Contributions<br>\$25.00 |
|   |  |   | Amount of Contribution<br>\$25.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Tepas  | First<br>Kevin   | MI<br>M   | Contribution ID #<br>0392          |
| Residential Street Address<br>7 Barnfield Rd  | City<br>Norwalk  | State<br>CT   | Zip Code<br>06853                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/12/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Cooper   | First<br>John  | MI<br>B   | Contribution ID #<br>0393           |
| Residential Street Address<br>26 The Ridgeway   | City<br>Greenwich  | State<br>CT   | Zip Code<br>06831                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/12/2026   | Aggregate Contributions<br>\$100.00 |
|   |  |   | Amount of Contribution<br>\$100.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Villa  | First<br>Judy  | MI<br>C   | Contribution ID #<br>0394          |
| Residential Street Address<br>1020 Danard Pl  | City<br>Cheshire   | State<br>CT   | Zip Code<br>06410                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/12/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

|   |  |   |  |
|---|--|---|--|
| Last Name<br><del>Hillson</del>   | First<br><del>Beth</del>   | MI<br><del>J</del>  | Contribution ID #<br><del>0395</del>           |
| Residential Street Address<br><del>283 Imperial Dr</del>  | City<br><del>Glastonbury</del>   | State<br><del>CT</del>  | Zip Code<br><del>06033</del>                   |
| Principal Occupation<br><del>writer, editor</del>   | Name of Employer<br><del>Self Employed writer, Team leader, Take Action CT</del>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><del>03/12/2026</del>  | Aggregate Contributions<br><del>\$200.00</del> |
|   |  |   | Amount of Contribution<br><del>\$50.00</del>   |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Mabie  | First<br>Margot  | MI  | Contribution ID #<br>0396          |
| Residential Street Address<br>122 Palmers Hill Rd   | City<br>Stamford   | State<br>CT   | Zip Code<br>06902                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/12/2026   | Aggregate Contributions<br>\$25.00 |
|   |  |   | Amount of Contribution<br>\$25.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Baskin   | First<br>Wendy and Rich  | MI  | Contribution ID #<br>0397           |
| Residential Street Address<br>2 Roton Ave   | City<br>Norwalk  | State<br>CT   | Zip Code<br>06853                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/12/2026   | Aggregate Contributions<br>\$340.00 |
|   |  |   | Amount of Contribution<br>\$340.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Ginouves   | First<br>Albert  | MI<br>P   | Contribution ID #<br>0398          |
| Residential Street Address<br>22 Meadow St .  | City<br>Lakeville  | State<br>CT   | Zip Code<br>06039                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/12/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Bianco   | First<br>Elizabeth   | MI  | Contribution ID #<br>0399          |
| Residential Street Address<br>3 Thorp Ln  | City<br>Norwalk  | State<br>CT   | Zip Code<br>06850                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/12/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Carrington   | First<br>Michael   | MI  | Contribution ID #<br>0400          |
| Residential Street Address<br>76 Reservoir Rd   | City<br>Southbury  | State<br>CT   | Zip Code<br>06488                  |
| Principal Occupation<br>Attorney  | Name of Employer<br>Guliano Richardson & Sfara   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/12/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |   |
|---|--|---|---|
| Last Name<br><b>Moonan</b>  | First<br><b>Patricia</b>   | MI  | Contribution ID #<br><b>0401</b>          |
| Residential Street Address<br><b>100 Parrott Dr</b>   | City<br><b>Shelton</b>   | State<br><b>CT</b>  | Zip Code<br><b>06484</b>                  |
| Principal Occupation<br><b>Marriage and Family Therapist</b>  | Name of Employer<br><b>Complete Counseling Group</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/12/2026</b>  | Aggregate Contributions<br><b>\$50.00</b> |
|   |  | Amount of Contribution<br><b>\$50.00</b>  |   |

|   |  |   |  |
|---|--|---|--|
| Last Name<br><b>Hillson</b>   | First<br><b>Beth</b>   | MI<br><b>J</b>  | Contribution ID #<br><b>0395</b>           |
| Residential Street Address<br><b>283 Imperial Dr</b>  | City<br><b>Glastonbury</b>   | State<br><b>CT</b>  | Zip Code<br><b>06033</b>                   |
| Principal Occupation<br><b>writer, editor</b>   | Name of Employer<br><b>Take Action CT (TACT) Indivisible Glastonbury</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/12/2026</b>  | Aggregate Contributions<br><b>\$150.00</b> |
|   |  | Amount of Contribution<br><b>\$50.00</b>  |  |

|   |  |   |   |
|---|--|---|---|
| Last Name<br><b>Jones</b>   | First<br><b>Elizabeth</b>  | MI  | Contribution ID #<br><b>0413</b>          |
| Residential Street Address<br><b>101 Harrison Ave .</b>   | City<br><b>New Canaan</b>  | State<br><b>CT</b>  | Zip Code<br><b>06840</b>                  |
| Principal Occupation<br><b>gardener</b>   | Name of Employer<br><b>Elizabeth Jones</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/13/2026</b>  | Aggregate Contributions<br><b>\$10.00</b> |
|   |  | Amount of Contribution<br><b>\$10.00</b>  |   |

|   |  |   |   |
|---|--|---|---|
| Last Name<br><b>Godlewski</b>   | First<br><b>Walter</b>   | MI  | Contribution ID #<br><b>0402</b>          |
| Residential Street Address<br><b>20 Sunset Hill Rd</b>  | City<br><b>Norfolk</b>   | State<br><b>CT</b>  | Zip Code<br><b>06058</b>                  |
| Principal Occupation<br><b>Attorney</b>   | Name of Employer<br><b>Cohen Tauber Spievack &amp; Wagner PC</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/13/2026</b>  | Aggregate Contributions<br><b>\$50.00</b> |
|   |  | Amount of Contribution<br><b>\$50.00</b>  |   |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>West   | First<br>Dorothy   | MI  | Contribution ID #<br>0403          |
| Residential Street Address<br>148 Tuttle Rd   | City<br>Woodbury   | State<br>CT   | Zip Code<br>06798                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/13/2026   | Aggregate Contributions<br>\$75.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>townsend   | First<br>anne  | MI  | Contribution ID #<br>0404           |
| Residential Street Address<br>33 Mauweehoo HI   | City<br>Sherman  | State<br>CT   | Zip Code<br>06784                   |
| Principal Occupation<br>consultant - board governance   | Name of Employer<br>ART+Strategy   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/13/2026   | Aggregate Contributions<br>\$200.00 |
|   |  |   | Amount of Contribution<br>\$100.00  |

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| Last Name<br>Halpert  | First<br>Nancy   | MI  | Contribution ID #<br>0405         |
| Residential Street Address<br>344 Autumn Ridge Rd   | City<br>Fairfield  | State<br>CT   | Zip Code<br>06825                 |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/13/2026   | Aggregate Contributions<br>\$5.00 |
|   |  |   | Amount of Contribution<br>\$5.00  |

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| Last Name<br>Halpert  | First<br>Marc  | MI<br>W   | Contribution ID #<br>0406         |
| Residential Street Address<br>344 Autumn Ridge Rd   | City<br>Fairfield  | State<br>CT   | Zip Code<br>06825                 |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/13/2026   | Aggregate Contributions<br>\$5.00 |
|   |  |   | Amount of Contribution<br>\$5.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Siegert  | First<br>Allan   | MI<br>A   | Contribution ID #<br>0407          |
| Residential Street Address<br>5597 Westport Ave # B240  | City<br>Norwalk  | State<br>CT   | Zip Code<br>06851                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Amount of Contribution  |  |   |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/13/2026   | Aggregate Contributions<br>\$50.00 |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |   | \$50.00                            |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Werner   | First<br>Gerard  | MI  | Contribution ID #<br>0408           |
| Residential Street Address<br>7 Studio Ln   | City<br>Norwalk  | State<br>CT   | Zip Code<br>06850                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Amount of Contribution  |  |   |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/13/2026   | Aggregate Contributions<br>\$100.00 |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |   | \$100.00                            |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Stein  | First<br>Sandra  | MI  | Contribution ID #<br>0409           |
| Residential Street Address<br>161 Ford Rd   | City<br>Woodbridge   | State<br>CT   | Zip Code<br>06525                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Amount of Contribution  |  |   |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/13/2026   | Aggregate Contributions<br>\$100.00 |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |   | \$100.00                            |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Siegelbaum   | First<br>Beth  | MI  | Contribution ID #<br>0410          |
| Residential Street Address<br>57 Russell St   | City<br>Norwalk  | State<br>CT   | Zip Code<br>06855                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Amount of Contribution  |  |   |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/13/2026   | Aggregate Contributions<br>\$50.00 |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |   | \$50.00                            |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| Last Name<br>Haley  | First<br>Regina  | MI<br>M   | Contribution ID #<br>0411         |
| Residential Street Address<br>25 Odell Ave  | City<br>Milford  | State<br>CT   | Zip Code<br>06460                 |
| Principal Occupation<br>Marketing   | Name of Employer<br>Haley Co., LLC   |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/13/2026   | Aggregate Contributions<br>\$5.00 |
|   |  |   | Amount of Contribution<br>\$5.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Snyder   | First<br>Elizabeth   | MI  | Contribution ID #<br>0412          |
| Residential Street Address<br>11 Fairwood Rd  | City<br>Bethany  | State<br>CT   | Zip Code<br>06524                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/13/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

|   |  |   |   |
|---|--|---|---|
| Last Name<br><del>Jones</del>   | First<br>Elizabeth   | MI  | Contribution ID #<br><del>0413</del>          |
| Residential Street Address<br><del>101 Harrison Ave.</del>  | City<br>New Canaan   | State<br>CT   | Zip Code<br><del>06840</del>                  |
| Principal Occupation<br>gardener  | Name of Employer<br>self-employed Elizabeth Jones  |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/13/2026   | Aggregate Contributions<br><del>\$20.00</del> |
|   |  |   | Amount of Contribution<br><del>\$10.00</del>  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Barnowski  | First<br>John  | MI  | Contribution ID #<br>0414          |
| Residential Street Address<br>55 Loomis Rd  | City<br>Colchester   | State<br>CT   | Zip Code<br>06415                  |
| Principal Occupation<br>retired   | Name of Employer<br>John Barnowski   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/13/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Ives   | First<br>Richard   | MI<br>A   | Contribution ID #<br>0415          |
| Residential Street Address<br>389 Pomfret Rd  | City<br>Brooklyn   | State<br>CT   | Zip Code<br>06234                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/13/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Walker   | First<br>Joan  | MI  | Contribution ID #<br>0416           |
| Residential Street Address<br>39 Stepping Stone Ln  | City<br>Madison  | State<br>CT   | Zip Code<br>06443                   |
| Principal Occupation<br>Treasurer   | Name of Employer<br>UNAPEN, Inc.   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/13/2026   | Aggregate Contributions<br>\$100.00 |
|   |  |   | Amount of Contribution<br>\$100.00  |

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| Last Name<br>MARSHOCK   | First<br>PATRICIA  | MI  | Contribution ID #<br>0417         |
| Residential Street Address<br>12 Edith Ln   | City<br>Norwalk  | State<br>CT   | Zip Code<br>06851                 |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/13/2026   | Aggregate Contributions<br>\$5.00 |
|   |  |   | Amount of Contribution<br>\$5.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Thomas   | First<br>John  | MI<br>H   | Contribution ID #<br>0418           |
| Residential Street Address<br>15 New Broadway   | City<br>Westfield  | State<br>MA   | Zip Code<br>01085                   |
| Principal Occupation<br>Leadership Development Professional   | Name of Employer<br>Executive Perspectives   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/13/2026   | Aggregate Contributions<br>\$340.00 |
|   |  |   | Amount of Contribution<br>\$20.00   |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Hill   | First<br>Peter   | MI  | Contribution ID #<br>0419          |
| Residential Street Address<br>8604021676  | City<br>Manchester   | State<br>CT   | Zip Code<br>06040                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/13/2026   | Aggregate Contributions<br>\$25.00 |
|   |  |   | Amount of Contribution<br>\$25.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Bladen   | First<br>Lucas   | MI  | Contribution ID #<br>0420          |
| Residential Street Address<br>363 13th St   | City<br>Brooklyn   | State<br>NY   | Zip Code<br>11215                  |
| Principal Occupation<br>Nonprofit   | Name of Employer<br>Lawyers for Good Government  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/13/2026   | Aggregate Contributions<br>\$15.00 |
|   |  |   | Amount of Contribution<br>\$15.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Finnegan   | First<br>Mary  | MI  | Contribution ID #<br>0421          |
| Residential Street Address<br>33 Fenway Rd  | City<br>Branford   | State<br>CT   | Zip Code<br>06405                  |
| Principal Occupation<br>Designer/Artist   | Name of Employer<br>Artist at Work, inc.   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/13/2026   | Aggregate Contributions<br>\$75.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Orteig   | First<br>Elizabeth   | MI  | Contribution ID #<br>0422           |
| Residential Street Address<br>108 Bayberry Rd   | City<br>New Canaan   | State<br>CT   | Zip Code<br>06840                   |
| Principal Occupation<br>Antique Restorer  | Name of Employer<br>Elizabeth Orteig Antique Restoration   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/13/2026   | Aggregate Contributions<br>\$100.00 |
|   |  |   | Amount of Contribution<br>\$50.00   |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Edwards  | First<br>Karen   | MI<br>S   | Contribution ID #<br>0423           |
| Residential Street Address<br>132 Blackberry Dr   | City<br>Stamford   | State<br>CT   | Zip Code<br>06903                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/13/2026   | Aggregate Contributions<br>\$200.00 |
|   |  |   | Amount of Contribution<br>\$100.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Sehl   | First<br>Andrea  | MI<br>N   | Contribution ID #<br>0424           |
| Residential Street Address<br>15 Green Hill Rd  | City<br>Kent   | State<br>CT   | Zip Code<br>06757                   |
| Principal Occupation<br>Financial manager   | Name of Employer<br>Andrea Sehl & Associates LLC   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/13/2026   | Aggregate Contributions<br>\$450.00 |
|   |  |   | Amount of Contribution<br>\$200.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Bubriski   | First<br>Wanda   | MI  | Contribution ID #<br>0425           |
| Residential Street Address<br>1 Hughes Pl # B   | City<br>New Haven  | State<br>CT   | Zip Code<br>06511                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/13/2026   | Aggregate Contributions<br>\$200.00 |
|   |  |   | Amount of Contribution<br>\$200.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>McSharry   | First<br>Jean Ellen  | MI  | Contribution ID #<br>0426          |
| Residential Street Address<br>299 Thimble Island Rd   | City<br>Branford   | State<br>CT   | Zip Code<br>06405                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/13/2026   | Aggregate Contributions<br>\$25.00 |
|   |  |   | Amount of Contribution<br>\$25.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Rubinstein   | First<br>Pegeen  | MI  | Contribution ID #<br>0427           |
| Residential Street Address<br>30 Dogwood Ln   | City<br>Westport   | State<br>CT   | Zip Code<br>06880                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/13/2026   | Aggregate Contributions<br>\$200.00 |
|   |  |   | Amount of Contribution<br>\$200.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Weber  | First<br>Mary  | MI<br>T   | Contribution ID #<br>0428          |
| Residential Street Address<br>5 Slaughter House Rd  | City<br>New Preston  | State<br>CT   | Zip Code<br>06777                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/14/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Mechler  | First<br>Barbara   | MI  | Contribution ID #<br>0429          |
| Residential Street Address<br>28F Heritage Vlg  | City<br>Southbury  | State<br>CT   | Zip Code<br>06488                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/14/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Buckley  | First<br>Susan   | MI  | Contribution ID #<br>0430          |
| Residential Street Address<br>17 Dogwood Dr   | City<br>Ridgefield   | State<br>CT   | Zip Code<br>06877                  |
| Principal Occupation<br>Homemaker   | Name of Employer<br>Homemaker  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/14/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Smith  | First<br>Brian   | MI<br>J   | Contribution ID #<br>0431          |
| Residential Street Address<br>4 Richlee Rd  | City<br>Norwalk  | State<br>CT   | Zip Code<br>06851                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/15/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Zezima   | First<br>Elizabeth   | MI  | Contribution ID #<br>0432          |
| Residential Street Address<br>160 Fairfield Woods Rd Apt 22   | City<br>Fairfield  | State<br>CT   | Zip Code<br>06825                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/15/2026   | Aggregate Contributions<br>\$10.00 |
|   |  |   | Amount of Contribution<br>\$10.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Gale   | First<br>Carol   | MI  | Contribution ID #<br>0433           |
| Residential Street Address<br>165 Girard Ave  | City<br>Hartford   | State<br>CT   | Zip Code<br>06105                   |
| Principal Occupation<br>Educator  | Name of Employer<br>Hartford Board of Ed   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/15/2026   | Aggregate Contributions<br>\$100.00 |
|   |  |   | Amount of Contribution<br>\$100.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Dietch   | First<br>Jody  | MI  | Contribution ID #<br>0434          |
| Residential Street Address<br>601 Harborview Rd   | City<br>Orange   | State<br>CT   | Zip Code<br>06477                  |
| Principal Occupation<br>Executive Director  | Name of Employer<br>Congregation Mishkan Israel  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/15/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$25.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Goupil   | First<br>Christine   | MI  | Contribution ID #<br>0435          |
| Residential Street Address<br>39 High St  | City<br>Clinton  | State<br>CT   | Zip Code<br>06413                  |
| Principal Occupation<br>Policy Coordinator  | Name of Employer<br>State of Connecticut   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/15/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Hosten   | First<br>Colin   | MI  | Contribution ID #<br>0436           |
| Residential Street Address<br>71 Aiken St # A14   | City<br>Norwalk  | State<br>CT   | Zip Code<br>06851                   |
| Principal Occupation<br>Lecturer  | Name of Employer<br>Fairfield University   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/15/2026   | Aggregate Contributions<br>\$200.00 |
|   |  |   | Amount of Contribution<br>\$200.00  |

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| Last Name<br>Sylvester  | First<br>Kathryn   | MI<br>R   | Contribution ID #<br>0437         |
| Residential Street Address<br>55 Old Amity Rd   | City<br>Bethany  | State<br>CT   | Zip Code<br>06524                 |
| Principal Occupation<br>Lawyer  | Name of Employer<br>Law Offices of Kathryn R. Sylvester, LLC   |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/15/2026   | Aggregate Contributions<br>\$5.00 |
|   |  |   | Amount of Contribution<br>\$5.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Stirna   | First<br>Annie   | MI  | Contribution ID #<br>0438          |
| Residential Street Address<br>86 Bar Gate Trl   | City<br>Killingworth   | State<br>CT   | Zip Code<br>06419                  |
| Principal Occupation<br>Accountant  | Name of Employer<br>Stirna Business Services   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/15/2026   | Aggregate Contributions<br>\$25.00 |
|   |  |   | Amount of Contribution<br>\$25.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Napoli   | First<br>Ronald  | MI  | Contribution ID #<br>0439          |
| Residential Street Address<br>28 Deer Park Cir  | City<br>Waterbury  | State<br>CT   | Zip Code<br>06708                  |
| Principal Occupation<br>Teacher   | Name of Employer<br>Wtby Public Schools  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/16/2026   | Aggregate Contributions<br>\$25.00 |
|   |  |   | Amount of Contribution<br>\$25.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Ray  | First<br>Gina  | MI  | Contribution ID #<br>0440          |
| Residential Street Address<br>50 Aiken St   | City<br>Norwalk  | State<br>CT   | Zip Code<br>06851                  |
| Principal Occupation<br>Retired   | Name of Employer<br>None   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/16/2026   | Aggregate Contributions<br>\$25.00 |
|   |  |   | Amount of Contribution<br>\$25.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Dellinger  | First<br>Richard   | MI<br>N   | Contribution ID #<br>0441          |
| Residential Street Address<br>45 Purdy Rd E   | City<br>Norwalk  | State<br>CT   | Zip Code<br>06850                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/17/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Martin   | First<br>Rebecca   | MI<br>B   | Contribution ID #<br>0442          |
| Residential Street Address<br>185 North Ave   | City<br>Westport   | State<br>CT   | Zip Code<br>06880                  |
| Principal Occupation<br>Fundraiser  | Name of Employer<br>Reproductive Equity Now  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/17/2026   | Aggregate Contributions<br>\$10.00 |
|   |  |   | Amount of Contribution<br>\$10.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Tolan  | First<br>Abby  | MI  | Contribution ID #<br>0443          |
| Residential Street Address<br>1 Harbor Rd   | City<br>Westport   | State<br>CT   | Zip Code<br>06880                  |
| Principal Occupation<br>Homemaker   | Name of Employer<br>Homemaker  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/17/2026   | Aggregate Contributions<br>\$25.00 |
|   |  |   | Amount of Contribution<br>\$25.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>DArinzo  | First<br>Debra   | MI  | Contribution ID #<br>0444          |
| Residential Street Address<br>28 Morehouse Ln   | City<br>Norwalk  | State<br>CT   | Zip Code<br>06860                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/17/2026   | Aggregate Contributions<br>\$25.00 |
|   |  |   | Amount of Contribution<br>\$25.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>DArinzo  | First<br>Kenneth   | MI  | Contribution ID #<br>0445          |
| Residential Street Address<br>28 Morehouse Ln   | City<br>Norwalk  | State<br>CT   | Zip Code<br>06860                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/17/2026   | Aggregate Contributions<br>\$25.00 |
|   |  |   | Amount of Contribution<br>\$25.00  |

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| Last Name<br>Bacigalupo   | First<br>Tony  | MI  | Contribution ID #<br>0446         |
| Residential Street Address<br>515 West Ave # PH07   | City<br>Norwalk  | State<br>CT   | Zip Code<br>06850                 |
| Principal Occupation<br>Head of Community   | Name of Employer<br>Scalepath  |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/17/2026   | Aggregate Contributions<br>\$5.00 |
|   |  |   | Amount of Contribution<br>\$5.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Balliett   | First<br>Jennifer  | MI  | Contribution ID #<br>0447           |
| Residential Street Address<br>6 Crossland Pl  | City<br>Norwalk  | State<br>CT   | Zip Code<br>06851                   |
| Principal Occupation<br>Candlemaker   | Name of Employer<br>Zena Moon  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/17/2026   | Aggregate Contributions<br>\$100.00 |
|   |  |   | Amount of Contribution<br>\$100.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Dumas  | First<br>Martha  | MI<br>T   | Contribution ID #<br>0448          |
| Residential Street Address<br>910 Glastonbury Tpke  | City<br>Portland   | State<br>CT   | Zip Code<br>06480                  |
| Principal Occupation<br>Computer support  | Name of Employer<br>Travelers Indemnity  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/17/2026   | Aggregate Contributions<br>\$10.00 |
|   |  |   | Amount of Contribution<br>\$10.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Lopez  | First<br>Johan   | MI  | Contribution ID #<br>0449          |
| Residential Street Address<br>41 Fairfield Ave  | City<br>Norwalk  | State<br>CT   | Zip Code<br>06854                  |
| Principal Occupation<br>Analyst   | Name of Employer<br>World Bank Group   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/17/2026   | Aggregate Contributions<br>\$10.00 |
|   |  |   | Amount of Contribution<br>\$10.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Wells  | First<br>Stuart  | MI<br>W   | Contribution ID #<br>0450           |
| Residential Street Address<br>224 W Norwalk Rd  | City<br>Norwalk  | State<br>CT   | Zip Code<br>06850                   |
| Principal Occupation<br>Registrar of Voters   | Name of Employer<br>City of Norwalk  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/18/2026   | Aggregate Contributions<br>\$100.00 |
|   |  |   | Amount of Contribution<br>\$100.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Basch  | First<br>Tracie  | MI  | Contribution ID #<br>0451           |
| Residential Street Address<br>30 West St  | City<br>New York   | State<br>NY   | Zip Code<br>10004                   |
| Principal Occupation<br>Non Profit Consultant   | Name of Employer<br>Basch Productions, LLC   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/18/2026   | Aggregate Contributions<br>\$150.00 |
|   |  |   | Amount of Contribution<br>\$150.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Kempner  | First<br>Sara  | MI  | Contribution ID #<br>0452           |
| Residential Street Address<br>47 Bermuda Rd   | City<br>Westport   | State<br>CT   | Zip Code<br>06880                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/18/2026   | Aggregate Contributions<br>\$340.00 |
|   |  |   | Amount of Contribution<br>\$340.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Lockwood   | First<br>Jory  | MI  | Contribution ID #<br>0453          |
| Residential Street Address<br>103 Briar Brae Rd   | City<br>Stamford   | State<br>CT   | Zip Code<br>06903                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/18/2026   | Aggregate Contributions<br>\$20.00 |
|   |  |   | Amount of Contribution<br>\$20.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Houlihan   | First<br>Charles   | MI<br>D   | Contribution ID #<br>0454          |
| Residential Street Address<br>2 Somerset Ln   | City<br>Simsbury   | State<br>CT   | Zip Code<br>06070                  |
| Principal Occupation<br>attorney  | Name of Employer<br>Law offices of Charles D, Houlihan   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/18/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Brodsky  | First<br>Neal  | MI  | Contribution ID #<br>0455           |
| Residential Street Address<br>62 Cobbs Mill Rd  | City<br>Wilton   | State<br>CT   | Zip Code<br>06897                   |
| Principal Occupation<br>Marital & Family Therapist  | Name of Employer<br>Neal H. Brodsky LMFT   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/18/2026   | Aggregate Contributions<br>\$150.00 |
|   |  |   | Amount of Contribution<br>\$100.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Mac Leod   | First<br>Kim   | MI  | Contribution ID #<br>0456          |
| Residential Street Address<br>8 Westview Ln   | City<br>Norwalk  | State<br>CT   | Zip Code<br>06854                  |
| Principal Occupation<br>Media Advisor   | Name of Employer<br>Regional Media Advisors  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/19/2026   | Aggregate Contributions<br>\$25.00 |
|   |  |   | Amount of Contribution<br>\$25.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Gulyas   | First<br>Ashley  | MI<br>S   | Contribution ID #<br>0457           |
| Residential Street Address<br>5 Cliffview Dr  | City<br>Norwalk  | State<br>CT   | Zip Code<br>06850                   |
| Principal Occupation<br>homemaker   | Name of Employer<br>homemaker  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/19/2026   | Aggregate Contributions<br>\$100.00 |
|   |  |   | Amount of Contribution<br>\$50.00   |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Falk   | First<br>Harris  | MI  | Contribution ID #<br>0458           |
| Residential Street Address<br>14 Overlook Rd  | City<br>Westport   | State<br>CT   | Zip Code<br>06880                   |
| Principal Occupation<br>Consultant  | Name of Employer<br>Harris Falk  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/19/2026   | Aggregate Contributions<br>\$340.00 |
|   |  |   | Amount of Contribution<br>\$340.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>panovka  | First<br>robin   | MI  | Contribution ID #<br>0459           |
| Residential Street Address<br>26 Surf Rd  | City<br>Westport   | State<br>CT   | Zip Code<br>06880                   |
| Principal Occupation<br>attorney  | Name of Employer<br>wachtell lipton  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/19/2026   | Aggregate Contributions<br>\$340.00 |
|   |  |   | Amount of Contribution<br>\$340.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Ostuw  | First<br>CATHLEEN  | MI<br>L   | Contribution ID #<br>0460           |
| Residential Street Address<br>32 Hunting Ridge Rd   | City<br>Stamford   | State<br>CT   | Zip Code<br>06903                   |
| Principal Occupation<br>retired   | Name of Employer<br>retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/19/2026   | Aggregate Contributions<br>\$100.00 |
|   |  |   | Amount of Contribution<br>\$100.00  |

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| Last Name<br>M Pritchett  | First<br>Sheri   | MI  | Contribution ID #<br>0461         |
| Residential Street Address<br>28 Dr Martin Luther King Jr Dr # 71   | City<br>Norwalk  | State<br>CT   | Zip Code<br>06850                 |
| Principal Occupation<br>Program Director  | Name of Employer<br>Women's mentoring network  |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/20/2026   | Aggregate Contributions<br>\$5.00 |
|   |  |   | Amount of Contribution<br>\$5.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Tobey  | First<br>Ginger  | MI<br>M   | Contribution ID #<br>0462           |
| Residential Street Address<br>2 Nash Ln   | City<br>Westport   | State<br>CT   | Zip Code<br>06880                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/20/2026   | Aggregate Contributions<br>\$100.00 |
|   |  |   | Amount of Contribution<br>\$100.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>McClellan  | First<br>Gloria                          | MI<br>G   | Contribution ID #<br>0463          |
| Residential Street Address<br>131 Kings Hwy N   | City<br>Westport                         | State<br>CT   | Zip Code<br>06880                  |
| Principal Occupation<br>Consultant  | Name of Employer<br>LAND USE CONSULTANTS |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  |  | Date Received<br>03/20/2026   | Aggregate Contributions<br>\$25.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card  |  | Amount of Contribution<br>\$25.00   |                                    |

|   |                                      |   |                                    |
|---|--------------------------------------|---|------------------------------------|
| Last Name<br>Eaddy  | First<br>Nicole                      | MI  | Contribution ID #<br>0464          |
| Residential Street Address<br>230 East Ave  | City<br>Norwalk                      | State<br>CT   | Zip Code<br>06855                  |
| Principal Occupation<br>Finance   | Name of Employer<br>GameChange Solar |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                      | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  |                                      | Date Received<br>03/20/2026   | Aggregate Contributions<br>\$15.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card  |                                      | Amount of Contribution<br>\$15.00   |                                    |

|   |                             |   |                                     |
|---|-----------------------------|---|-------------------------------------|
| Last Name<br>Diamond  | First<br>Nancy              | MI  | Contribution ID #<br>0465           |
| Residential Street Address<br>31 Fairfield Ave  | City<br>Westport            | State<br>CT   | Zip Code<br>06880                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                             | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  |                             | Date Received<br>03/21/2026   | Aggregate Contributions<br>\$340.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card  |                             | Amount of Contribution<br>\$90.00   |                                     |

|   |   |   |                                    |
|---|---|---|------------------------------------|
| Last Name<br>Singh bhatia   | First<br>Swarnjit                               | MI  | Contribution ID #<br>0466          |
| Residential Street Address<br>162 Scotland Rd   | City<br>Norwich                                 | State<br>CT   | Zip Code<br>06360                  |
| Principal Occupation<br>Investor  | Name of Employer<br>American property group LLC |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  |   | Date Received<br>03/21/2026   | Aggregate Contributions<br>\$90.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card  |   | Amount of Contribution<br>\$90.00   |                                    |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Hicks  | First<br>Darcy   | MI  | Contribution ID #<br>0467          |
| Residential Street Address<br>1 Harding Lsne  | City<br>Westport   | State<br>CT   | Zip Code<br>06880                  |
| Principal Occupation<br>Educator  | Name of Employer<br>The Norwalk Art Space  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/21/2026   | Aggregate Contributions<br>\$90.00 |
|   |  |   | Amount of Contribution<br>\$90.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Schaberg   | First<br>William   | MI  | Contribution ID #<br>0468           |
| Residential Street Address<br>424 Riverside Dr  | City<br>Fairfield  | State<br>CT   | Zip Code<br>06824                   |
| Principal Occupation<br>Antiquarian Rare Book Dealer  | Name of Employer<br>Athena Rare Books  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/21/2026   | Aggregate Contributions<br>\$340.00 |
|   |  |   | Amount of Contribution<br>\$90.00   |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Frampton   | First<br>LeReine   | MI<br>M   | Contribution ID #<br>0469           |
| Residential Street Address<br>6 Pebble Rd   | City<br>Newtown  | State<br>CT   | Zip Code<br>06470                   |
| Principal Occupation<br>Registrar of voters   | Name of Employer<br>Town Of Newtown  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/21/2026   | Aggregate Contributions<br>\$340.00 |
|   |  |   | Amount of Contribution<br>\$90.00   |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Amgott   | First<br>Margo   | MI  | Contribution ID #<br>0470           |
| Residential Street Address<br>9 Brightfield Ln  | City<br>Westport   | State<br>CT   | Zip Code<br>06880                   |
| Principal Occupation<br>Nonprofit consultant  | Name of Employer<br>Amgott Interim LLC   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/21/2026   | Aggregate Contributions<br>\$340.00 |
|   |  |   | Amount of Contribution<br>\$90.00   |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Schoen   | First<br>Claire  | MI<br>C   | Contribution ID #<br>0471           |
| Residential Street Address<br>7 Studio Ln   | City<br>Norwalk  | State<br>CT   | Zip Code<br>06850                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/21/2026   | Aggregate Contributions<br>\$340.00 |
|   |  |   | Amount of Contribution<br>\$90.00   |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Tolsdorf   | First<br>Katherine   | MI<br>F   | Contribution ID #<br>0472           |
| Residential Street Address<br>104 Hunt Rd   | City<br>Columbia   | State<br>CT   | Zip Code<br>06237                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/21/2026   | Aggregate Contributions<br>\$100.00 |
|   |  |   | Amount of Contribution<br>\$100.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Kalamarides  | First<br>John  | MI  | Contribution ID #<br>0473           |
| Residential Street Address<br>180 Westport Rd   | City<br>Wilton   | State<br>CT   | Zip Code<br>06897                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/21/2026   | Aggregate Contributions<br>\$340.00 |
|   |  |   | Amount of Contribution<br>\$90.00   |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Martin   | First<br>Rebecca   | MI<br>B   | Contribution ID #<br>0474          |
| Residential Street Address<br>185 North Ave .   | City<br>Westport   | State<br>CT   | Zip Code<br>06880                  |
| Principal Occupation<br>Fundraiser  | Name of Employer<br>Reproductive Equity now  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/21/2026   | Aggregate Contributions<br>\$30.00 |
|   |  |   | Amount of Contribution<br>\$30.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>hodson   | First<br>John  | MI<br>I   | Contribution ID #<br>0475           |
| Residential Street Address<br>2 Shorehaven Rd   | City<br>Norwalk  | State<br>CT   | Zip Code<br>06855                   |
| Principal Occupation<br>Insurance   | Name of Employer<br>Amwins   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/21/2026   | Aggregate Contributions<br>\$340.00 |
|   |  |   | Amount of Contribution<br>\$90.00   |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Kalamarides  | First<br>Kathleen  | MI<br>C   | Contribution ID #<br>0476           |
| Residential Street Address<br>180 Westport Rd   | City<br>Wilton   | State<br>CT   | Zip Code<br>06897                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/21/2026   | Aggregate Contributions<br>\$340.00 |
|   |  |   | Amount of Contribution<br>\$340.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>smith  | First<br>nessah  | MI  | Contribution ID #<br>0477          |
| Residential Street Address<br>500 Evers St - MAILING ADDRESS: P.O. BOX 56   | City<br>Bridgeport   | State<br>CT   | Zip Code<br>06610                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/21/2026   | Aggregate Contributions<br>\$20.00 |
|   |  |   | Amount of Contribution<br>\$20.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Krasnow  | First<br>Maurice   | MI  | Contribution ID #<br>0478           |
| Residential Street Address<br>6 Turtleback Rd   | City<br>Wilton   | State<br>CT   | Zip Code<br>06897                   |
| Principal Occupation<br>Psychoanalyst   | Name of Employer<br>Maurice Krasnow, PhD   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/21/2026   | Aggregate Contributions<br>\$340.00 |
|   |  |   | Amount of Contribution<br>\$90.00   |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Christie   | First<br>Kevin   | MI  | Contribution ID #<br>0479           |
| Residential Street Address<br>7 Bruce Ln  | City<br>Westport   | State<br>CT   | Zip Code<br>06880                   |
| Principal Occupation<br>First Selectman   | Name of Employer<br>Town of Westport   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/21/2026   | Aggregate Contributions<br>\$200.00 |
|   |  |   | Amount of Contribution<br>\$200.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Kessler  | First<br>Elizabeth   | MI  | Contribution ID #<br>0480           |
| Residential Street Address<br>17 Harding Ln   | City<br>Westport   | State<br>CT   | Zip Code<br>06880                   |
| Principal Occupation<br>Health educawtor  | Name of Employer<br>Intimacy By Design   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/21/2026   | Aggregate Contributions<br>\$340.00 |
|   |  |   | Amount of Contribution<br>\$90.00   |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Niedzielski-Eichner  | First<br>Nora  | MI  | Contribution ID #<br>0481           |
| Residential Street Address<br>7 Outer Rd  | City<br>Norwalk  | State<br>CT   | Zip Code<br>06854                   |
| Principal Occupation<br>Attorney  | Name of Employer<br>Clarick Gueron Reisbaum  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/22/2026   | Aggregate Contributions<br>\$200.00 |
|   |  |   | Amount of Contribution<br>\$200.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>baskin   | First<br>richard   | MI  | Contribution ID #<br>0482           |
| Residential Street Address<br>2 Roton Ave   | City<br>Norwalk  | State<br>CT   | Zip Code<br>06853                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/22/2026   | Aggregate Contributions<br>\$340.00 |
|   |  |   | Amount of Contribution<br>\$340.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Kranz</b>  | First<br><b>Jean and Jerry</b>   | MI  | Contribution ID #<br><b>0483</b>           |
| Residential Street Address<br><b>50 Forest St</b>  | City<br><b>Stamford</b>  | State<br><b>CT</b>  | Zip Code<br><b>06901</b>                   |
| Principal Occupation<br><b>Retired</b>   | Name of Employer<br><b>Retired</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/22/2026</b>  | Aggregate Contributions<br><b>\$50.00-</b> |
|  |  |   | Amount of Contribution<br><b>\$25.00-</b>  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Jay</b>  | First<br><b>Loretta</b>  | MI  | Contribution ID #<br><b>0484</b>           |
| Residential Street Address<br><b>116 Rolling Ridge Rd</b>  | City<br><b>Fairfield</b>   | State<br><b>CT</b>  | Zip Code<br><b>06824</b>                   |
| Principal Occupation<br><b>Consultant</b>  | Name of Employer<br><b>Parasol, LLC</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/22/2026</b>  | Aggregate Contributions<br><b>\$250.00</b> |
|  |  |   | Amount of Contribution<br><b>\$100.00</b>  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>McNamara</b>   | First<br><b>Susan</b>  | MI  | Contribution ID #<br><b>0485</b>           |
| Residential Street Address<br><b>545 Main St</b>   | City<br><b>Middlefield</b>   | State<br><b>CT</b>  | Zip Code<br><b>06455</b>                   |
| Principal Occupation<br><b>Physician</b>   | Name of Employer<br><b>River Rock Psychiatry, LLC</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/22/2026</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  |   | Amount of Contribution<br><b>\$100.00</b>  |

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>Martin</b>   | First<br><b>Janice</b>   | MI<br><b>S</b>  | Contribution ID #<br><b>0486</b>          |
| Residential Street Address<br><b>92 Colorado Dr</b>  | City<br><b>Somers</b>  | State<br><b>CT</b>  | Zip Code<br><b>06071</b>                  |
| Principal Occupation<br><b>Retired</b>   | Name of Employer<br><b>Retired</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/22/2026</b>  | Aggregate Contributions<br><b>\$50.00</b> |
|  |  |   | Amount of Contribution<br><b>\$50.00</b>  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>Hudson</b>   | First<br><b>Linda</b>  | MI  | Contribution ID #<br><b>0487</b>          |
| Residential Street Address<br><b>18 Kings Hwy S</b>  | City<br><b>Westport</b>  | State<br><b>CT</b>  | Zip Code<br><b>06880</b>                  |
| Principal Occupation<br><b>Retired</b>   | Name of Employer<br><b>Retired</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/22/2026</b>  | Aggregate Contributions<br><b>\$50.00</b> |
|  |  | Amount of Contribution<br><b>\$50.00</b>  |   |

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>Kranz</b>  | First<br><b>Joan</b>   | MI  | Contribution ID #<br><b>0483</b>          |
| Residential Street Address<br><b>50 Forest St</b>  | City<br><b>Stamford</b>  | State<br><b>CT</b>  | Zip Code<br><b>06901</b>                  |
| Principal Occupation<br><b>Retired</b>   | Name of Employer<br><b>Retired</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/22/2026</b>  | Aggregate Contributions<br><b>\$25.00</b> |
|  |  | Amount of Contribution<br><b>\$25.00</b>  |   |

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>Paulson</b>  | First<br><b>Loretta</b>  | MI  | Contribution ID #<br><b>0488</b>          |
| Residential Street Address<br><b>6 Turtleback Rd</b>   | City<br><b>Wilton</b>  | State<br><b>CT</b>  | Zip Code<br><b>06897</b>                  |
| Principal Occupation<br><b>Psychotherapist</b>   | Name of Employer<br><b>Lorie Paulson</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/23/2026</b>  | Aggregate Contributions<br><b>\$90.00</b> |
|  |  | Amount of Contribution<br><b>\$90.00</b>  |   |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Smith</b>  | First<br><b>Brian</b>  | MI<br><b>J</b>  | Contribution ID #<br><b>0489</b>           |
| Residential Street Address<br><b>81 Heman St</b>   | City<br><b>Edison</b>  | State<br><b>NJ</b>  | Zip Code<br><b>08837</b>                   |
| Principal Occupation<br><b>Marketing Director</b>  | Name of Employer<br><b>AbbVie</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/23/2026</b>  | Aggregate Contributions<br><b>\$340.00</b> |
|  |  | Amount of Contribution<br><b>\$340.00</b>   |  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Cann   | First<br>Immacula  | MI  | Contribution ID #<br>0490          |
| Residential Street Address<br>234 Klondike St   | City<br>Stratford  | State<br>CT   | Zip Code<br>06614                  |
| Principal Occupation<br>RN-CNO  | Name of Employer<br>Silver Hill Hospital   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/23/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Rossi  | First<br>Michael   | MI<br>J   | Contribution ID #<br>0491          |
| Residential Street Address<br>8 Kings Grant Rd  | City<br>Clinton  | State<br>CT   | Zip Code<br>06413                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/23/2026   | Aggregate Contributions<br>\$10.00 |
|   |  |   | Amount of Contribution<br>\$10.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Conetta  | First<br>Kate  | MI  | Contribution ID #<br>0492           |
| Residential Street Address<br>4 Topfield Rd   | City<br>Danbury  | State<br>CT   | Zip Code<br>06811                   |
| Principal Occupation<br>Advertising Production Manager  | Name of Employer<br>LMT Communications   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/23/2026   | Aggregate Contributions<br>\$300.00 |
|   |  |   | Amount of Contribution<br>\$300.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Bacon  | First<br>Bonnie  | MI  | Contribution ID #<br>0493          |
| Residential Street Address<br>1297 Route 163  | City<br>Oakdale  | State<br>CT   | Zip Code<br>06370                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/23/2026   | Aggregate Contributions<br>\$80.00 |
|   |  |   | Amount of Contribution<br>\$30.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Horwitz  | First<br>Belle   | MI  | Contribution ID #<br>0494           |
| Residential Street Address<br>269 Haviland Rd   | City<br>Stamford   | State<br>CT   | Zip Code<br>06903                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/23/2026   | Aggregate Contributions<br>\$340.00 |
|   |  |   | Amount of Contribution<br>\$340.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Burks  | First<br>Cecelia   | MI  | Contribution ID #<br>0495          |
| Residential Street Address<br>15 Osborne Ave  | City<br>Norwalk  | State<br>CT   | Zip Code<br>06855                  |
| Principal Occupation<br>Substitute Teacher  | Name of Employer<br>ESS and Greenwich Public Schools   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/23/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$25.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Garfunkel  | First<br>Andy  | MI  | Contribution ID #<br>0496          |
| Residential Street Address<br>41 Beau St  | City<br>Norwalk  | State<br>CT   | Zip Code<br>06850                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/23/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Masumian   | First<br>Jacqueline  | MI  | Contribution ID #<br>0497           |
| Residential Street Address<br>9 Tanglewood Ln   | City<br>Westport   | State<br>CT   | Zip Code<br>06880                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/23/2026   | Aggregate Contributions<br>\$340.00 |
|   |  |   | Amount of Contribution<br>\$90.00   |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Dul  | First<br>Cynthia   | MI  | Contribution ID #<br>0498          |
| Residential Street Address<br>128 Marshall Ridge Rd   | City<br>New Canaan   | State<br>CT   | Zip Code<br>06840                  |
| Principal Occupation<br>Realtor   | Name of Employer<br>Berkshire Hathaway   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/23/2026   | Aggregate Contributions<br>\$20.00 |
|   |  |   | Amount of Contribution<br>\$20.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Massaro  | First<br>Eliza   | MI  | Contribution ID #<br>0499           |
| Residential Street Address<br>91 Westland Rd  | City<br>Avon   | State<br>CT   | Zip Code<br>06001                   |
| Principal Occupation<br>Consultant  | Name of Employer<br>818 Political  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/23/2026   | Aggregate Contributions<br>\$250.00 |
|   |  |   | Amount of Contribution<br>\$250.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Kind   | First<br>Alyssa  | MI  | Contribution ID #<br>0500           |
| Residential Street Address<br>130 Regent Dr   | City<br>Lido Beach   | State<br>NY   | Zip Code<br>11561                   |
| Principal Occupation<br>Event planner   | Name of Employer<br>Kind Events, Inc.  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/23/2026   | Aggregate Contributions<br>\$100.00 |
|   |  |   | Amount of Contribution<br>\$100.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Schorer  | First<br>Marianne  | MI  | Contribution ID #<br>0501          |
| Residential Street Address<br>224 W Lyon Farm Dr  | City<br>Greenwich  | State<br>CT   | Zip Code<br>06831                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/23/2026   | Aggregate Contributions<br>\$25.00 |
|   |  |   | Amount of Contribution<br>\$25.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Willis   | First<br>Roberta   | MI<br>B   | Contribution ID #<br>0502           |
| Residential Street Address<br>30 Upland Meadow Rd   | City<br>Lakeville  | State<br>CT   | Zip Code<br>06039                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/23/2026   | Aggregate Contributions<br>\$100.00 |
|   |  |   | Amount of Contribution<br>\$100.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Voldstad   | First<br>Kathleen  | MI<br>CT  | Contribution ID #<br>0503           |
| Residential Street Address<br>8 Main St   | City<br>Salisbury  | State<br>CT   | Zip Code<br>06068                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/23/2026   | Aggregate Contributions<br>\$200.00 |
|   |  |   | Amount of Contribution<br>\$200.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Stone  | First<br>Carey   | MI<br>A   | Contribution ID #<br>0504          |
| Residential Street Address<br>56 Upland Meadow Rd   | City<br>Salisbury  | State<br>CT   | Zip Code<br>06068                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/23/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Bancroft   | First<br>Harding   | MI<br>F   | Contribution ID #<br>0505          |
| Residential Street Address<br>17 Cobble Rd  | City<br>Salisbury  | State<br>CT   | Zip Code<br>06068                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/23/2026   | Aggregate Contributions<br>\$20.00 |
|   |  |   | Amount of Contribution<br>\$20.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Freeman  | First<br>M E   | MI  | Contribution ID #<br>0506           |
| Residential Street Address<br>19 Juniper Dr   | City<br>Lakeville  | State<br>CT   | Zip Code<br>06039                   |
| Principal Occupation<br>lawyer  | Name of Employer<br>Ragan & Freeman LLP  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/23/2026   | Aggregate Contributions<br>\$100.00 |
|   |  |   | Amount of Contribution<br>\$100.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Friedman   | First<br>Barbara   | MI<br>J   | Contribution ID #<br>0507          |
| Residential Street Address<br>38 Covered Bridge Rd  | City<br>Lakeville  | State<br>CT   | Zip Code<br>06039                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/23/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| Last Name<br>Moon   | First<br>Keith   | MI  | Contribution ID #<br>0508         |
| Residential Street Address<br>11 Interlaken Rd  | City<br>Lakeville  | State<br>CT   | Zip Code<br>06039                 |
| Principal Occupation<br>Teacher   | Name of Employer<br>Hotchkiss School   |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/23/2026   | Aggregate Contributions<br>\$5.00 |
|   |  |   | Amount of Contribution<br>\$5.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Epperson   | First<br>Eileen  | MI<br>L   | Contribution ID #<br>0509          |
| Residential Street Address<br>PO Box 573  | City<br>Salisbury  | State<br>CT   | Zip Code<br>06068                  |
| Principal Occupation<br>Executive Coach   | Name of Employer<br>Spiritual Center Coaching  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/23/2026   | Aggregate Contributions<br>\$20.00 |
|   |  |   | Amount of Contribution<br>\$20.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Leary  | First<br>Shannon                             | MI  | Contribution ID #<br>0510          |
| Residential Street Address<br>8 Kilbourn Rd   | City<br>Simsbury                             | State<br>CT   | Zip Code<br>06070                  |
| Principal Occupation<br>Manager, Community Engagement   | Name of Employer<br>Simsbury Community Media |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   |  | Date Received<br>03/23/2026   | Aggregate Contributions<br>\$25.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card  |  | Amount of Contribution<br>\$25.00   |                                    |

|   |   |   |                                     |
|---|---|---|-------------------------------------|
| Last Name<br>Horn   | First<br>Maria                          | MI<br>P   | Contribution ID #<br>0511           |
| Residential Street Address<br>137 Salmon Kill Rd  | City<br>Salisbury                       | State<br>CT   | Zip Code<br>06068                   |
| Principal Occupation<br>State Legislator  | Name of Employer<br>CT General Assembly |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   |   | Date Received<br>03/23/2026   | Aggregate Contributions<br>\$100.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card  |   | Amount of Contribution<br>\$100.00  |                                     |

|   |                             |   |                                     |
|---|-----------------------------|---|-------------------------------------|
| Last Name<br>Bartlett   | First<br>Maureen            | MI  | Contribution ID #<br>0512           |
| Residential Street Address<br>27 Seth Low Mountain Rd   | City<br>Ridgefield          | State<br>CT   | Zip Code<br>06877                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                             | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   |                             | Date Received<br>03/24/2026   | Aggregate Contributions<br>\$100.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card  |                             | Amount of Contribution<br>\$100.00  |                                     |

|   |                             |   |                                    |
|---|-----------------------------|---|------------------------------------|
| Last Name<br>Kellner  | First<br>Jane               | MI<br>B   | Contribution ID #<br>0513          |
| Residential Street Address<br>17 The Lock Up # 162  | City<br>Salisbury           | State<br>CT   | Zip Code<br>06068                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                             | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   |                             | Date Received<br>03/24/2026   | Aggregate Contributions<br>\$10.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card  |                             | Amount of Contribution<br>\$10.00   |                                    |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Taber  | First<br>Joanne  | MI  | Contribution ID #<br>0514          |
| Residential Street Address<br>17 Cobble Rd  | City<br>Salisbury  | State<br>CT   | Zip Code<br>06068                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/24/2026   | Aggregate Contributions<br>\$10.00 |
|   |  |   | Amount of Contribution<br>\$10.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Abram  | First<br>Mike  | MI  | Contribution ID #<br>0515          |
| Residential Street Address<br>31 Race Track Rd  | City<br>Lakeville  | State<br>CT   | Zip Code<br>06039                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/24/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Woodard  | First<br>Joseph  | MI<br>M   | Contribution ID #<br>0516           |
| Residential Street Address<br>535 Under Mountain Rd   | City<br>Salisbury  | State<br>CT   | Zip Code<br>06068                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/24/2026   | Aggregate Contributions<br>\$100.00 |
|   |  |   | Amount of Contribution<br>\$100.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Zarbock  | First<br>Sarah   | MI  | Contribution ID #<br>0517          |
| Residential Street Address<br>37 Chatfield Dr   | City<br>Lakeville  | State<br>CT   | Zip Code<br>06039                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/24/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>O'Neill  | First<br>Mary  | MI<br>B   | Contribution ID #<br>0518          |
| Residential Street Address<br>40 Interlaken Ests  | City<br>Lakeville  | State<br>CT   | Zip Code<br>06039                  |
| Principal Occupation<br>Career Services Coordinator   | Name of Employer<br>CT State Northwestern  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/24/2026   | Aggregate Contributions<br>\$10.00 |
|   |  |   | Amount of Contribution<br>\$10.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Prinz  | First<br>Barrett   | MI  | Contribution ID #<br>0519          |
| Residential Street Address<br>81 Millerton Rd .   | City<br>Lakeville  | State<br>CT   | Zip Code<br>06039                  |
| Principal Occupation<br>attorney  | Name of Employer<br>Vital Strategies   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/24/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>deBoer   | First<br>Louis   | MI  | Contribution ID #<br>0520          |
| Residential Street Address<br>20 Cooper Hill Rd   | City<br>Taconic  | State<br>CT   | Zip Code<br>06079                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/24/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Daggett  | First<br>Cori  | MI<br>E   | Contribution ID #<br>0521          |
| Residential Street Address<br>357 Twin Lakes Rd   | City<br>Salisbury  | State<br>CT   | Zip Code<br>06068                  |
| Principal Occupation<br>Lawyer  | Name of Employer<br>Axiom Law  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/24/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |                             |   |                                    |
|---|-----------------------------|---|------------------------------------|
| Last Name<br>Scoville   | First<br>Helen              | MI<br>E   | Contribution ID #<br>0522          |
| Residential Street Address<br>36 Taconic Rd   | City<br>Salisbury           | State<br>CT   | Zip Code<br>06068                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                             | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  |                             | Date Received<br>03/24/2026   | Aggregate Contributions<br>\$50.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card  |                             | Amount of Contribution<br>\$50.00   |                                    |

|   |                             |   |                                     |
|---|-----------------------------|---|-------------------------------------|
| Last Name<br>Bettigole  | First<br>Barbara            | MI  | Contribution ID #<br>0523           |
| Residential Street Address<br>60 Long Pond Rd   | City<br>Lakeville           | State<br>CT   | Zip Code<br>06039                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                             | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  |                             | Date Received<br>03/24/2026   | Aggregate Contributions<br>\$100.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card  |                             | Amount of Contribution<br>\$100.00  |                                     |

|   |                             |   |                                    |
|---|-----------------------------|---|------------------------------------|
| Last Name<br>Hoffman  | First<br>John               | MI  | Contribution ID #<br>0524          |
| Residential Street Address<br>37 Chatfield Dr .   | City<br>Lakeville           | State<br>CT   | Zip Code<br>06039                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                             | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  |                             | Date Received<br>03/24/2026   | Aggregate Contributions<br>\$25.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card  |                             | Amount of Contribution<br>\$25.00   |                                    |

|   |                             |   |                                    |
|---|-----------------------------|---|------------------------------------|
| Last Name<br>Seegers  | First<br>Lori               | MI<br>C   | Contribution ID #<br>0525          |
| Residential Street Address<br>285 Twin Lakes Rd   | City<br>Salisbury           | State<br>CT   | Zip Code<br>06068                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                             | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  |                             | Date Received<br>03/24/2026   | Aggregate Contributions<br>\$50.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card  |                             | Amount of Contribution<br>\$50.00   |                                    |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Greenhouse   | First<br>Lee   | MI  | Contribution ID #<br>0526          |
| Residential Street Address<br>331 Twin Lakes Rd   | City<br>Salisbury  | State<br>CT   | Zip Code<br>06068                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/24/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Goodridge  | First<br>Valencia  | MI<br>A   | Contribution ID #<br>0527           |
| Residential Street Address<br>239 McKinley Ave  | City<br>New Haven  | State<br>CT   | Zip Code<br>06515                   |
| Principal Occupation<br>Director  | Name of Employer<br>Habitat for Humanity of Coastal FFLD CTY   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/25/2026   | Aggregate Contributions<br>\$100.00 |
|   |  |   | Amount of Contribution<br>\$100.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Rand   | First<br>Rosina  | MI  | Contribution ID #<br>0528          |
| Residential Street Address<br>69 E Main St  | City<br>Salisbury  | State<br>CT   | Zip Code<br>06068                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/25/2026   | Aggregate Contributions<br>\$25.00 |
|   |  |   | Amount of Contribution<br>\$25.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>McQuillan  | First<br>Susan   | MI<br>J   | Contribution ID #<br>0529          |
| Residential Street Address<br>66 Burton Road Ext .  | City<br>Salisbury  | State<br>CT   | Zip Code<br>06068                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/25/2026   | Aggregate Contributions<br>\$10.00 |
|   |  |   | Amount of Contribution<br>\$10.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |
|--|--|---|------------------------------------|
| Last Name<br>Gilli   | First<br>Emma  | MI  | Contribution ID #<br>0530          |
| Residential Street Address<br>92 Stagecoach Rd   | City<br>Avon   | State<br>CT   | Zip Code<br>06001                  |
| Principal Occupation<br>Project Manager  | Name of Employer<br>Gilli Consulting LLC   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/25/2026   | Aggregate Contributions<br>\$10.00 |
|  |  |   | Amount of Contribution<br>\$10.00  |

|  |  |   |                                     |
|--|--|---|-------------------------------------|
| Last Name<br>Hoffman   | First<br>Kenneth   | MI  | Contribution ID #<br>0531           |
| Residential Street Address<br>182 Drum Hill Rd   | City<br>Wilton   | State<br>CT   | Zip Code<br>06897                   |
| Principal Occupation<br>Management Consultant  | Name of Employer<br>Optima Group, Inc.   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/25/2026   | Aggregate Contributions<br>\$250.00 |
|  |  |   | Amount of Contribution<br>\$250.00  |

|  |  |   |                                    |
|--|--|---|------------------------------------|
| Last Name<br>Fusco   | First<br>Lori  | MI<br>A   | Contribution ID #<br>0532          |
| Residential Street Address<br>90 Kent Rd   | City<br>Wilton   | State<br>CT   | Zip Code<br>06897                  |
| Principal Occupation<br>Realtor  | Name of Employer<br>Independent contract with William Pitt Sothebys  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/25/2026   | Aggregate Contributions<br>\$50.00 |
|  |  |   | Amount of Contribution<br>\$50.00  |

|  |  |   |                                     |
|--|--|---|-------------------------------------|
| Last Name<br>Garofalo  | First<br>Marc  | MI<br>J   | Contribution ID #<br>0533           |
| Residential Street Address<br>95 Academy Hill Rd   | City<br>Derby  | State<br>CT   | Zip Code<br>06418                   |
| Principal Occupation<br>Town Clerk   | Name of Employer<br>City of Derby  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/25/2026   | Aggregate Contributions<br>\$100.00 |
|  |  |   | Amount of Contribution<br>\$100.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Kapustka   | First<br>James   | MI  | Contribution ID #<br>0534          |
| Residential Street Address<br>50 Ruscoe Rd  | City<br>Wilton   | State<br>CT   | Zip Code<br>06897                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/25/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Kenney   | First<br>Catherine   | MI<br>T   | Contribution ID #<br>0535          |
| Residential Street Address<br>580 Cherry Brook Rd .   | City<br>Canton   | State<br>CT   | Zip Code<br>06019                  |
| Principal Occupation<br>Farmer  | Name of Employer<br>Sheepnose Farm   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/25/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Thiele   | First<br>Tiffany   | MI  | Contribution ID #<br>0536          |
| Residential Street Address<br>626 Gilead St   | City<br>Hebron   | State<br>CT   | Zip Code<br>06248                  |
| Principal Occupation<br>Communications Director   | Name of Employer<br>CT Department of Revenue Services  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/25/2026   | Aggregate Contributions<br>\$30.00 |
|   |  |   | Amount of Contribution<br>\$30.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Russel   | First<br>Cynthia   | MI<br>L   | Contribution ID #<br>0537          |
| Residential Street Address<br>1374 Rock Rimmon Rd   | City<br>Stamford   | State<br>CT   | Zip Code<br>06903                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/25/2026   | Aggregate Contributions<br>\$90.00 |
|   |  |   | Amount of Contribution<br>\$90.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Russell  | First<br>John  | MI<br>K   | Contribution ID #<br>0538           |
| Residential Street Address<br>1374 Rock Rimmon Rd   | City<br>Stamford   | State<br>CT   | Zip Code<br>06903                   |
| Principal Occupation<br>Business owner  | Name of Employer<br>John Keith Russell Antiques  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/25/2026   | Aggregate Contributions<br>\$340.00 |
|   |  |   | Amount of Contribution<br>\$90.00   |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Elliott  | First<br>Willie  | MI<br>B   | Contribution ID #<br>0539          |
| Residential Street Address<br>7 Stowe Rd  | City<br>Waterbury  | State<br>CT   | Zip Code<br>06704                  |
| Principal Occupation<br>Program Manager   | Name of Employer<br>Pratt & Whitney  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/25/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>tiniakos   | First<br>avgoustis   | MI  | Contribution ID #<br>0540          |
| Residential Street Address<br>129   | City<br>Newington  | State<br>CT   | Zip Code<br>06111                  |
| Principal Occupation<br>claims supervisor   | Name of Employer<br>progressive insurance  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/25/2026   | Aggregate Contributions<br>\$10.00 |
|   |  |   | Amount of Contribution<br>\$10.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>York   | First<br>Jason   | MI  | Contribution ID #<br>0541          |
| Residential Street Address<br>150 Dowd St   | City<br>Newington  | State<br>CT   | Zip Code<br>06111                  |
| Principal Occupation<br>Digital Communications Manager  | Name of Employer<br>State of Connecticut   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/25/2026   | Aggregate Contributions<br>\$35.00 |
|   |  |   | Amount of Contribution<br>\$25.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Turco  | First<br>Gary  | MI  | Contribution ID #<br>0542          |
| Residential Street Address<br>42 Cobblestone Ct   | City<br>Newington  | State<br>CT   | Zip Code<br>06111                  |
| Principal Occupation<br>State Rep.  | Name of Employer<br>State of CT  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/25/2026   | Aggregate Contributions<br>\$25.00 |
|   |  |   | Amount of Contribution<br>\$25.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Mounds   | First<br>Sharon  | MI<br>D   | Contribution ID #<br>0543           |
| Residential Street Address<br>53 Brookwood Drive Rocky HI   | City<br>Rocky Hill   | State<br>CT   | Zip Code<br>06067                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/25/2026   | Aggregate Contributions<br>\$100.00 |
|   |  |   | Amount of Contribution<br>\$100.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Karr   | First<br>John  | MI  | Contribution ID #<br>0544           |
| Residential Street Address<br>19 Heron Rd   | City<br>East Norwalk   | State<br>CT   | Zip Code<br>06855                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/25/2026   | Aggregate Contributions<br>\$100.00 |
|   |  |   | Amount of Contribution<br>\$100.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Ferraro  | First<br>Pamela  | MI<br>R   | Contribution ID #<br>0345          |
| Residential Street Address<br>43 Ancellus Dr  | City<br>Greenwich  | State<br>CT   | Zip Code<br>06831                  |
| Principal Occupation<br>Fundraising Professional  | Name of Employer<br>Greenwich Academy  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/25/2026   | Aggregate Contributions<br>\$35.00 |
|   |  |   | Amount of Contribution<br>\$10.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Schiff   | First<br>Elizabeth   | MI  | Contribution ID #<br>0545           |
| Residential Street Address<br>10 Woodway Ln   | City<br>Wilton   | State<br>CT   | Zip Code<br>06897                   |
| Principal Occupation<br>Private Tutor   | Name of Employer<br>Elizabeth Schiff Private Tutor   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/26/2026   | Aggregate Contributions<br>\$150.00 |
|   |  |   | Amount of Contribution<br>\$150.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Thomas   | First<br>J   | MI<br>H   | Contribution ID #<br>0546          |
| Residential Street Address<br>15 New Broadway   | City<br>Westfield  | State<br>MA   | Zip Code<br>01085                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/26/2026   | Aggregate Contributions<br>\$70.00 |
|   |  |   | Amount of Contribution<br>\$70.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Coffey   | First<br>Dennis  | MI<br>E   | Contribution ID #<br>0547          |
| Residential Street Address<br>15 New Broadway   | City<br>Westfield  | State<br>MA   | Zip Code<br>01085                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/26/2026   | Aggregate Contributions<br>\$90.00 |
|   |  |   | Amount of Contribution<br>\$90.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Clarke   | First<br>Nancy   | MI  | Contribution ID #<br>0548           |
| Residential Street Address<br>8A Birchwood Ln   | City<br>Westport   | State<br>CT   | Zip Code<br>06880                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/26/2026   | Aggregate Contributions<br>\$410.00 |
|   |  |   | Amount of Contribution<br>\$90.00   |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |   |   |                                    |
|---|---|---|------------------------------------|
| Last Name<br>Cannady  | First<br>Dana                           | MI<br>L   | Contribution ID #<br>0549          |
| Residential Street Address<br>2405 Whitney Ave  | City<br>Hamden                          | State<br>CT   | Zip Code<br>06518                  |
| Principal Occupation<br>Finance   | Name of Employer<br>Aware Recovery care |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   |   | Date Received<br>03/26/2026   | Aggregate Contributions<br>\$10.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card  |   | Amount of Contribution<br>\$10.00   |                                    |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Nugent   | First<br>Barli                           | MI  | Contribution ID #<br>0550          |
| Residential Street Address<br>160 Rivergate Dr  | City<br>Wilton                           | State<br>CT   | Zip Code<br>06897                  |
| Principal Occupation<br>Performing Arts Administration  | Name of Employer<br>The Juilliard School |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   |  | Date Received<br>03/26/2026   | Aggregate Contributions<br>\$50.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card  |  | Amount of Contribution<br>\$50.00   |                                    |

|   |                             |   |                                     |
|---|-----------------------------|---|-------------------------------------|
| Last Name<br>Ponton   | First<br>Linda              | MI  | Contribution ID #<br>0551           |
| Residential Street Address<br>31 S Willow St  | City<br>Montclair           | State<br>NJ   | Zip Code<br>07042                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                             | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   |                             | Date Received<br>03/27/2026   | Aggregate Contributions<br>\$100.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card  |                             | Amount of Contribution<br>\$100.00  |                                     |

|   |                             |   |                                    |
|---|-----------------------------|---|------------------------------------|
| Last Name<br>Coyle  | First<br>Rosemary           | MI  | Contribution ID #<br>0552          |
| Residential Street Address<br>23 Deer Run Dr  | City<br>Colchester          | State<br>CT   | Zip Code<br>06415                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                             | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   |                             | Date Received<br>03/27/2026   | Aggregate Contributions<br>\$25.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card  |                             | Amount of Contribution<br>\$25.00   |                                    |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Melvin   | First<br>Tara  | MI<br>H   | Contribution ID #<br>0553          |
| Residential Street Address<br>13 Coventry Way   | City<br>Guilford   | State<br>CT   | Zip Code<br>06437                  |
| Principal Occupation<br>Sales/events  | Name of Employer<br>Watson Adventures LLC  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/27/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Gerstel  | First<br>Karin   | MI<br>CT  | Contribution ID #<br>0554           |
| Residential Street Address<br>535 Under Mountain Rd   | City<br>Salisbury  | State<br>CT   | Zip Code<br>06068                   |
| Principal Occupation<br>Weaver  | Name of Employer<br>Under Mountain Weavers   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/27/2026   | Aggregate Contributions<br>\$100.00 |
|   |  |   | Amount of Contribution<br>\$100.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Parker   | First<br>Gregory   | MI<br>CT  | Contribution ID #<br>0555          |
| Residential Street Address<br>81 William St   | City<br>Norwalk  | State<br>CT   | Zip Code<br>06851                  |
| Principal Occupation<br>Manager   | Name of Employer<br>BYK USA LLC  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/27/2026   | Aggregate Contributions<br>\$90.00 |
|   |  |   | Amount of Contribution<br>\$90.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Avery  | First<br>Meari   | MI<br>CT  | Contribution ID #<br>0556          |
| Residential Street Address<br>158 Kelsey Ave  | City<br>West Haven   | State<br>CT   | Zip Code<br>06516                  |
| Principal Occupation<br>Nurse Instructor  | Name of Employer<br>Scsu   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/28/2026   | Aggregate Contributions<br>\$25.00 |
|   |  |   | Amount of Contribution<br>\$25.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |                               |   |                                     |
|---|-------------------------------|---|-------------------------------------|
| Last Name<br>MATHIS   | First<br>ARLETTE              | MI<br>F   | Contribution ID #<br>0557           |
| Residential Street Address<br>304 E 7th St  | City<br>Brooklyn              | State<br>NY   | Zip Code<br>11218                   |
| Principal Occupation<br>HOMEMAKER   | Name of Employer<br>HOMEMAKER |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                               | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  |                               | Date Received<br>03/28/2026   | Aggregate Contributions<br>\$200.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card  |                               | Amount of Contribution<br>\$200.00  |                                     |

|   |                                     |   |                                     |
|---|-------------------------------------|---|-------------------------------------|
| Last Name<br>Frisch   | First<br>Roger                      | MI<br>CT  | Contribution ID #<br>0558           |
| Residential Street Address<br>166 Ridgefield Rd   | City<br>Wilton                      | State<br>CT   | Zip Code<br>06897                   |
| Principal Occupation<br>Partner Attorney  | Name of Employer<br>Frisch & Frisch |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                     | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  |                                     | Date Received<br>03/28/2026   | Aggregate Contributions<br>\$200.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card  |                                     | Amount of Contribution<br>\$200.00  |                                     |

|   |                                  |   |                                     |
|---|----------------------------------|---|-------------------------------------|
| Last Name<br>Shapiro  | First<br>Nathan                  | MI<br>CT  | Contribution ID #<br>0559           |
| Residential Street Address<br>14 Lawson Ln  | City<br>Ridgefield               | State<br>CT   | Zip Code<br>06877                   |
| Principal Occupation<br>Retail business owner   | Name of Employer<br>The Toy Post |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  |                                  | Date Received<br>03/28/2026   | Aggregate Contributions<br>\$340.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card  |                                  | Amount of Contribution<br>\$240.00  |                                     |

|   |                             |   |                                     |
|---|-----------------------------|---|-------------------------------------|
| Last Name<br>Bloch  | First<br>Michele            | MI<br>CT  | Contribution ID #<br>0560           |
| Residential Street Address<br>57 Colony Rd  | City<br>Westport            | State<br>CT   | Zip Code<br>06880                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                             | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  |                             | Date Received<br>03/28/2026   | Aggregate Contributions<br>\$200.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card  |                             | Amount of Contribution<br>\$100.00  |                                     |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Kelly  | First<br>Paul  | MI<br>J   | Contribution ID #<br>0561           |
| Residential Street Address<br>15 Murvon Ct  | City<br>Westport   | State<br>CT   | Zip Code<br>06880                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/28/2026   | Aggregate Contributions<br>\$340.00 |
|   |  |   | Amount of Contribution<br>\$340.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Squitieri  | First<br>Peter   | MI  | Contribution ID #<br>0562           |
| Residential Street Address<br>696 Thomas Gage Dr  | City<br>Fuquay Varina  | State<br>NC   | Zip Code<br>27526                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/28/2026   | Aggregate Contributions<br>\$175.00 |
|   |  |   | Amount of Contribution<br>\$75.00   |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Battista   | First<br>Catherine   | MI  | Contribution ID #<br>0563           |
| Residential Street Address<br>142 Stevenson Rd  | City<br>Meriden  | State<br>CT   | Zip Code<br>06451                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/28/2026   | Aggregate Contributions<br>\$250.00 |
|   |  |   | Amount of Contribution<br>\$250.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Lefkowitz  | First<br>Nancy   | MI  | Contribution ID #<br>0564           |
| Residential Street Address<br>3115 Redding Rd   | City<br>Fairfield  | State<br>CT   | Zip Code<br>06824                   |
| Principal Occupation<br>Producer / events   | Name of Employer<br>Tribeca enterprises  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/28/2026   | Aggregate Contributions<br>\$250.00 |
|   |  |   | Amount of Contribution<br>\$250.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Berry  | First<br>Linda   | MI  | Contribution ID #<br>0565           |
| Residential Street Address<br>1306 Lexington Blvd   | City<br>Bethel   | State<br>CT   | Zip Code<br>06801                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/28/2026   | Aggregate Contributions<br>\$100.00 |
|   |  |   | Amount of Contribution<br>\$100.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Axthelm  | First<br>Nancy   | MI  | Contribution ID #<br>0566           |
| Residential Street Address<br>33 Minute Man HI  | City<br>Westport   | State<br>CT   | Zip Code<br>06880                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/28/2026   | Aggregate Contributions<br>\$175.00 |
|   |  |   | Amount of Contribution<br>\$50.00   |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Madore   | First<br>Paul  | MI  | Contribution ID #<br>0567           |
| Residential Street Address<br>63 Greenwoods Rd E  | City<br>Norfolk  | State<br>CT   | Zip Code<br>06058                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/28/2026   | Aggregate Contributions<br>\$200.00 |
|   |  |   | Amount of Contribution<br>\$100.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Stone  | First<br>Judy  | MI  | Contribution ID #<br>0568           |
| Residential Street Address<br>25 Burritts Lndg S  | City<br>Westport   | State<br>CT   | Zip Code<br>06880                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/28/2026   | Aggregate Contributions<br>\$150.00 |
|   |  |   | Amount of Contribution<br>\$50.00   |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Milwe  | First<br>Liz   | MI  | Contribution ID #<br>0569           |
| Residential Street Address<br>36 Spriteview Ave   | City<br>Westport   | State<br>CT   | Zip Code<br>06880                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/28/2026   | Aggregate Contributions<br>\$110.00 |
|   |  |   | Amount of Contribution<br>\$100.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Berger   | First<br>Joelle  | MI  | Contribution ID #<br>0570           |
| Residential Street Address<br>15 Murvon Ct  | City<br>Westport   | State<br>CT   | Zip Code<br>06880                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/28/2026   | Aggregate Contributions<br>\$390.00 |
|   |  |   | Amount of Contribution<br>\$140.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>HONIG  | First<br>PAUL  | MI  | Contribution ID #<br>0571           |
| Residential Street Address<br>71 Town Line Rd   | City<br>Harwinton  | State<br>CT   | Zip Code<br>06791                   |
| Principal Occupation<br>State Senator   | Name of Employer<br>State of Connecticut   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/28/2026   | Aggregate Contributions<br>\$100.00 |
|   |  |   | Amount of Contribution<br>\$100.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Mechler  | First<br>Barbara   | MI  | Contribution ID #<br>0572          |
| Residential Street Address<br>28F Heritage Vlg  | City<br>Southbury  | State<br>CT   | Zip Code<br>06488                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/28/2026   | Aggregate Contributions<br>\$85.00 |
|   |  |   | Amount of Contribution<br>\$35.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Huizenga   | First<br>Susan   | MI<br>A   | Contribution ID #<br>0573          |
| Residential Street Address<br>36 Surrey Dr  | City<br>Wallingford  | State<br>CT   | Zip Code<br>06492                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/28/2026   | Aggregate Contributions<br>\$15.00 |
|   |  |   | Amount of Contribution<br>\$15.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Liptack  | First<br>Angela  | MI  | Contribution ID #<br>0574           |
| Residential Street Address<br>63 Wilton Rd E  | City<br>Ridgefield   | State<br>CT   | Zip Code<br>06877                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/28/2026   | Aggregate Contributions<br>\$110.00 |
|   |  |   | Amount of Contribution<br>\$100.00  |

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| Last Name<br>Connelly   | First<br>Lisa  | MI  | Contribution ID #<br>0575         |
| Residential Street Address<br>10 N Chestnut Hill Rd   | City<br>Killingworth   | State<br>CT   | Zip Code<br>06419                 |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/29/2026   | Aggregate Contributions<br>\$5.00 |
|   |  |   | Amount of Contribution<br>\$5.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Tyson-Wood   | First<br>Wendy   | MI  | Contribution ID #<br>0576          |
| Residential Street Address<br>1368 Meriden Rd   | City<br>Waterbury  | State<br>CT   | Zip Code<br>06705                  |
| Principal Occupation<br>Analyst   | Name of Employer<br>Avangrid   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/29/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |   |
|---|--|---|---|
| Last Name<br><b>kapur</b>   | First<br><b>sunila</b>   | MI  | Contribution ID #<br><b>0577</b>            |
| Residential Street Address<br><b>223 Dudley Rd Wilton Ct # 6897</b>   | City<br><b>Wilton</b>  | State<br><b>CT</b>  | Zip Code<br><b>06897</b>                    |
| Principal Occupation<br><b>Realtor</b>  | Name of Employer<br><b>real estate</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/29/2026</b>  | Aggregate Contributions<br><b>\$100.00-</b> |
| If yes, list Event #  |  | Amount of Contribution<br><b>\$50.00-</b>   |   |

|   |  |   |   |
|---|--|---|---|
| Last Name<br><b>DiLaura</b>   | First<br><b>Jennifer</b>   | MI  | Contribution ID #<br><b>0578</b>          |
| Residential Street Address<br><b>99 Barry Ave</b>   | City<br><b>Ridgefield</b>  | State<br><b>CT</b>  | Zip Code<br><b>06877</b>                  |
| Principal Occupation<br><b>Retired</b>  | Name of Employer<br><b>Retired</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/29/2026</b>  | Aggregate Contributions<br><b>\$50.00</b> |
| If yes, list Event #  |  | Amount of Contribution<br><b>\$50.00</b>  |   |

|   |  |   |  |
|---|--|---|--|
| Last Name<br><b>Dranginis</b>   | First<br><b>Anne</b>   | MI<br><b>C</b>  | Contribution ID #<br><b>0579</b>           |
| Residential Street Address<br><b>408 Hunter Dr</b>  | City<br><b>Litchfield</b>  | State<br><b>CT</b>  | Zip Code<br><b>06759</b>                   |
| Principal Occupation<br><b>Attorney</b>   | Name of Employer<br><b>MunroDranginis PLLC</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/29/2026</b>  | Aggregate Contributions<br><b>\$100.00</b> |
| If yes, list Event #  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|   |  |   |   |
|---|--|---|---|
| Last Name<br><b>McMurrer</b>  | First<br><b>Jenn</b>   | MI  | Contribution ID #<br><b>0580</b>          |
| Residential Street Address<br><b>71 Gregory Blvd</b>  | City<br><b>Norwalk</b>   | State<br><b>CT</b>  | Zip Code<br><b>06855</b>                  |
| Principal Occupation<br><b>Communications Director</b>  | Name of Employer<br><b>City of Norwalk</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/29/2026</b>  | Aggregate Contributions<br><b>\$50.00</b> |
| If yes, list Event #  |  | Amount of Contribution<br><b>\$50.00</b>  |   |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |  |
|---|--|---|--|
| Last Name<br><b>Maier</b>   | First<br><b>Cecilia</b>  | MI<br><b>Q</b>  | Contribution ID #<br><b>0581</b>           |
| Residential Street Address<br><b>47 Sturges Ridge Rd</b>  | City<br><b>Wilton</b>  | State<br><b>CT</b>  | Zip Code<br><b>06897</b>                   |
| Principal Occupation<br><b>Legislator</b>   | Name of Employer<br><b>State of CT</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/29/2026</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|   |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|   |  |   |   |
|---|--|---|---|
| Last Name<br><b>thomas</b>  | First<br><b>stephen</b>  | MI<br><b>IL</b>   | Contribution ID #<br><b>0582</b>          |
| Residential Street Address<br><b>7620 Kildare Ave</b>   | City<br><b>Skokie</b>  | State<br><b>IL</b>  | Zip Code<br><b>60076</b>                  |
| Principal Occupation<br><b>CEO</b>  | Name of Employer<br><b>Stephen Thomas</b>  |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/29/2026</b>  | Aggregate Contributions<br><b>\$90.00</b> |
|   |  | Amount of Contribution<br><b>\$90.00</b>  |   |

|   |  |   |   |
|---|--|---|---|
| Last Name<br><b>kapur</b>   | First<br><b>sunila</b>   | MI<br><b>CT</b>   | Contribution ID #<br><b>0577</b>          |
| Residential Street Address<br><b>223 Dudley Rd Wilton Ct # 6897</b>   | City<br><b>Wilton</b>  | State<br><b>CT</b>  | Zip Code<br><b>06897</b>                  |
| Principal Occupation<br><b>Realtor</b>  | Name of Employer<br><b>Silverpine Real Estate Wilton CT</b>  |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/29/2026</b>  | Aggregate Contributions<br><b>\$50.00</b> |
|   |  | Amount of Contribution<br><b>\$50.00</b>  |   |

|   |  |   |   |
|---|--|---|---|
| Last Name<br><b>Seirup</b>  | First<br><b>Carol</b>  | MI<br><b>V</b>  | Contribution ID #<br><b>0583</b>          |
| Residential Street Address<br><b>65</b>   | City<br><b>Norwalk</b>   | State<br><b>CT</b>  | Zip Code<br><b>06851</b>                  |
| Principal Occupation<br><b>Retired</b>  | Name of Employer<br><b>Retired</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/30/2026</b>  | Aggregate Contributions<br><b>\$25.00</b> |
|   |  | Amount of Contribution<br><b>\$25.00</b>  |   |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Thomas   | First<br>Carol   | MI  | Contribution ID #<br>0584          |
| Residential Street Address<br>1411  | City<br>Urbana   | State<br>OH   | Zip Code<br>43078                  |
| Principal Occupation<br>School Employee/DDJob Coach   | Name of Employer<br>Urbana City School District  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/30/2026   | Aggregate Contributions<br>\$40.00 |
|   |  |   | Amount of Contribution<br>\$20.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Drew   | First<br>Jill  | MI  | Contribution ID #<br>0585           |
| Residential Street Address<br>10 Dakin Rd   | City<br>Sharon   | State<br>CT   | Zip Code<br>06069                   |
| Principal Occupation<br>Manager   | Name of Employer<br>Drew Associates  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/30/2026   | Aggregate Contributions<br>\$310.00 |
|   |  |   | Amount of Contribution<br>\$60.00   |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>KLEIN  | First<br>NIC   | MI  | Contribution ID #<br>0586          |
| Residential Street Address<br>1 Turkey Hill Cir   | City<br>Westport   | State<br>CT   | Zip Code<br>06880                  |
| Principal Occupation<br>RETIRED   | Name of Employer<br>NA   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/30/2026   | Aggregate Contributions<br>\$90.00 |
|   |  |   | Amount of Contribution<br>\$90.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Zuniga   | First<br>Iliana  | MI  | Contribution ID #<br>0587          |
| Residential Street Address<br>8 Running Brook Ln  | City<br>Norwalk  | State<br>CT   | Zip Code<br>06850                  |
| Principal Occupation<br>Director  | Name of Employer<br>PwC  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/30/2026   | Aggregate Contributions<br>\$20.00 |
|   |  |   | Amount of Contribution<br>\$20.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Berger-Girvalo   | First<br>Aimee   | MI  | Contribution ID #<br>0588          |
| Residential Street Address<br>389 Bennetts Farm Rd  | City<br>Ridgefield   | State<br>CT   | Zip Code<br>06877                  |
| Principal Occupation<br>Project Manager   | Name of Employer<br>City of Bridgeport   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/30/2026   | Aggregate Contributions<br>\$15.00 |
|   |  |   | Amount of Contribution<br>\$15.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>DiLaura  | First<br>Arnold  | MI  | Contribution ID #<br>0589           |
| Residential Street Address<br>99 Barry Ave  | City<br>Ridgefield   | State<br>CT   | Zip Code<br>06877                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/30/2026   | Aggregate Contributions<br>\$100.00 |
|   |  |   | Amount of Contribution<br>\$100.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>King   | First<br>Talmadge  | MI  | Contribution ID #<br>0590          |
| Residential Street Address<br>1200 Raleigh Dr   | City<br>McDonough  | State<br>GA   | Zip Code<br>30252                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/30/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Nosal  | First<br>Mary Jo   | MI  | Contribution ID #<br>0591           |
| Residential Street Address<br>12 Swanswood Ln   | City<br>Old Lyme   | State<br>CT   | Zip Code<br>06371                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/30/2026   | Aggregate Contributions<br>\$100.00 |
|   |  |   | Amount of Contribution<br>\$100.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Gaiewski   | First<br>Daniel                          | MI  | Contribution ID #<br>0592           |
| Residential Street Address<br>234 Rogers Rd .   | City<br>Groton                           | State<br>CT   | Zip Code<br>06340                   |
| Principal Occupation<br>State Representative  | Name of Employer<br>State of Connecticut |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   |  | Date Received<br>03/30/2026   | Aggregate Contributions<br>\$100.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card  |  | Amount of Contribution<br>\$100.00  |                                     |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Berritt  | First<br>Gail                                  | MI  | Contribution ID #<br>0593           |
| Residential Street Address<br>9 Berndale Dr   | City<br>Westport                               | State<br>CT   | Zip Code<br>06880                   |
| Principal Occupation<br>Attorney  | Name of Employer<br>Law Office of Gail Berritt |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   |  | Date Received<br>03/31/2026   | Aggregate Contributions<br>\$200.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card  |  | Amount of Contribution<br>\$100.00  |                                     |

|   |   |   |                                     |
|---|---|---|-------------------------------------|
| Last Name<br>Petrow   | First<br>Jay                              | MI  | Contribution ID #<br>0594           |
| Residential Street Address<br>8A Birchwood Ln   | City<br>Westport                          | State<br>CT   | Zip Code<br>06880                   |
| Principal Occupation<br>Owner   | Name of Employer<br>Jay Petrow Design LLC |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   |   | Date Received<br>03/31/2026   | Aggregate Contributions<br>\$340.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card  |   | Amount of Contribution<br>\$90.00   |                                     |

|   |                             |   |                                    |
|---|-----------------------------|---|------------------------------------|
| Last Name<br>Natusch  | First<br>Laura              | MI<br>A   | Contribution ID #<br>0595          |
| Residential Street Address<br>7 Mountain Ave  | City<br>New London          | State<br>CT   | Zip Code<br>06320                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                             | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   |                             | Date Received<br>03/31/2026   | Aggregate Contributions<br>\$50.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card  |                             | Amount of Contribution<br>\$50.00   |                                    |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |   |   |                                    |
|---|---|---|------------------------------------|
| Last Name<br>Carnes   | First<br>Krista   | MI  | Contribution ID #<br>0596          |
| Residential Street Address<br>40 Fitch Ave  | City<br>Darien  | State<br>CT   | Zip Code<br>06820                  |
| Principal Occupation<br>Marketing / Communications  | Name of Employer<br>Fairfield County community foundation |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  |   | Date Received<br>03/31/2026   | Aggregate Contributions<br>\$50.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card  |   | Amount of Contribution<br>\$50.00   |                                    |

|   |                             |   |                                    |
|---|-----------------------------|---|------------------------------------|
| Last Name<br>Galdenzi   | First<br>Lori               | MI  | Contribution ID #<br>0597          |
| Residential Street Address<br>118 Green Knolls Ln   | City<br>Fairfield           | State<br>CT   | Zip Code<br>06824                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                             | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  |                             | Date Received<br>03/31/2026   | Aggregate Contributions<br>\$50.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card  |                             | Amount of Contribution<br>\$50.00   |                                    |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>miller   | First<br>elise                         | MI<br>M   | Contribution ID #<br>0598           |
| Residential Street Address<br>174 Southport Woods Dr .  | City<br>Southport                      | State<br>CT   | Zip Code<br>06890                   |
| Principal Occupation<br>Librarian   | Name of Employer<br>Ridgefield Library |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  |  | Date Received<br>03/31/2026   | Aggregate Contributions<br>\$100.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card  |  | Amount of Contribution<br>\$50.00   |                                     |

|   |   |   |                                     |
|---|---|---|-------------------------------------|
| Last Name<br>Kozin  | First<br>Jacqueline                       | MI  | Contribution ID #<br>0599           |
| Residential Street Address<br>235 E River Dr # 202  | City<br>East Hartford                     | State<br>CT   | Zip Code<br>06108                   |
| Principal Occupation<br>Consultant  | Name of Employer<br>J.Ko Consulting Group |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  |   | Date Received<br>03/31/2026   | Aggregate Contributions<br>\$250.00 |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card  |   | Amount of Contribution<br>\$50.00   |                                     |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Weinberg   | First<br>Louis   | MI  | Contribution ID #<br>0600          |
| Residential Street Address<br>1630 Post Rd E  | City<br>Westport   | State<br>CT   | Zip Code<br>06880                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2026   | Aggregate Contributions<br>\$20.00 |
|   |  |   | Amount of Contribution<br>\$20.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Steadman   | First<br>Jenny   | MI  | Contribution ID #<br>0601          |
| Residential Street Address<br>105 Orchard Rd  | City<br>West Hartford  | State<br>CT   | Zip Code<br>06117                  |
| Principal Occupation<br>Nonprofit Executive Director  | Name of Employer<br>Aurora Women and Girls Foundation, Inc   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Ryan   | First<br>Francesca   | MI  | Contribution ID #<br>0602           |
| Residential Street Address<br>333 E 53rd St   | City<br>New York   | State<br>NY   | Zip Code<br>10022                   |
| Principal Occupation<br>Fundraiser  | Name of Employer<br>The Browning School  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2026   | Aggregate Contributions<br>\$340.00 |
|   |  |   | Amount of Contribution<br>\$90.00   |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Henrikson  | First<br>Kimberly  | MI  | Contribution ID #<br>0603           |
| Residential Street Address<br>577 Cheese Spring Rd  | City<br>New Canaan   | State<br>CT   | Zip Code<br>06840                   |
| Principal Occupation<br>Non-profit Executive Director   | Name of Employer<br>Center for Contemporary Printmaking  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2026   | Aggregate Contributions<br>\$100.00 |
|   |  |   | Amount of Contribution<br>\$100.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Collins  | First<br>Donna   | MI  | Contribution ID #<br>0604           |
| Residential Street Address<br>2 Basswood Ct   | City<br>Rocky Hill   | State<br>CT   | Zip Code<br>06067                   |
| Principal Occupation<br>Marketing consultant  | Name of Employer<br>Donna Collins Consulting   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2026   | Aggregate Contributions<br>\$100.00 |
|   |  |   | Amount of Contribution<br>\$100.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Weisfeld   | First<br>Lauren  | MI  | Contribution ID #<br>0605          |
| Residential Street Address<br>47 Hoadley Rd .   | City<br>Bethany  | State<br>CT   | Zip Code<br>06524                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2026   | Aggregate Contributions<br>\$10.00 |
|   |  |   | Amount of Contribution<br>\$10.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Byrne  | First<br>Joan  | MI  | Contribution ID #<br>0606           |
| Residential Street Address<br>8 Chatham Dr .  | City<br>Norwalk  | State<br>CT   | Zip Code<br>06854                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2026   | Aggregate Contributions<br>\$150.00 |
|   |  |   | Amount of Contribution<br>\$150.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Cooper   | First<br>Ken   | MI<br>F   | Contribution ID #<br>0607           |
| Residential Street Address<br>47 Upper Kent Hollow Rd   | City<br>Kent   | State<br>CT   | Zip Code<br>06757                   |
| Principal Occupation<br>Registered Investment Advisor   | Name of Employer<br>ACK Asset Management LLC   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2026   | Aggregate Contributions<br>\$340.00 |
|   |  |   | Amount of Contribution<br>\$340.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Pierog   | First<br>Sandra  | MI<br>W   | Contribution ID #<br>0608          |
| Residential Street Address<br>37 Brandy St  | City<br>Bolton   | State<br>CT   | Zip Code<br>06043                  |
| Principal Occupation<br>CPA   | Name of Employer<br>Murphy & Company LLC   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2026   | Aggregate Contributions<br>\$75.00 |
|   |  |   | Amount of Contribution<br>\$25.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Buccolo  | First<br>Jesse   | MI  | Contribution ID #<br>0609          |
| Residential Street Address<br>5 Alden Ave .   | City<br>Norwalk  | State<br>CT   | Zip Code<br>06855                  |
| Principal Occupation<br>nonprofit   | Name of Employer<br>Norwalk ACTS   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>DELONG   | First<br>SUE   | MI<br>A   | Contribution ID #<br>0610          |
| Residential Street Address<br>17 Roosevelt St   | City<br>Norwalk  | State<br>CT   | Zip Code<br>06851                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2026   | Aggregate Contributions<br>\$25.00 |
|   |  |   | Amount of Contribution<br>\$25.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Padowicz   | First<br>Nadine  | MI<br>B   | Contribution ID #<br>0611          |
| Residential Street Address<br>34 Anderson Ave   | City<br>Milford  | State<br>CT   | Zip Code<br>06460                  |
| Principal Occupation<br>Social Worker   | Name of Employer<br>Nadine Padowicz, LCSW  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2026   | Aggregate Contributions<br>\$25.00 |
|   |  |   | Amount of Contribution<br>\$25.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Boyle  | First<br>Glenn   | MI<br>E   | Contribution ID #<br>0612          |
| Residential Street Address<br>23 Park Ln  | City<br>Newtown  | State<br>CT   | Zip Code<br>06470                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Jellerette   | First<br>Diane   | MI<br>M   | Contribution ID #<br>0613          |
| Residential Street Address<br>25 Ellen St   | City<br>Norwalk  | State<br>CT   | Zip Code<br>06851                  |
| Principal Occupation<br>Executive Director  | Name of Employer<br>Norwalk Historical Society   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| Last Name<br>Gianquinto   | First<br>Matthew   | MI  | Contribution ID #<br>0614         |
| Residential Street Address<br>31 Drumlin Rd   | City<br>West Simsbury  | State<br>CT   | Zip Code<br>06092                 |
| Principal Occupation<br>System Sales Director   | Name of Employer<br>EF Johnson   |   |                                   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2026   | Aggregate Contributions<br>\$5.00 |
|   |  |   | Amount of Contribution<br>\$5.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Zdru   | First<br>George  | MI  | Contribution ID #<br>0615           |
| Residential Street Address<br>101 Hilldale Rd   | City<br>Bethany  | State<br>CT   | Zip Code<br>06524                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2026   | Aggregate Contributions<br>\$100.00 |
|   |  |   | Amount of Contribution<br>\$100.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Rubinstein   | First<br>David   | MI  | Contribution ID #<br>0616           |
| Residential Street Address<br>30 Dogwood Ln   | City<br>Westport   | State<br>CT   | Zip Code<br>06880                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2026   | Aggregate Contributions<br>\$250.00 |
|   |  |   | Amount of Contribution<br>\$250.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Dibinga  | First<br>Kamanampata   | MI  | Contribution ID #<br>0617           |
| Residential Street Address<br>32 Kittredge St   | City<br>Roslindale   | State<br>MA   | Zip Code<br>02131                   |
| Principal Occupation<br>Educator  | Name of Employer<br>City of Boston   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2026   | Aggregate Contributions<br>\$100.00 |
|   |  |   | Amount of Contribution<br>\$100.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Hanson   | First<br>Elizabeth   | MI  | Contribution ID #<br>0618          |
| Residential Street Address<br>90 Saint Johns Rd   | City<br>Ridgefield   | State<br>CT   | Zip Code<br>06877                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Shumaker   | First<br>Joan  | MI  | Contribution ID #<br>0619          |
| Residential Street Address<br>27 White Birch Dr   | City<br>Milford  | State<br>CT   | Zip Code<br>06461                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Nduati   | First<br>Ann   | MI  | Contribution ID #<br>0620          |
| Residential Street Address<br>3001 Murworth Dr  | City<br>Houston  | State<br>TX   | Zip Code<br>77025                  |
| Principal Occupation<br>Physician   | Name of Employer<br>Baylor College of Medicine   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2026   | Aggregate Contributions<br>\$25.00 |
|   |  |   | Amount of Contribution<br>\$25.00  |

|   |  |   |  |
|---|--|---|--|
| Last Name<br><del>Blank</del>   | First<br><del>Leslie</del>   | MI<br><del>P</del>  | Contribution ID #<br><del>0621</del>           |
| Residential Street Address<br><del>597 Westport Ave</del>   | City<br><del>Norwalk</del>   | State<br><del>CT</del>  | Zip Code<br><del>06851</del>                   |
| Principal Occupation<br><del>self-employed teacher</del>  | Name of Employer<br><del>self</del>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><del>03/31/2026</del>  | Aggregate Contributions<br><del>\$600.00</del> |
|   |  |   | Amount of Contribution<br><del>\$100.00</del>  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Ruby   | First<br>Joan  | MI  | Contribution ID #<br>0622           |
| Residential Street Address<br>638 Danbury Rd Unit 40  | City<br>Ridgefield   | State<br>CT   | Zip Code<br>06877                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2026   | Aggregate Contributions<br>\$100.00 |
|   |  |   | Amount of Contribution<br>\$50.00   |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Gilman   | First<br>Michelle  | MI<br>H   | Contribution ID #<br>0623           |
| Residential Street Address<br>247 Woodbine Rd   | City<br>Colchester   | State<br>CT   | Zip Code<br>06415                   |
| Principal Occupation<br>Commissioner  | Name of Employer<br>State of CT  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2026   | Aggregate Contributions<br>\$100.00 |
|   |  |   | Amount of Contribution<br>\$100.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Gilman   | First<br>Timothy   | MI  | Contribution ID #<br>0624           |
| Residential Street Address<br>247 Woodbine Rd   | City<br>Colchester   | State<br>CT   | Zip Code<br>06415                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Amount of Contribution  |  |   |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2026   | Aggregate Contributions<br>\$100.00 |
|   |  |   | \$100.00                            |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Dupier   | First<br>Nancie  | MI  | Contribution ID #<br>0625           |
| Residential Street Address<br>60 Brett Rd   | City<br>Fairfield  | State<br>CT   | Zip Code<br>06824                   |
| Principal Occupation<br>CEO   | Name of Employer<br>Ivy Link Associates LLC  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Amount of Contribution  |  |   |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2026   | Aggregate Contributions<br>\$250.00 |
|   |  |   | \$250.00                            |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Mechler  | First<br>Barbara   | MI  | Contribution ID #<br>0626           |
| Residential Street Address<br>28F Heritage Vlg  | City<br>Southbury  | State<br>CT   | Zip Code<br>06488                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Amount of Contribution  |  |   |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2026   | Aggregate Contributions<br>\$135.00 |
|   |  |   | \$50.00                             |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Baekey   | First<br>Kara  | MI  | Contribution ID #<br>0627          |
| Residential Street Address<br>69 Melbourne Road Ext   | City<br>Norwalk  | State<br>CT   | Zip Code<br>06851                  |
| Principal Occupation<br>Executive   | Name of Employer<br>Indegene   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Amount of Contribution  |  |   |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | \$50.00                            |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Holmes   | First<br>Leslie  | MI  | Contribution ID #<br>0628           |
| Residential Street Address<br>25 Merwin Ln  | City<br>Wilton   | State<br>CT   | Zip Code<br>06897                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2026   | Aggregate Contributions<br>\$250.00 |
|   |  |   | Amount of Contribution<br>\$50.00   |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Morgan   | First<br>Lawrence  | MI<br>A   | Contribution ID #<br>0629          |
| Residential Street Address<br>75 Old Ridgebury  | City<br>Danbury  | State<br>CT   | Zip Code<br>06810                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2026   | Aggregate Contributions<br>\$50.00 |
|   |  |   | Amount of Contribution<br>\$50.00  |

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Edwards  | First<br>Lawrence  | MI  | Contribution ID #<br>0630           |
| Residential Street Address<br>132 Blackberry Dr   | City<br>Stamford   | State<br>CT   | Zip Code<br>06903                   |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2026   | Aggregate Contributions<br>\$100.00 |
|   |  |   | Amount of Contribution<br>\$100.00  |

|   |  |   |                                    |
|---|--|---|------------------------------------|
| Last Name<br>Closius  | First<br>Gary  | MI  | Contribution ID #<br>0631          |
| Residential Street Address<br>294 Hartford Rd   | City<br>Salem  | State<br>CT   | Zip Code<br>06420                  |
| Principal Occupation<br>Retired   | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2026   | Aggregate Contributions<br>\$25.00 |
|   |  |   | Amount of Contribution<br>\$25.00  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|   |   |   |   |
|---|---|---|---|
| Last Name<br><b>Hansen</b>  | First<br><b>Martha</b>  | MI<br><b>C</b>  | Contribution ID #<br><b>0632</b>          |
| Residential Street Address<br><b>56 Alexander Rd</b>  | City<br><b>East Haddam</b>  | State<br><b>CT</b>  | Zip Code<br><b>06423</b>                  |
| Principal Occupation<br><b>Registrar of Voters</b>  | Name of Employer<br><b>Town of East Haddam</b>  |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/31/2026</b>  | Aggregate Contributions<br><b>\$50.00</b> |
|   |   | Amount of Contribution<br><b>\$50.00</b>  |   |

|   |   |   |   |
|---|---|---|---|
| Last Name<br><b>Garibay</b>   | First<br><b>Jane</b>  | MI<br><b>M</b>  | Contribution ID #<br><b>0633</b>          |
| Residential Street Address<br><b>409 Broad St</b>   | City<br><b>Windsor</b>  | State<br><b>CT</b>  | Zip Code<br><b>06095</b>                  |
| Principal Occupation<br><b>Legislator</b>   | Name of Employer<br><b>State of Ct</b>  |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/31/2026</b>  | Aggregate Contributions<br><b>\$50.00</b> |
|   |   | Amount of Contribution<br><b>\$50.00</b>  |   |

|   |   |   |  |
|---|---|---|--|
| Last Name<br><b>Blank</b>   | First<br><b>Leslie</b>  | MI<br><b>P</b>  | Contribution ID #<br><b>0621</b>           |
| Residential Street Address<br><b>597 Westport Ave</b>   | City<br><b>Norwalk</b>  | State<br><b>CT</b>  | Zip Code<br><b>06851</b>                   |
| Principal Occupation<br><b>teacher</b>  | Name of Employer<br><b>Leslie Blank</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/31/2026</b>  | Aggregate Contributions<br><b>\$500.00</b> |
|   |   | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |  |                    |
|--|--|--|--------------------|
| <b>Total of Section B</b>                          |  |  | <b>\$30,191.00</b> |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> |  |  | <b>\$30,191.00</b> |

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

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

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
|---|-----------------------------|
| Stephanie Thomas for CT   | 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 | Amount of Contribution |
|                   |       | If yes, list Event #  |                   |                         |    |                        |
| City              | State | Zip Code  | Date Received     | Aggregate Contributions |    |                        |

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

| NAME OF COMMITTEE       | TYPE OF REPORT              |
|-------------------------|-----------------------------|
| Stephanie Thomas for CT | 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              |
|-------------------------|-----------------------------|
| Stephanie Thomas for CT | April 10 Filing - Amendment |

**D. Loans Received this Period**

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

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

| NAME OF COMMITTEE       | TYPE OF REPORT              |
|-------------------------|-----------------------------|
| Stephanie Thomas for CT | 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 |        |
| <b>Total of Section E</b> |                   |                |                   |        |

**I. Monetary Receipts (Section A-I)**

| NAME OF COMMITTEE       | TYPE OF REPORT              |
|-------------------------|-----------------------------|
| Stephanie Thomas for CT | April 10 Filing - Amendment |

**G. Interest from Deposits in Authorized Accounts**

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

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

| NAME OF COMMITTEE       | TYPE OF REPORT              |
|-------------------------|-----------------------------|
| Stephanie Thomas for CT | April 10 Filing - Amendment |

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

| Purpose of Grant:                  | Grant Cycle: | Date Received | Amount |         |
|------------------------------------|--------------|---------------|--------|---------|
|                                    |              |               |        | Initial |
| Supplemental/Post Election Deficit |              |               |        |         |
| <b>Total of Section H</b>          |              |               |        |         |

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

| NAME OF COMMITTEE       | TYPE OF REPORT              |
|-------------------------|-----------------------------|
| Stephanie Thomas for CT | April 10 Filing - Amendment |

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

| Name                           | Date of Transaction | Amount Received |
|--------------------------------|---------------------|-----------------|
| State Enforcement Election Com | 01/12/2026          |                 |
| Street Address                 | City                | State           |
| 55 Farmington Ave              | Hartford            | CT              |
| Zip Code                       |                     |                 |
|                                |                     | 06105           |
| Description                    |                     |                 |
| Test Deposit                   |                     | \$0.04          |
| <b>Total of Section I</b>      |                     | <b>\$0.04</b>   |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

**J1. Event Information**

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

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | 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              |
| Stephanie Thomas for CT   | 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?   |                               |
|                         |   | 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              |
| Stephanie Thomas for CT   | 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           | Description of In-Kind Contribution   |             |
|   | No            |   |             |
| If yes, list Event#   |               |   |             |
| Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?  | Yes           | Is contributor a principal of a state contractor or prospective state contractor? | Yes         |
|   | No            | If yes, indicate which branch or branches of government the contract is with:     | No          |
|   |               | Executive   | Legislative |
| Type of Contributor:  | Date Received | Aggregate contributions   |             |
| Individual  |               |   |             |
| Committee   |               |   |             |
| Sole Proprietorship   |               |   |             |

**Total of Section K**

**III. Non Monetary Receipts (Sections K - L)**

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | 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              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |
| <b>N. Expenses Paid By Committee</b>                                    |                             |

|   |  |                                  |   |                   |
|---|--|----------------------------------|---|-------------------|
| Name of Payee<br>Day Campaign   |  | Date of Payment<br>01/12/2026    | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                   |
| Street Address<br>112 Bloomfield Ave  |  | City<br>Windsor                  | State<br>CT   | Zip Code<br>06095 |
| Purpose of Expendit<br>WEB  | Description<br>2026 yearly extension fee |                                  |   | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N |  | Expenditure #<br>(if applicable) | Event #   | \$100.00          |

|   |             |                                  |  |                   |
|---|-------------|----------------------------------|--|-------------------|
| Name of Payee<br>Becca LaMantia   |             | Date of Payment<br>01/21/2026    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>141</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                   |
| Street Address<br>775 Ridgefield Rd   |             | City<br>Wilton                   | State<br>CT  | Zip Code<br>06897 |
| Purpose of Expendit<br>CNSLT  | Description |                                  |  | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N |             | Expenditure #<br>(if applicable) | Event #  | \$640.00          |

|   |   |                                  |   |                   |
|---|---|----------------------------------|---|-------------------|
| Name of Payee<br>Day Campaign   |   | Date of Payment<br>01/31/2026    | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                   |
| Street Address<br>112 Bloomfield Ave  |   | City<br>Windsor                  | State<br>CT   | Zip Code<br>06095 |
| Purpose of Expendit<br>BNK  | Description<br>Credit Card/Banking Transaction fees |                                  |   | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N |   | Expenditure #<br>(if applicable) | Event #   | \$108.60          |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |
| <b>N. Expenses Paid By Committee</b>                                    |                             |

|   |             |                                  |  |                   |
|---|-------------|----------------------------------|--|-------------------|
| Name of Payee<br>Linda Holland Pryde  |             | Date of Payment<br>02/11/2026    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>142</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                   |
| Street Address<br>134 Regents Park  |             | City<br>Westport                 | State<br>CT  | Zip Code<br>06880 |
| Purpose of Expendit<br>REF  | Description |                                  |  | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N |             | Expenditure #<br>(if applicable) | Event #  | \$150.00          |

|   |             |                                  |  |                   |
|---|-------------|----------------------------------|--|-------------------|
| Name of Payee<br>Becca LaMantia   |             | Date of Payment<br>02/18/2026    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>143</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                   |
| Street Address<br>775 Ridgefield Rd   |             | City<br>Wilton                   | State<br>CT  | Zip Code<br>06897 |
| Purpose of Expendit<br>CNSLT  | Description |                                  |  | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N |             | Expenditure #<br>(if applicable) | Event #  | \$800.00          |

|   |  |                                  |  |                   |
|---|--|----------------------------------|--|-------------------|
| Name of Payee<br>Stephanie Thomas   |  | Date of Payment<br>02/22/2026    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>144</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                   |
| Street Address<br>81 William St   |  | City<br>Norwalk                  | State<br>CT  | Zip Code<br>06851 |
| Purpose of Expendit<br>RMB  | Description<br>Reimbursement for MailChimp |                                  |  | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N |  | Expenditure #<br>(if applicable) | Event #  | \$181.80          |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |
| <b>N. Expenses Paid By Committee</b>                                    |                             |

|   |                                       |                                  |  |                   |
|---|---------------------------------------|----------------------------------|--|-------------------|
| Name of Payee<br>Stephanie Thomas   |                                       | Date of Payment<br>02/22/2026    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>145</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                   |
| Street Address<br>81 William St   |                                       | City<br>Norwalk                  | State<br>CT  | Zip Code<br>06851 |
| Purpose of Expendit<br>RMB  | Description<br>Reimbursement for Zoom |                                  |  | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N |                                       | Expenditure #<br>(if applicable) | Event #  | \$94.65           |

|   |   |                                  |   |                   |
|---|---|----------------------------------|---|-------------------|
| Name of Payee<br>MailChimp  |   | Date of Payment<br>02/28/2026    | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                   |
| Street Address<br>405 N Angler Ave NE   |   | City<br>Atlanta                  | State<br>GA   | Zip Code<br>30308 |
| Purpose of Expendit<br>Misc *   | Description<br>Video Conference Service |                                  |   | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N |   | Expenditure #<br>(if applicable) | Event #   | \$181.80          |

|  |   |                                  |   |                   |
|--|---|----------------------------------|---|-------------------|
| Name of Payee<br>Day Campaign  |   | Date of Payment<br>02/28/2026    | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                   |
| Street Address<br>112 Bloomfield Ave   |   | City<br>Windsor                  | State<br>CT   | Zip Code<br>06095 |
| Purpose of Expendit<br>BNK   | Description<br>Credit Card/Banking Transaction fees |                                  |   | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N |   | Expenditure #<br>(if applicable) | Event #   | \$259.40          |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |
| <b>N. Expenses Paid By Committee</b>                                    |                             |

|   |             |                                  |  |                   |
|---|-------------|----------------------------------|--|-------------------|
| Name of Payee<br>Becca LaMantia   |             | Date of Payment<br>03/13/2026    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>146</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                   |
| Street Address<br>775 Ridgefield Rd   |             | City<br>Wilton                   | State<br>CT  | Zip Code<br>06897 |
| Purpose of Expendit<br>CNSLT  | Description |                                  |  | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N |             | Expenditure #<br>(if applicable) | Event #  | \$800.00          |

|   |             |                                  |  |                   |
|---|-------------|----------------------------------|--|-------------------|
| Name of Payee<br>Andrea Sehl  |             | Date of Payment<br>03/13/2026    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>147</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                   |
| Street Address<br>15 Green Hill Rd  |             | City<br>Kent                     | State<br>CT  | Zip Code<br>06757 |
| Purpose of Expendit<br>REF  | Description |                                  |  | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N |             | Expenditure #<br>(if applicable) | Event #  | \$110.00          |

|   |             |                                  |  |                   |
|---|-------------|----------------------------------|--|-------------------|
| Name of Payee<br>Wendy Baskin   |             | Date of Payment<br>03/15/2026    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>148</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                   |
| Street Address<br>2 Roton Ave   |             | City<br>Norwalk                  | State<br>CT  | Zip Code<br>06853 |
| Purpose of Expendit<br>REF  | Description |                                  |  | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N |             | Expenditure #<br>(if applicable) | Event #  | \$340.00          |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |
| <b>N. Expenses Paid By Committee</b>                                    |                             |

|   |             |                                  |  |                   |
|---|-------------|----------------------------------|--|-------------------|
| Name of Payee<br>Kate Conetta   |             | Date of Payment<br>03/25/2026    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>149</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                   |
| Street Address<br>4 Topfield Rd .   |             | City<br>Danbury                  | State<br>CT  | Zip Code<br>06811 |
| Purpose of Expendit<br>REF  | Description |                                  |  | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N |             | Expenditure #<br>(if applicable) | Event #  | \$210.00          |

|   |             |                                  |   |                   |
|---|-------------|----------------------------------|---|-------------------|
| Name of Payee<br>Costco Warehouse   |             | Date of Payment<br>03/27/2026    | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                   |
| Street Address<br>179 Connecticut Ave   |             | City<br>Norwalk                  | State<br>CT   | Zip Code<br>06854 |
| Purpose of Expendit<br>OFFICE   | Description |                                  |   | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N |             | Expenditure #<br>(if applicable) | Event #   | \$41.47           |

|  |   |                                  |   |                   |
|--|---|----------------------------------|---|-------------------|
| Name of Payee<br>MailChimp   |   | Date of Payment<br>03/28/2026    | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                   |
| Street Address<br>405 N Angler Ave NE  |   | City<br>Atlanta                  | State<br>GA   | Zip Code<br>30308 |
| Purpose of Expendit<br>Misc *  | Description<br>Video Conference Service |                                  |   | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N |   | Expenditure #<br>(if applicable) | Event #   | \$181.80          |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |
| <b>N. Expenses Paid By Committee</b>                                    |                             |

|   |                               |  |                   |
|---|-------------------------------|--|-------------------|
| Name of Payee<br>Joelle Berger  | Date of Payment<br>03/28/2026 | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>150</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                   |
| Street Address<br>15 Muvon Ct   | City<br>Westport              | State<br>CT  | Zip Code<br>06880 |
| Purpose of Expendit<br>REF  | Description                   |  | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                               | Expenditure #<br>(if applicable)   | Event #           |
| If yes, assign an Expenditure # and complete Itemization in Addendum N  |                               |  | \$50.00           |

|  |                               |  |                   |
|--|-------------------------------|--|-------------------|
| Name of Payee<br>Ken Cooper  | Date of Payment<br>03/31/2026 | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>151</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                   |
| Street Address<br>47 Upper Kent Hollow Rd  | City<br>Kent                  | State<br>CT  | Zip Code<br>06757 |
| Purpose of Expendit<br>REF   | Description                   |  | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |                               | Expenditure #<br>(if applicable)   | Event #           |
| If yes, assign an Expenditure # and complete Itemization in Addendum N   |                               |  | \$250.00          |

|  |   |   |                   |
|--|---|---|-------------------|
| Name of Payee<br>Day Campaign  | Date of Payment<br>03/31/2026                       | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                   |
| Street Address<br>112 Bloomfield Ave   | City<br>Windsor                                     | State<br>CT   | Zip Code<br>06095 |
| Purpose of Expendit<br>BNK   | Description<br>Credit Card/Banking Transaction fees |   | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |   | Expenditure #<br>(if applicable)  | Event #           |
| If yes, assign an Expenditure # and complete Itemization in Addendum N   |   |   | \$989.44          |

**Total of Section N****\$5,488.96**

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

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

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

|   |             |    |                               |         |                      |                             |          |                  |
|---|-------------|----|-------------------------------|---------|----------------------|-----------------------------|----------|------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)                   |             |    |                               |         |                      | TYPE OF REPORT              |          |                  |
| Stephanie Thomas for CT   |             |    |                               |         |                      | April 10 Filing - Amendment |          |                  |
| <b>P. Expenses Incurred on Committee Credit Card</b>                                      |             |    |                               |         |                      |                             |          |                  |
| 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 |    |                               |         |                      | <b>Amount</b>               |          |                  |
| 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 P                    |             |    |                               |         |                      |                             |          |                  |
| <b>Total of Section P</b>   |             |    |                               |         |                      |                             |          |                  |

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | 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<br><br>No | Expenditure # (if applicable) | Event #                              |
| If yes, assign an Expenditure # and completes Itemization in Addendum Q                   |               |                               |                                      |

**Total of Section Q**

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

|   |                             |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

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

|  |                    |    |   |  |
|--|--------------------|----|---|--|
| Last Name of Worker/Consultant<br>Thomas | First<br>Stephanie | MI | Date of Payment to Vendor<br>01/28/2026 | Payment to Reimburse Committee Worker/Consultant as reported in Section N:<br><input checked="" type="checkbox"/> Check # 141<br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |
|--|--------------------|----|---|--|

|   |
|---|
| Name of Vendor Paid by Committee Worker/Consultant<br>MailChimp |
|---|

|   |                 |             |                   |
|---|-----------------|-------------|-------------------|
| Street Address of Vendor<br>405 N Angler Ave NE | City<br>Atlanta | State<br>GA | Zip Code<br>30308 |
|---|-----------------|-------------|-------------------|

|  |                              |
|--|------------------------------|
| Purpose of Expenditure (by code)<br>Misc * | Description<br>email Service |
|--|------------------------------|

|   |                               |         |                    |
|---|-------------------------------|---------|--------------------|
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # | Amount<br>\$181.80 |
| If yes, assign an Expenditure # and completes Itemization in Addendum R   |                               |         |                    |

|  |                    |    |   |  |
|--|--------------------|----|---|--|
| Last Name of Worker/Consultant<br>Thomas | First<br>Stephanie | MI | Date of Payment to Vendor<br>02/01/2026 | Payment to Reimburse Committee Worker/Consultant as reported in Section N:<br><input checked="" type="checkbox"/> Check # 145<br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |
|--|--------------------|----|---|--|

|   |
|---|
| Name of Vendor Paid by Committee Worker/Consultant<br>Zoom Voice CommunicationInc |
|---|

|  |                  |             |                   |
|--|------------------|-------------|-------------------|
| Street Address of Vendor<br>55 Almaden Blvd Fl 6 | City<br>San Jose | State<br>CA | Zip Code<br>95113 |
|--|------------------|-------------|-------------------|

|  |                                  |
|--|----------------------------------|
| Purpose of Expenditure (by code)<br>Misc * | Description<br>Zoom Conferencing |
|--|----------------------------------|

|   |                               |         |                   |
|---|-------------------------------|---------|-------------------|
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # | Amount<br>\$94.65 |
| If yes, assign an Expenditure # and completes Itemization in Addendum R   |                               |         |                   |

|                           |                 |
|---------------------------|-----------------|
| <b>Total of Section R</b> | <b>\$276.45</b> |
|---------------------------|-----------------|

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

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
|---|-----------------------------|
| Stephanie Thomas for CT   | April 10 Filing - Amendment |

### S. Surplus Distribution of Equipment and Furniture

|                           |      |       |          |                                     |
|---------------------------|------|-------|----------|-------------------------------------|
| Name of Recipient         |      |       |          |                                     |
| Street Address            | City | State | Zip Code | Original Purchase<br>Amount of Item |
| Description of Item       |      |       |          |                                     |
| <b>Total of Section S</b> |      |       |          |                                     |

### Section J4. ADDENDUM

| NAME OF COMMITTEE | TYPE OF REPORT |
|-------------------|----------------|
|                   |                |

### J4. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum

|                   |  |
|-------------------|--|
| <b>Event #</b>    |  |
| 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         |

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

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

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