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

Electronic Filing

Do Not Mark in This Space For Official Use Only

COVER PAGE

1.NAME OF COMMITTEE	2. TYPE OF COMMITTEE
Re-Elect Trenee' McGee	[x] Candidate Committee [ ] Exploratory Committee

3. TREASURER NAME

First	MI	Last	Suffix
Patrick		**Leigh**	

4. TREASURER ADDRESS

Street Address	City	State	Zip Code
53 White St	**West Haven**	**CT**	**06516**

5. ELECTION DATE	6. OFFICE SOUGHT *(Complete only if Candidate Committee)*	7. DISTRICT NUMBER *(if applicable)*
11/03/2026	**State Representative**	**R116**

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

First	MI	Last	Suffix
Trenee		**McGee**	

9. TYPE OF REPORT

April 10 Filing - Amendment

10. PERIOD COVERED

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

11. CERTIFICATION

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

Electronic Filing	**Patrick Leigh**	**07/10/2026 2:02:52PM**
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED

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

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
Re-Elect Trenee' McGee	April 10 Filing - Amendment	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		**$0.00**
13. Balance on hand at the beginning of Reporting Period	**$0.00**	
14. Contributions received from Individuals (Section A and B)	**$1,590.00**	**$1,590.00**
15. Receipts from Other Committees (Sections C1 and C2)	**$0.00**	**$0.00**
16. Other Monetary Receipts (Section D through I)	**$0.00**	**$0.00**
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	**$0.00**	**$0.00**
18. Total Monetary Receipts (add totals for lines 14 through 17)	**$1,590.00**	**$1,590.00**
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	**$1,590.00**	**$1,590.00**
20. Expenses Paid by Committee (Section N)	**$129.60**	**$129.60**
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	**$1,460.40**	**$1,460.40**
22. In-Kind Donations not Considered Contributions Received (Section J3)	**$0.00**	**$0.00**
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	**$0.00**	**$0.00**
24. In-Kind Contributions Received (Section K)	**$0.00**	**$0.00**
25. Refundable Deposit to Telephone Company (Section L)	**$0.00**	**$0.00**
26. Beginning Loan Balance	**$0.00**	
26a. + Loans Received (Section D)	**$0.00**	**$0.00**
26b. + Interest and Penalties on Loan(s)	**$0.00**	**$0.00**
26c. - Payments on Loan(s)	**$0.00**	**$0.00**
26d. Total Outstanding Loan Amount	**$0.00**	
27. Campaign Expenses Paid By Candidate (Section O)	**$0.00**	**$0.00**
28. Expenses Incurred on Committee Credit Card (Section P)	**$0.00**	**$0.00**
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	**$0.00**	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	**$0.00**	

I. MONETARY RECEIPTS (Section A-I)

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

A. Total Contributions from Small Contributors-Received this Period ONLY — For Nonparticipating Candidates ONLY: **$0.00**

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Suggs	Christopher		0001

Residential Street Address	City	State	Zip Code
152 Terrace Ave	West Haven	CT	06516

Principal Occupation	Name of Employer
Finance	Brandrew, LLC

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 01/16/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Leigh	Linda		0002

Residential Street Address	City	State	Zip Code
115 Union Ave	West Haven	CT	06516

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 01/16/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Leigh	Amanda	M	0003

Residential Street Address	City	State	Zip Code
53 White St	West Haven	CT	06516

Principal Occupation	Name of Employer
ex. Admin	Yale University

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 01/16/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Re-Elect Trenee' McGee

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Leigh	Patrick	R	0004

Residential Street Address	City	State	Zip Code
53 White St	West Haven	CT	06516

Principal Occupation	Name of Employer
Business Analyst	Knights of Columbus

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 01/16/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Ackbarali	Sarah		0044

Residential Street Address	City	State	Zip Code
115 Union Ave	West Haven	CT	06516

Principal Occupation	Name of Employer
homemaker	homemaker

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 01/16/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Leigh	Patrick	R	0005

Residential Street Address	City	State	Zip Code
53 White St	West Haven	CT	06516

Principal Occupation	Name of Employer
Business Analyst	Knights of Columbus

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 02/02/2026

Aggregate Contributions: $30.00

Last Name	First	MI	Contribution ID #
Hamilton	Robbin		0006

Residential Street Address	City	State	Zip Code
92 Bedford St	West Haven	CT	06516

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 02/04/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Re-Elect Trenee' McGee

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Penzerro	Terri		0007

Residential Street Address	City	State	Zip Code
414 Orchard St Fl 1	New Haven	CT	06511

Principal Occupation	Name of Employer
Life Coach	Exploring New Blessings

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 02/04/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Fountain	Timothy		0008

Residential Street Address	City	State	Zip Code
222 N High St	East Haven	CT	06512

Principal Occupation	Name of Employer
Ballet Instructor	New Haven Ballet Children Division Director

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 02/04/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
moreno	Jeffrey		0009

Residential Street Address	City	State	Zip Code
175 Canton St # C6	West Haven	CT	06516

Principal Occupation	Name of Employer
Project Manager	City of New Haven

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 02/06/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
McGee	Paris		0010

Residential Street Address	City	State	Zip Code
52 Eagle Pl	West Haven	CT	06516

Principal Occupation	Name of Employer
Producer	Advance Local Media LLC.

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #:

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

Date Received: 02/06/2026

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Re-Elect Trenee' McGee

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Snow	John		0011

Residential Street Address	City	State	Zip Code
PO Box 94	Ahawsm	MA	01001

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 02/06/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Donovan	Gary		0012

Residential Street Address	City	State	Zip Code
26 Alling Street Ext	West Haven	CT	06516

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 02/07/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Wright	Denis		0013

Residential Street Address	City	State	Zip Code
3 Canton St	West Haven	CT	06516

Principal Occupation	Name of Employer
Retirement	Retirement

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 02/07/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Thompson	Jenice		0014

Residential Street Address	City	State	Zip Code
56 Imperial St	Bridgeport	CT	06606

Principal Occupation	Name of Employer
Personal care assistant	PCA

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 02/07/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Re-Elect Trenee' McGee

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Occhineri	Tony		0015

Residential Street Address	City	State	Zip Code
PO Box 26182	West Haven	CT	06516

Principal Occupation	Name of Employer
Sales	Star distributors

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 02/08/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Last	Michael		0016

Residential Street Address	City	State	Zip Code
62 Great Circle Rd	West Haven	CT	06516

Principal Occupation	Name of Employer
CFO	State of Connecticut

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 02/10/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Hoffman	Sean		0017

Residential Street Address	City	State	Zip Code
521 Muirfield Ln	West Haven	CT	06516

Principal Occupation	Name of Employer
Unemployed	Unemployed

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 02/10/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Massaro	Peter		0018

Residential Street Address	City	State	Zip Code
8 Chris Jon Cir	West Haven	CT	06516

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 02/10/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Re-Elect Trenee' McGee

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Quagliani	Ronald		0019

Residential Street Address	City	State	Zip Code
27 Down Draft Cir	West Haven	CT	06516

Principal Occupation	Name of Employer
Public Safety	University of New Haven

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 02/10/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Riccio	Stacy		0020

Residential Street Address	City	State	Zip Code
70 York St	West Haven	CT	06516

Principal Occupation	Name of Employer
Clerk	City of West Haven

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 02/10/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Mays	Michelle		0021

Residential Street Address	City	State	Zip Code
85 Canton St	West Haven	CT	06516

Principal Occupation	Name of Employer
Consultant	A Mays in Consulting LLC

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 02/10/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
McMillian	Edward		0022

Residential Street Address	City	State	Zip Code
43 Dalton St	West Haven	CT	06516

Principal Occupation	Name of Employer
Management	NHBOE

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 02/15/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Re-Elect Trenee' McGee

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Hamilton	Robbin		0023

Residential Street Address	City	State	Zip Code
92 Bedford St	West Haven	CT	06516

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 02/15/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Tucker	Katherine		0024

Residential Street Address	City	State	Zip Code
156 Peabody St	West Haven	CT	06516

Principal Occupation	Name of Employer
Nurse Practitioner	City of New Haven, State of Ct SCSU

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 02/16/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Waterfield	Caryll Cebi		0025

Residential Street Address	City	State	Zip Code
70 Seaview Ave	West Haven	CT	06516

Principal Occupation	Name of Employer
RN	YNHHS

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #:

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

Date Received: 02/19/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Heffernan	William		0026

Residential Street Address	City	State	Zip Code
271 Kelsey Ave	West Haven	CT	06516

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 02/19/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Re-Elect Trenee' McGee

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Johnson	Lynette	E	0027

Residential Street Address	City	State	Zip Code
10 Still Rd	Oxford	CT	06478

Principal Occupation	Name of Employer
Director	State of Connecticut

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 02/22/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Bysiewicz	Susan		0029

Residential Street Address	City	State	Zip Code
15 Tall Timbers Rd	Middletown	CT	06457

Principal Occupation	Name of Employer
Lt. Governor/attorney	State of Connecticut

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #:

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

Date Received: 02/22/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Williams-Bryant	Debra		0030

Residential Street Address	City	State	Zip Code
110 Eagle Pl	West Haven	CT	06516

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 02/23/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Goodwin	Margaret		0031

Residential Street Address	City	State	Zip Code
246 Peck Ave	West Haven	CT	06516

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #:

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

Date Received: 02/24/2026

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Re-Elect Trenee' McGee

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Bryant	Keith		0032

Residential Street Address	City	State	Zip Code
110 Eagle Pl	West Haven	CT	06516

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 02/25/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Occhineri	Tony		0033

Residential Street Address	City	State	Zip Code
PO Box 26182	West Haven	CT	06516

Principal Occupation	Name of Employer
Sales	Star distributors

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 02/25/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Holmes-padgett	Luz		0034

Residential Street Address	City	State	Zip Code
51 Clinton St Apt 2	New Britain	CT	06053

Principal Occupation	Name of Employer
Tenant Liaison	N/A

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 02/26/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Horvath	Patricia		0035

Residential Street Address	City	State	Zip Code
122 Wilson Ave	West Haven	CT	06516

Principal Occupation	Name of Employer
Clerk at the West haven Board of Education.	West haven Board of Education.

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 02/27/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Re-Elect Trenee' McGee

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Hoskie	Bridgette		0036

Residential Street Address	City	State	Zip Code
326 Washington Ave	West Haven	CT	06516

Principal Occupation	Name of Employer
Director	RWA

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #:

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

Date Received: 03/01/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Donovan	Gary		0037

Residential Street Address	City	State	Zip Code
26 Alling Street Ext	West Haven	CT	06516

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 03/06/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Massaro	Peter		0038

Residential Street Address	City	State	Zip Code
8 Chris Jon Cir	West Haven	CT	06516

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 03/07/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Russell	Angela		0039

Residential Street Address	City	State	Zip Code
635 Whalley Ave	New Haven	CT	06511

Principal Occupation	Name of Employer
Child care Provider	Child care Provider

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 03/13/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Re-Elect Trenee' McGee

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Tucker	Katherine		0040

Residential Street Address	City	State	Zip Code
156 Peabody St	West Haven	CT	06516

Principal Occupation	Name of Employer
Nurse Practitioner	City of New Haven, State of Ct SCSU

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 03/17/2026

Aggregate Contributions: $125.00

Last Name	First	MI	Contribution ID #
Horvath	Patricia		0041

Residential Street Address	City	State	Zip Code
122 Wilson Ave	West Haven	CT	06516

Principal Occupation	Name of Employer
Clerk at the West haven Board of Education.	West haven Board of Education.

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 03/17/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Hamilton	Robbin		0042

Residential Street Address	City	State	Zip Code
92 Bedford St	West Haven	CT	06516

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 03/26/2026

Aggregate Contributions: $75.00

Last Name	First	MI	Contribution ID #
O'Neil	Rick		0043

Residential Street Address	City	State	Zip Code
34T Bucklandhills Dr # 12214	Manchester	CT	06042

Principal Occupation	Name of Employer
Senior Constituent Engagement Coordinator	State of Connecticut - HDO

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #:

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

Date Received: 03/28/2026

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Borer	Dorinda		0045
Residential Street Address	**City**	**State**	**Zip Code**
821 W Main St ,	West Haven	CT	06516

Principal Occupation	Name of Employer
Government	City of West Haven

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 03/31/2026

Aggregate Contributions: $50.00

Total of Section B	**$1,590.00**
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Total on Line 14, Column A of Summary Page)*	**$1,590.00**

I. MONETARY RECEIPTS (Section A-I)

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

C1. Contributions from Other Committees

Name of Committee	Name of Treasurer

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

City	State	Zip Code	Date Received	Aggregate Contributions

Total of Section C1	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Re-Elect Trenee' McGee	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
Re-Elect Trenee' McGee	April 10 Filing - Amendment

D. Loans Received this Period

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Re-Elect Trenee' McGee	April 10 Filing - Amendment

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

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

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Re-Elect Trenee' McGee	April 10 Filing - Amendment

G. Interest from Deposits in Authorized Accounts

Name of Institution	Date Received	Amount

Street Address	City	State	Zip Code

Total of Section G	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Re-Elect Trenee' McGee	April 10 Filing - Amendment

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

Purpose of Grant:	Grant Cycle:	Date Received	Amount
Initial Grant Adjustment Supplemental/Post Election Deficit	Primary General Election Special Election		
	Total of Section H		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Re-Elect Trenee' McGee	April 10 Filing - Amendment

I. Miscellaneous Monetary Receipts not Considered Contributions

Name			Date of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description				
			Total of Section I	

II. EVENT ACTIVITY (Sections J1 - J4)

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

J1. Event Information

Event # / Date of Event / Letter	Description	Was this a fundraising event? Yes / No
Location: Street Address	City	State / Zip Code

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

Total of Section J1	

II.EVENT ACTIVITY (Sections J1 - J4)

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

K. In-Kind Contributions

Name

Street Address	City	State	Zip Code

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

If yes, list Event#

Description of In-Kind Contribution

Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes / No

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

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

Fair Market Value of this Contribution

Type of Contributor: Individual / Committee / Sole Proprietorship

Date Received

Aggregate contributions

Total of Section K

III. Non Monetary Receipts (Sections K - L)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
~~TD Bank~~	~~01/31/2026~~	☐ Check # ☐ Debit Card ☒ ~~X~~ EFT

Street Address	City	State	Zip Code
~~4140 Church Rd~~	~~Mount Laurel~~	~~NJ~~	~~08054~~

Purpose of Expendit	Description	Amount
~~BNK~~	~~$10 and $3 Service Charge~~	~~$13.00~~

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

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

Expenditure # (if applicable):

Event #:

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

Street Address	City	State	Zip Code
3723 Greenville Ave	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
BNK	fee	$0.50

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

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Anedot Inc.	02/04/2026	☐ Check # ☐ Debit Card ☒ X EFT

Street Address	City	State	Zip Code
3723 Greenville Ave	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
BNK	fee	$6.90

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

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

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

Street Address	City	State	Zip Code
3723 Greenville Ave	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
BNK	fee	$3.30

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

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

Expenditure # (if applicable):

Event #:

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

Street Address	City	State	Zip Code
3723 Greenville Ave	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
BNK	fee	$4.90

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

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

Expenditure # (if applicable):

Event #:

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

Street Address	City	State	Zip Code
3723 Greenville Ave	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
BNK	fee	$2.30

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

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

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

Street Address	City	State	Zip Code
3723 Greenville Ave	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
BNK	fee	$12.80

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

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

Expenditure # (if applicable):

Event #:

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

Street Address	City	State	Zip Code
3723 Greenville Ave	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
BNK	fee	$2.60

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

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

Expenditure # (if applicable):

Event #:

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

Street Address	City	State	Zip Code
3723 Greenville Ave	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
BNK	fee	$1.30

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

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot Inc.	02/19/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
BNK	fee	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$5.00

Name of Payee	Date of Payment	Method of Payment
Anedot Inc.	02/22/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
BNK	fee	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$5.70

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

Street Address	City	State	Zip Code
3723 Greenville Ave	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
BNK	fee	

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

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot Inc.	02/24/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
BNK	fee	$2.00

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

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

Expenditure # (if applicable):

Event #:

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

Street Address	City	State	Zip Code
3723 Greenville Ave	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
BNK	fee	$2.30

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

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Anedot Inc.	02/26/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
BNK	fee	$1.30

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

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

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

Street Address	City	State	Zip Code
3723 Greenville Ave	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
BNK	fee	

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

Name of Payee	Date of Payment	Method of Payment
Anedot Inc.	03/01/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
BNK	fee	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.70

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

Street Address	City	State	Zip Code
3723 Greenville Ave	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
BNK	fee	

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

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

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

Street Address	City	State	Zip Code
3723 Greenville Ave	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
BNK	fee	

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

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

Street Address	City	State	Zip Code
3723 Greenville Ave	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
BNK	fee	

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

Name of Payee	Date of Payment	Method of Payment
Anedot Inc.	03/17/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
BNK	fee	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$5.60

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

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

Street Address	City	State	Zip Code
15955 La Cantera Pkwy	San Antonio	TX	78256

Purpose of Expendit	Description	Amount
BNK	Check Order TD Bank Account Ending 1711	$45.60

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

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

Street Address	City	State	Zip Code
3723 Greenville Ave	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
BNK	fee	$1.30

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

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

Street Address	City	State	Zip Code
3723 Greenville Ave	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
BNK	fee	$0.70

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

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot Inc.	03/31/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
3723 Greenville Ave	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
BNK	fee	

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

Name of Payee	Date of Payment	Method of Payment
TD Bank	**03/31/2026**	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
4140 Church Rd	**Mount Laurel**	**NJ**	**08054**

Purpose of Expendit	Description	Amount
BNK	**$10 and $3 Service Charge**	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			**$13.00**

Total of Section N	**$129.60**

IV. EXPENDITURES (Sections N - S)

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

O. Expenses Paid By Candidate

Name of Payee (Name of vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed? Yes No
Street Address	City	State	Zip Code		**Amount**
Purpose of Expenditure (by code)	Description			Event #	

Total of Section O

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution				Type of Credit Card: Visa Master Card Discover American Express Other
Name of Vendor				Date of Transaction
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No If yes, assign an Expenditure # and complete Itemization in Addendum P		Expenditure # (if applicable)	Event #	

Total of Section P

IV. EXPENDITURES (Sections N - S)

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

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

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

Total of Section Q	

IV. EXPENDITURES (Sections N - S)

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

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N: Check # / Debit Card / EFT

Name of Vendor Paid by Committee Worker/Consultant			
Street Address of Vendor	**City**	**State**	**Zip Code**

Purpose of Expenditure (by code)	Description

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

Total of Section R	

IV. EXPENDITURES (Sectuibs N - S)

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

S. Surplus Distribution of Equipment and Furniture

Name of Recipient				
Street Address	**City**	**State**	**Zip Code**	Original Purchase Amount of Item
Description of Item				

Total of Section S	

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

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

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

Section Q. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

Q. Expenses Incurred by Committee but Not Paid During this Period - Addendum

Expenditure #	Amount of Expenditure

Name of Candidate	Office Sought

Section R. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

R. Itemization of Reimbursements and Secondary Payees - Addendum

Expenditure #	Amount of Expenditure

Name of Candidate	Office Sought