



Electronic Filing

Do Not Mark in This Space For Official Use Only

**COVER PAGE**

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE			
Gresko 2026				<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee			
3. TREASURER NAME							
First Allen		MI S	Last Martin			Suffix	
4. TREASURER ADDRESS							
Street Address 284 Mary Ave			City Stratford		State CT	Zip Code 06614	
5. ELECTION DATE		6. OFFICE SOUGHT ( Complete only if Candidate Committee)				7. DISTRICT NUMBER ( if applicable )	
11/03/2026		State Representative				R121	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)							
First Joseph		MI P	Last Gresko			Suffix	
9. TYPE OF REPORT							
April 10 Filing - Amendment							
10. PERIOD COVERED							
		Beginning Date				Ending Date	
		01/01/2026		thru		03/31/2026	
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.							
Electronic Filing		Allen Martin			05/23/2026 10:10:18AM		
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>Gresko 2026</b>	April 10 Filing - Amendment	
	COLUMN A This Period	COLUMN B 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>\$374.50</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$6,600.00</b>	<b>\$6,975.00</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>\$0.00</b>	<b>\$0.00</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>\$6,600.00</b>	<b>\$6,975.00</b>
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	<b>\$6,974.50</b>	<b>\$6,975.00</b>
20. Expenses Paid by Committee (Section N)	<b>\$2,414.08</b>	<b>\$2,414.58</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns )	<b>\$4,560.42</b>	<b>\$4,560.42</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
Gresko 2026	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 RICCIO	First JOSEPH	MI	Contribution ID # 0019
Residential Street Address 231 Fourth Ave	City Stratford	State CT	Zip Code 06615
Principal Occupation PORT DIRECTOR	Name of Employer QUONSET DEVELOPMENT CORP.		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/03/2026	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name GAUTHIER	First STEPHANIE	MI	Contribution ID # 0020
Residential Street Address 160 Cheshire St	City Stratford	State CT	Zip Code 06614
Principal Occupation HEALTHCARE CONSULTANT	Name of Employer MERCER		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/03/2026	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name PEGOLO	First RYAN	MI	Contribution ID # 0021
Residential Street Address 160 Cheshire St	City Stratford	State CT	Zip Code 06614
Principal Occupation CHIROPRACTOR	Name of Employer AIM		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/03/2026	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2026	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name CONWAY	First RICHARD	MI	Contribution ID # 0039
Residential Street Address 80 Blue Ridge Rd	City Berlin	State CT	Zip Code 06037
Principal Occupation LOBBYIST	Name of Employer GAFFNEY BENNETT & ASSOC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/06/2026	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name ARESIMOWICZ	First JOSEPH	MI	Contribution ID # 0040
Residential Street Address 137 Brewster Rd	City West Hartford	State CT	Zip Code 06037
Principal Occupation LOBBYIST	Name of Employer GAFFNEY BENNETT & ASSOC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/06/2026	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name VANDEHOEF	First CHRISTOPHER	MI	Contribution ID # 0048
Residential Street Address 17 Lincoln Ave	City West Hartford	State CT	Zip Code 06117
Principal Occupation LOBBYIST	Name of Employer PENN LINCOLN STRATEGIES		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/07/2026	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name MCCABE	First PATRICK	MI	Contribution ID # 0049
Residential Street Address 11 Forest Rd	City West Hartford	State CT	Zip Code 06119
Principal Occupation PUBLIC AFFAIRS	Name of Employer CAPITOL STRATEGIES GROUP		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/07/2026	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2026	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name ZYJESKI	First JEFFREY	MI	Contribution ID # 0050
Residential Street Address 1176 N Main St	City West Hartford	State CT	Zip Code 06117
Principal Occupation LOBBYIST	Name of Employer GAFFNEY BENNETT & ASSOC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/07/2026	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name DECKMAN	First ALAN	MI	Contribution ID # 0051
Residential Street Address 57 Fox Mdw	City Marlborough	State CT	Zip Code 06447
Principal Occupation LOBBYIST	Name of Employer TCORS CAP. GROUP LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/07/2026	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name CAFERO	First LAWRENCE	MI	Contribution ID # 0052
Residential Street Address 119 Gregory Blvd # 33	City Norwalk	State CT	Zip Code 06855
Principal Occupation ATTORNEY	Name of Employer CAFERO LAW & STRATAGIES LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/07/2026	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name CAMPION	First BROOKS	MI	Contribution ID # 0053
Residential Street Address 42 Macintosh Ln	City Glastonbury	State CT	Zip Code 06033
Principal Occupation LOBBYIST	Name of Employer CT GOV'T RELATION GROUP OF ROBINSON & COLE		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/07/2026	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2026	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name SMITH	First CHRISTOPHER	MI	Contribution ID # 0054
Residential Street Address 606 Cortland Cir	City Cheshire	State CT	Zip Code 06410
Principal Occupation LOBBYIST	Name of Employer ROME SMITH & KOWALSKI		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/08/2026
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name FELTON-REID	First HILARY	MI	Contribution ID # 0055
Residential Street Address 24 Center St # 1/2	City Wethersfield	State CT	Zip Code 06109
Principal Occupation LOBBYIST	Name of Employer CT GOV'T RELATIONS GROUP OF ROBINSON & COLE		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/08/2026
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name GRIGGS	First KELLY	MI	Contribution ID # 0056
Residential Street Address 111 Riverview Pl	City Stratford	State CT	Zip Code 06615
Principal Occupation DIGITAL MARKETING MGR.	Name of Employer PRO		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/08/2026
		Aggregate Contributions \$5.00	Amount of Contribution \$5.00

Last Name GIBSON	First RENE	MI	Contribution ID # 0057
Residential Street Address 400 Burritt Ave	City Stratford	State CT	Zip Code 06615
Principal Occupation ENROLLMENT SPECIALIST	Name of Employer CONSTELLATION ENERGY		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/08/2026
		Aggregate Contributions \$5.00	Amount of Contribution \$5.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2026	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>PALERMO</b>	First <b>LINDA</b>	MI	Contribution ID # <b>0022</b>
Residential Street Address <b>46 Vought Pl</b>	City <b>Stratford</b>	State <b>CT</b>	Zip Code <b>06614</b>
Principal Occupation	Name of Employer <b>RETIRED</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/08/2026</b>	Aggregate Contributions <b>\$5.00</b>
			Amount of Contribution <b>\$5.00</b>

Last Name <b>RICE</b>	First <b>KIMBERLY</b>	MI	Contribution ID # <b>0023</b>
Residential Street Address <b>181 Boston Ave</b>	City <b>Stratford</b>	State <b>CT</b>	Zip Code <b>06614</b>
Principal Occupation	Name of Employer <b>RETIRED</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/08/2026</b>	Aggregate Contributions <b>\$5.00</b>
			Amount of Contribution <b>\$5.00</b>

Last Name <b>MANOS</b>	First <b>LINDA</b>	MI	Contribution ID # <b>0024</b>
Residential Street Address <b>4 Harbourview Pl</b>	City <b>Stratford</b>	State <b>CT</b>	Zip Code <b>06615</b>
Principal Occupation	Name of Employer <b>RETIRED</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/08/2026</b>	Aggregate Contributions <b>\$5.00</b>
			Amount of Contribution <b>\$5.00</b>

Last Name <b>CANN</b>	First <b>IMMACULA</b>	MI	Contribution ID # <b>0025</b>
Residential Street Address <b>234 Klondike St</b>	City <b>Stratford</b>	State <b>CT</b>	Zip Code <b>06614</b>
Principal Occupation <b>RN</b>	Name of Employer <b>SILVER HILL HOSPITAL</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/08/2026</b>	Aggregate Contributions <b>\$5.00</b>
			Amount of Contribution <b>\$5.00</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2026	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name CANN	First CATHRYN	MI	Contribution ID # 0026
Residential Street Address 194 Mary Ave	City Stratford	State CT	Zip Code 06614
Principal Occupation OWNER & CHEF	Name of Employer CAT'S KITCHEN		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 01/08/2026	Aggregate Contributions \$5.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name STREETS	First FREDERICK	MI	Contribution ID # 0027
Residential Street Address 602 Nichols Ave	City Stratford	State CT	Zip Code 06614
Principal Occupation PROFESSOR	Name of Employer YALE UNIVERSITY		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 01/08/2026	Aggregate Contributions \$5.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name COLLINS	First CATHLEEN	MI	Contribution ID # 0028
Residential Street Address 55 Eaton St	City Stratford	State CT	Zip Code 06614
Principal Occupation TEACHER	Name of Employer WESTON PUBLIC SCHOOLS		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 01/08/2026	Aggregate Contributions \$5.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name FISHER	First SANDRA	MI	Contribution ID # 0029
Residential Street Address 373 Henry Ave	City Stratford	State CT	Zip Code 06614
Principal Occupation	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 01/08/2026	Aggregate Contributions \$5.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2026	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name CANN	First GREGORY	MI R	Contribution ID # 0030
Residential Street Address 234 Klondike St	City Stratford	State CT	Zip Code 06614
Principal Occupation	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/08/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name CHESS	First DAVID	MI	Contribution ID # 0031
Residential Street Address 1990 Elm St	City Stratford	State CT	Zip Code 06615
Principal Occupation MAYOR	Name of Employer TOWN OF STRATFORD		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/08/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name COLLIGAN-LEVINE	First PATRICIA	MI	Contribution ID # 0032
Residential Street Address 60 Birch Pl	City Stratford	State CT	Zip Code 06614
Principal Occupation	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/08/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name LEVINE	First SETH	MI E	Contribution ID # 0033
Residential Street Address 60 Birch Pl	City Stratford	State CT	Zip Code 06614
Principal Occupation	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/08/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2026	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name WHITE	First JEROME	MI C	Contribution ID # 0034
Residential Street Address 112 High View Dr	City Stratford	State CT	Zip Code 06614
Principal Occupation ORGANIZER	Name of Employer IBEW LOCAL 488		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/08/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name VIGLIOTTI	First JAMES	MI	Contribution ID # 0035
Residential Street Address 11 Rosemay Dr	City Stratford	State CT	Zip Code 06615
Principal Occupation PRICING COORDINATOR	Name of Employer WEGMANS		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/08/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name TRACY	First KAREN	MI	Contribution ID # 0036
Residential Street Address 271 Castle Dr	City Stratford	State CT	Zip Code 06614
Principal Occupation DIRECTOR OF SOFTWARE ENGINEERING	Name of Employer TESITY		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/08/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name BUDAI	First JENNIFER	MI	Contribution ID # 0037
Residential Street Address 173 Woodcrest St	City Stratford	State CT	Zip Code 06614
Principal Occupation	Name of Employer UNEMPLOYED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/08/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2026	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name CAMPOS	First ANDRE	MI I	Contribution ID # 0038
Residential Street Address 117 Burritt Ave	City Stratford	State CT	Zip Code 06615
Principal Occupation SOCIAL WORKER	Name of Employer FAMILY CENTERS		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/08/2026	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name KENNEN	First KRISTEN	MI S	Contribution ID # 0042
Residential Street Address 11 Rosemary Dr	City Stratford	State CT	Zip Code 06615
Principal Occupation EDUCATION CONSULTANT	Name of Employer EDADVANCE		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/08/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name MUDRE	First RONALD	MI	Contribution ID # 0041
Residential Street Address 50 Brandon Ave	City Stratford	State CT	Zip Code 06614
Principal Occupation OWNER	Name of Employer HILLTOP FOOD MARKET		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/09/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name HERB	First CHRISTIAN	MI	Contribution ID # 0058
Residential Street Address 149 Evelyn Dr	City Naugatuck	State CT	Zip Code 06770
Principal Occupation PRESIDENT	Name of Employer CEMA		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/09/2026	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2026	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name ROSENBERG	First STUART	MI	Contribution ID # 0043
Residential Street Address 89 Shoreline Dr	City Stratford	State CT	Zip Code 06615
Principal Occupation	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/11/2026	Aggregate Contributions \$25.00
			\$25.00

Last Name LAPIA	First MICHAEL	MI J	Contribution ID # 0044
Residential Street Address 883 E Main St	City Stratford	State CT	Zip Code 06614
Principal Occupation PROJECT MANAGER	Name of Employer DINTO ELECTRIC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/13/2026	Aggregate Contributions \$5.00
			\$5.00

Last Name LAPIA	First LORI	MI E	Contribution ID # 0045
Residential Street Address 883 E Main St	City Stratford	State CT	Zip Code 06614
Principal Occupation PROFESSIONAL	Name of Employer M&T BANK		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/13/2026	Aggregate Contributions \$5.00
			\$5.00

Last Name NELSON	First RONALD	MI S	Contribution ID # 0046
Residential Street Address 4A Meeting House Rd	City Stratford	State CT	Zip Code 06614
Principal Occupation JUVENILE DETENTION OFFICER	Name of Employer STATE OF CONNECTICUT		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/13/2026	Aggregate Contributions \$5.00
			\$5.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2026	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name NELSON	First AMY	MI L	Contribution ID # 0047
Residential Street Address 4A Meeting House Rd	City Stratford	State CT	Zip Code 06614
Principal Occupation TEACHER	Name of Employer TOWN OF STRATFORD		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/13/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name KOLLIE	First NICKEY	MI	Contribution ID # 0059
Residential Street Address 223 Meadow St Apt 6	City Naugatuck	State CT	Zip Code 06770
Principal Occupation LOBBYIST	Name of Employer CEMA		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/14/2026	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name DAVID	First ROBERT	MI	Contribution ID # 0060
Residential Street Address 210 Pumpkin Ground Rd	City Stratford	State CT	Zip Code 06614
Principal Occupation SALES	Name of Employer CROWN CASTLE		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/15/2026	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name MALONE	First JUDE	MI	Contribution ID # 0061
Residential Street Address 200 River Rd	City Mystic	State CT	Zip Code 06355
Principal Occupation GOV'T RELATIONS	Name of Employer CT BEER WHOLESALERS ASSOC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/16/2026	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2026	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>FILARDI</b>	First <b>ERIC</b>	MI	Contribution ID # <b>0062</b>
Residential Street Address <b>12 Clubhouse Pt</b>	City <b>Groton</b>	State <b>CT</b>	Zip Code <b>06340</b>
Principal Occupation <b>BEER DISTRIBUTOR</b>	Name of Employer <b>F &amp; F DISTRIBUTORS</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>01/16/2026</b>	Aggregate Contributions <b>\$250.00</b>
		Amount of Contribution <b>\$250.00</b>	

Last Name <b>GARNETT</b>	First <b>JASON</b>	MI	Contribution ID # <b>0063</b>
Residential Street Address <b>191 First Ave</b>	City <b>Stratford</b>	State <b>CT</b>	Zip Code <b>06615</b>
Principal Occupation <b>ENVIRONMENTAL NON PROFIT DIRECTOR</b>	Name of Employer <b>EAST NORWALK BLUE</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>01/16/2026</b>	Aggregate Contributions <b>\$5.00</b>
		Amount of Contribution <b>\$5.00</b>	

Last Name <b>GARNETT</b>	First <b>NOORA</b>	MI	Contribution ID # <b>0064</b>
Residential Street Address <b>191 First Ave</b>	City <b>Stratford</b>	State <b>CT</b>	Zip Code <b>06615</b>
Principal Occupation <b>BENEFITS MGR.</b>	Name of Employer <b>HASBRO</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>01/16/2026</b>	Aggregate Contributions <b>\$5.00</b>
		Amount of Contribution <b>\$5.00</b>	

Last Name <b>GALLO</b>	First <b>PETER</b>	MI	Contribution ID # <b>0065</b>
Residential Street Address <b>PO Box 1200</b>	City <b>New Haven</b>	State <b>CT</b>	Zip Code <b>06505</b>
Principal Occupation <b>VICE PRESIDENT</b>	Name of Employer <b>STAR DISTRIBUTORS</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>01/16/2026</b>	Aggregate Contributions <b><del>\$500.00</del></b>
		Amount of Contribution <b><del>\$250.00</del></b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2026	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>AFRIYIE</b>	First <b>ANTHONY</b>	MI	Contribution ID # <b>0066</b>
Residential Street Address <b>181 Swanson Ave</b>	City <b>Stratford</b>	State <b>CT</b>	Zip Code <b>06614</b>
Principal Occupation <b>LIASON</b>	Name of Employer <b>CT PORT AUTHORITY</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>01/16/2026</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>GALLO</b>	First <b>PETER</b>	MI	Contribution ID # <b>0065</b>
Residential Street Address <b>438 Northwood Dr</b>	City <b>Orange</b>	State <b>CT</b>	Zip Code <b>06477</b>
Principal Occupation <b>VICE PRESIDENT</b>	Name of Employer <b>STAR DISTRIBUTORS</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>01/16/2026</b>	Aggregate Contributions <b>\$250.00</b>
		Amount of Contribution <b>\$250.00</b>	

Last Name <b>ARCHIBALD</b>	First <b>BART</b>	MI	Contribution ID # <b>0067</b>
Residential Street Address <b>284 Stonybrook Rd</b>	City <b>Stratford</b>	State <b>CT</b>	Zip Code <b>06614</b>
Principal Occupation	Name of Employer <b>RETIRED</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>01/17/2026</b>	Aggregate Contributions <b>\$5.00</b>
		Amount of Contribution <b>\$5.00</b>	

Last Name <b>EARLEY</b>	First <b>ROB</b>	MI	Contribution ID # <b>0092</b>
Residential Street Address <b>26 Manitook Mountain Rd</b>	City <b>Avon</b>	State <b>CT</b>	Zip Code <b>06001</b>
Principal Occupation <b>LOBBYIST</b>	Name of Employer <b>COMCAST</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>01/18/2026</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2026	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name WEEKS	First BRAD	MI	Contribution ID # 0093
Residential Street Address 5 Twin Pines Dr	City Wallingford	State CT	Zip Code 06492
Principal Occupation GOV'T RELATIONS	Name of Employer ROME SMITH & KOWALSKI		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/18/2026	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name WEEKS	First KAREN	MI K	Contribution ID # 0094
Residential Street Address 5 Twin Pines Dr	City Wallingford	State CT	Zip Code 06492
Principal Occupation GOV'T RELATIONS	Name of Employer ROME SMITH & KOWALSKI		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/18/2026	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name MANCINI	First KEN	MI	Contribution ID # 0095
Residential Street Address 104 Old Beach Rd	City Newport	State RI	Zip Code 02840
Principal Occupation CEO	Name of Employer MANCINI BEVERAGE		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/19/2026	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name AVINER	First RAF	MI	Contribution ID # 0096
Residential Street Address 65 Treadwell Ln	City Weston	State CT	Zip Code 06883
Principal Occupation PRESIDENT	Name of Employer KOLMAR AMERICAS		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/19/2026	Aggregate Contributions \$200.00
			Amount of Contribution \$200.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2026	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name NERI	First ROSANNE	MI	Contribution ID # 0068
Residential Street Address 125 Holmes St	City Stratford	State CT	Zip Code 06615
Principal Occupation	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/19/2026	Aggregate Contributions \$5.00
			\$5.00

Last Name MICHALOVIC	First STEVEN	MI	Contribution ID # 0069
Residential Street Address 114 Thomas St	City West Haven	State CT	Zip Code 06516
Principal Occupation FIREFIGHTER	Name of Employer STRATFORD FIRE DEPT.		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/20/2026	Aggregate Contributions \$100.00
			\$100.00

Last Name DOMINICK	First RICHARD	MI M	Contribution ID # 0070
Residential Street Address 266 Laurel St	City Stratford	State CT	Zip Code 06615
Principal Occupation	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/20/2026	Aggregate Contributions \$5.00
			\$5.00

Last Name MCMANUS	First RITA	MI	Contribution ID # 0071
Residential Street Address 92 Vanrensselaer Ave	City Stratford	State CT	Zip Code 06614
Principal Occupation	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/20/2026	Aggregate Contributions \$5.00
			\$5.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2026	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name DOMENICK	First LINDA	MI	Contribution ID # 0072
Residential Street Address 266 Laurel St	City Stratford	State CT	Zip Code 06615
Principal Occupation EXECUTIVE ASST.	Name of Employer TOWN OF STRATFORD		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01202026B</u>		Date Received 01/20/2026	Aggregate Contributions \$5.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name MACFARLANE	First RYAN	MI	Contribution ID # 0073
Residential Street Address 101 Newton St	City Stratford	State CT	Zip Code 06614
Principal Occupation MECHANIC	Name of Employer CURRAN VOLKSWAGEN		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01202026B</u>		Date Received 01/20/2026	Aggregate Contributions \$5.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name MCMANUS	First JILLIAN	MI	Contribution ID # 0074
Residential Street Address 101 Newton St	City Stratford	State CT	Zip Code 06614
Principal Occupation HOMEMAKER	Name of Employer SELF		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01202026B</u>		Date Received 01/20/2026	Aggregate Contributions \$5.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name SIMON	First KAREN	MI J	Contribution ID # 0075
Residential Street Address 82 Meadowmere Rd	City Stratford	State CT	Zip Code 06614
Principal Occupation EDUCATIONAL ADVOCATE	Name of Employer SELF		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01202026B</u>		Date Received 01/20/2026	Aggregate Contributions \$5.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2026	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name SIMON	First CHRISTOPHER	MI J	Contribution ID # 0076
Residential Street Address 82 Meadowmere Rd	City Stratford	State CT	Zip Code 06614
Principal Occupation	Name of Employer UNEMPLOYED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01202026B</u>		Date Received 01/20/2026	Aggregate Contributions \$5.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name SIMON	First JAMES	MI L	Contribution ID # 0077
Residential Street Address 82 Meadowmere Rd	City Stratford	State CT	Zip Code 06614
Principal Occupation REGISTRAR OF VOTERS	Name of Employer TOWN OF STRATFORD		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01202026B</u>		Date Received 01/20/2026	Aggregate Contributions \$5.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name SHAKE	First KAITLYN	MI	Contribution ID # 0078
Residential Street Address 44 Charlton St	City Stratford	State CT	Zip Code 06614
Principal Occupation NURSE	Name of Employer NORWALK HOSPITAL		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01202026B</u>		Date Received 01/20/2026	Aggregate Contributions \$20.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$20.00	

Last Name AQUILINO	First IVETTE	MI	Contribution ID # 0079
Residential Street Address 411 Mary Ave	City Stratford	State CT	Zip Code 06614
Principal Occupation ADMINISTRATION	Name of Employer YALE SCHOOL		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01202026B</u>		Date Received 01/20/2026	Aggregate Contributions \$5.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2026	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>AQUILINO</b>	First <b>MARY</b>	MI	Contribution ID # <b>0080</b>
Residential Street Address <b>413 Mary Ave</b>	City <b>Stratford</b>	State <b>CT</b>	Zip Code <b>06614</b>
Principal Occupation	Name of Employer <b>RETIRED</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>01202026B</b>		Date Received <b>01/20/2026</b>	Aggregate Contributions <b>\$5.00</b>
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$5.00</b>	

Last Name <b>AQUILINO</b>	First <b>DAVID</b>	MI	Contribution ID # <b>0081</b>
Residential Street Address <b>411 Mary Ave</b>	City <b>Stratford</b>	State <b>CT</b>	Zip Code <b>06614</b>
Principal Occupation	Name of Employer <b>UNEMPLOYED</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>01202026B</b>		Date Received <b>01/20/2026</b>	Aggregate Contributions <b>\$5.00</b>
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$5.00</b>	

Last Name <b>SLAYBAUGH</b>	First <b>DAN</b>	MI <b>J</b>	Contribution ID # <b>0082</b>
Residential Street Address <b>108 Ryegate Ter</b>	City <b>Stratford</b>	State <b>CT</b>	Zip Code <b>06615</b>
Principal Occupation <b>FIREFIGHTER</b>	Name of Employer <b>TOWN OF STRATFORD</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>01202026B</b>		Date Received <b>01/20/2026</b>	Aggregate Contributions <b>\$5.00</b>
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$5.00</b>	

Last Name <b>GALATIE</b>	First <b>TOM</b>	MI	Contribution ID # <b>0083</b>
Residential Street Address <b>492 King St</b>	City <b>Stratford</b>	State <b>CT</b>	Zip Code <b>06614</b>
Principal Occupation	Name of Employer <b>UNEMPLOYED</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>01202026B</b>		Date Received <b>01/20/2026</b>	Aggregate Contributions <b>\$10.00</b>
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$10.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2026	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name MACDOWALL	First BRAD	MI	Contribution ID # 0084
Residential Street Address 86 Towne House Rd	City Hamden	State CT	Zip Code 06514
Principal Occupation GOVERNMENT AFFAIRS MGR.	Name of Employer BUS PATROL AMERICA LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01202026B</u>		Date Received 01/20/2026	Aggregate Contributions \$100.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name PATRIA	First CHRISTOPHER	MI	Contribution ID # 0085
Residential Street Address 210 Emerald Pl	City Stratford	State CT	Zip Code 06614
Principal Occupation ENGINEER	Name of Employer STATE OF CONNECTICUT		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01202026B</u>		Date Received 01/20/2026	Aggregate Contributions \$5.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name PATRIA	First MARION	MI M	Contribution ID # 0086
Residential Street Address 1 Oak Bluff Ave	City Stratford	State CT	Zip Code 06615
Principal Occupation	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01202026B</u>		Date Received 01/20/2026	Aggregate Contributions \$5.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name PATRIA	First MICHAEL	MI J	Contribution ID # 0087
Residential Street Address 210 Emerald Pl	City Stratford	State CT	Zip Code 06614
Principal Occupation CHIROPRACTOR	Name of Employer PATRIA CHIROPRACTIC OFFICE		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01202026B</u>		Date Received 01/20/2026	Aggregate Contributions \$5.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2026	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name PATRIA	First TERESA	MI	Contribution ID # 0088
Residential Street Address 210 Emerald Pl	City Stratford	State CT	Zip Code 06614
Principal Occupation CCA	Name of Employer UHG		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01202026B</u>		Date Received 01/20/2026	Aggregate Contributions \$5.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name MARKIS-JOHNSON	First LAURA	MI R	Contribution ID # 0089
Residential Street Address 342 Riverdale Dr	City Stratford	State CT	Zip Code 06615
Principal Occupation SALES	Name of Employer NEW BELGIUM BREWING		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01202026B</u>		Date Received 01/20/2026	Aggregate Contributions \$10.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$10.00	

Last Name MARKIS-JOHNSON	First DIMITRIS	MI S	Contribution ID # 0090
Residential Street Address 342 Riverdale Dr	City Stratford	State CT	Zip Code 06615
Principal Occupation ENGINEER	Name of Employer RJ		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01202026B</u>		Date Received 01/20/2026	Aggregate Contributions \$10.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$10.00	

Last Name MORTON	First WALTER	MI L	Contribution ID # 0091
Residential Street Address 380 Mather St	City Hamden	State CT	Zip Code 06514
Principal Occupation LOBBYIST	Name of Employer CEMA		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01202026B</u>		Date Received 01/20/2026	Aggregate Contributions \$100.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2026	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>BRILL</b>	First <b>ADAM</b>	MI	Contribution ID # <b>0097</b>
Residential Street Address <b>145A Heritage Vlg</b>	City <b>Southbury</b>	State <b>CT</b>	Zip Code <b>06488</b>
Principal Occupation <b>EXECUTIVE</b>	Name of Employer <b>COMMUNITY PARTNERS IN ACTION</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>01/20/2026</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>HUGHES</b>	First <b>JOSH</b>	MI	Contribution ID # <b>0098</b>
Residential Street Address <b>34 Lexington Rd</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06119</b>
Principal Occupation <b>LOBBYIST</b>	Name of Employer <b>CAPITAL CONSULTING</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>01/20/2026</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>FINCH</b>	First <b>WILLIAM</b>	MI	Contribution ID # <b>0099</b>
Residential Street Address <b>70 Crown St</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06610</b>
Principal Occupation <b>DIRECTOR</b>	Name of Employer <b>CTLMCC</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>01202026B</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>01/20/2026</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>PAOLINO</b>	First <b>JAMES</b>	MI	Contribution ID # <b>0100</b>
Residential Street Address <b>29 S Colman Rd</b>	City <b>Wolcott</b>	State <b>CT</b>	Zip Code <b>06716</b>
Principal Occupation <b>LOBBYIST</b>	Name of Employer <b>FOCUS GA</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>01/20/2026</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2026	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name LEICHTMAN	First JEFF	MI	Contribution ID # 0101
Residential Street Address 57 Boston Post Rd	City Guilford	State CT	Zip Code 06437
Principal Occupation CONSULTANT	Name of Employer GLOBAL INFRASTRUCTURE STRATEGIES		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 01/20/2026	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name HUGHES	First SEAN	MI	Contribution ID # 0102
Residential Street Address 48 Daniels Ave	City Waterford	State CT	Zip Code 06385
Principal Occupation LOBBYIST	Name of Employer HUGHES & CRONIN		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01202026B</u>		Date Received 01/20/2026	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name HARKINS	First JOHN	MI L	Contribution ID # 0103
Residential Street Address 633B Old Knife Ln	City Stratford	State CT	Zip Code 06614
Principal Occupation LOBBYIST	Name of Employer ROME SMITH & KOWALSKI		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01202026B</u>		Date Received 01/20/2026	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name DUGAN	First MICHAEL	MI	Contribution ID # 0104
Residential Street Address 23 Viola Dr	City East Hampton	State CT	Zip Code 06424
Principal Occupation LOBBYIST	Name of Employer CAPITOL CONSULTING		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 01/20/2026	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2026	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name PAOLINO III	First ARMANDO	MI	Contribution ID # 0105
Residential Street Address 290 King St	City Middlebury	State CT	Zip Code 06762
Principal Occupation GOV'T RELATIONS	Name of Employer LEVIN PAOLINO & CHRIST		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/20/2026	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name DOYLE	First MICHAEL	MI	Contribution ID # 0106
Residential Street Address 92 Summit Rd	City Mansfield	State CT	Zip Code 06268
Principal Occupation LOBBYIST	Name of Employer GAFFNEY BENNETT & ASSOC.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/20/2026	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name RIEGLE	First CHARLES	MI	Contribution ID # 0107
Residential Street Address 3434 Fosters Branch Rd	City Charlottesville	State VA	Zip Code 22911
Principal Occupation SVP PUBLIC AFFAIRS	Name of Employer TOMRA		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/20/2026	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name LARKIN	First JOHN	MI	Contribution ID # 0108
Residential Street Address 18 Grist Mill Rd	City Glastonbury	State CT	Zip Code 06033
Principal Occupation LOBBYIST	Name of Employer JC LARKIN CO.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01202026B</u>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/20/2026	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2026	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name BZDYRA	First MICHAEL	MI	Contribution ID # 0109
Residential Street Address 11 Timberwood Rd	City West Hartford	State CT	Zip Code 06117
Principal Occupation LOBBYIST	Name of Employer FOCUS GOV'T AFFAIRS		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/20/2026	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name CRONIN HUGHES	First JEAN	MI	Contribution ID # 0110
Residential Street Address 88 Sheffield St	City Old Saybrook	State CT	Zip Code 06475
Principal Occupation LOBBYIST	Name of Employer HUGHES & CRONIN		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/20/2026	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name FIORELLO	First MICHAEL	MI	Contribution ID # 0111
Residential Street Address 20 Red Fox Rd	City Stratford	State CT	Zip Code 06614
Principal Occupation	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/20/2026	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name RODRIGUES	First STEPHEN	MI	Contribution ID # 0112
Residential Street Address 473 Laughlin Rd	City Stratford	State CT	Zip Code 06614
Principal Occupation CONSTRUCTION	Name of Employer DINTO ELECTRIC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/20/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2026	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>BROWN</b>	First <b>PETER</b>	MI	Contribution ID # <b>0113</b>
Residential Street Address <b>731 Newfield Ave</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06905</b>
Principal Occupation <b>FIREFIGHTER</b>	Name of Employer <b>CITY OF NORWALK</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>01202026B</b>		Date Received <b>01/20/2026</b>	Aggregate Contributions <b>\$25.00</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$25.00</b>	

Last Name <b>LOIZ</b>	First <b>MICHAEL</b>	MI	Contribution ID # <b>0114</b>
Residential Street Address <b>131 Morningside Ct</b>	City <b>Shelton</b>	State <b>CT</b>	Zip Code <b>06484</b>
Principal Occupation <b>EMS DIRECTOR</b>	Name of Employer <b>TOWN OF STRATFORD</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>01/20/2026</b>	Aggregate Contributions <b>\$50.00</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$50.00</b>	

Last Name <b>SMITH</b>	First <b>CIARA</b>	MI	Contribution ID # <b>0115</b>
Residential Street Address <b>174 California St</b>	City <b>Stratford</b>	State <b>CT</b>	Zip Code <b>06615</b>
Principal Occupation <b>TOWN COUNCIL CLERK</b>	Name of Employer <b>TOWN OF STRATFORD</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>01202026B</b>		Date Received <b>01/20/2026</b>	Aggregate Contributions <b>\$25.00</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$25.00</b>	

Last Name <b>BROOKS</b>	First <b>EMMA</b>	MI	Contribution ID # <b>0116</b>
Residential Street Address <b>233 Roosevelt Ave</b>	City <b>Stratford</b>	State <b>CT</b>	Zip Code <b>06615</b>
Principal Occupation <b>SOCIAL WORKER</b>	Name of Employer <b>STATE OF CONNECTICUT</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>01/20/2026</b>	Aggregate Contributions <b>\$5.00</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$5.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2026	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name BINGHAM	First RYAN	MI	Contribution ID # 0117
Residential Street Address 20 Spencer Brook Rd	City New Hartford	State CT	Zip Code 06057
Principal Occupation LOBBYIST	Name of Employer SULLIVAN & LESHANE		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>01202026B</u>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/20/2026	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name CIMINI	First PJ	MI	Contribution ID # 0118
Residential Street Address 71 Hunters Rdg	City Rocky Hill	State CT	Zip Code 06067
Principal Occupation LOBBYIST	Name of Employer CAPITOL STRATAGIES GROUP		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/20/2026	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name VANOER	First ROGER	MI	Contribution ID # 0119
Residential Street Address 98 Margherita Lawn	City Stratford	State CT	Zip Code 06615
Principal Occupation CIVIL ENGINEER	Name of Employer US ARMY CORP OF ENGINEERS		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/20/2026	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name NOEL	First MIKE	MI	Contribution ID # 0120
Residential Street Address 32 Evelyn St	City Trumbull	State CT	Zip Code 06612
Principal Occupation PUBLIC AFFAIRS DIRECTOR	Name of Employer TOMRA		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/20/2026	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2026	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>AQUILINO</b>	First <b>LEONARD</b>	MI	Contribution ID # <b>0126</b>
Residential Street Address <b>411 Mary Ave</b>	City <b>Stratford</b>	State <b>CT</b>	Zip Code <b>06614</b>
Principal Occupation	Name of Employer <b>UNEMPLOYED</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>01/20/2026</b>	Aggregate Contributions <b>\$5.00</b>
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$5.00</b>	

Last Name <b>SHULTZ</b>	First <b>ANNE</b>	MI	Contribution ID # <b>0138</b>
Residential Street Address <b>375 Spruce St</b>	City <b>Stratford</b>	State <b>CT</b>	Zip Code <b>06615</b>
Principal Occupation <b>NP</b>	Name of Employer <b>COLUMBIA UNIVERSITY</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>01/21/2026</b>	Aggregate Contributions <b>\$20.00</b>
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$20.00</b>	

Last Name <b>SHULTZ</b>	First <b>SCOTT</b>	MI	Contribution ID # <b>0139</b>
Residential Street Address <b>375 Spruce St</b>	City <b>Stratford</b>	State <b>CT</b>	Zip Code <b>06615</b>
Principal Occupation <b>SALES</b>	Name of Employer <b>JC MEDIA</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>01/21/2026</b>	Aggregate Contributions <b>\$25.00</b>
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$25.00</b>	

Last Name <b>SPINELLA</b>	First <b>KEVIN</b>	MI	Contribution ID # <b>0121</b>
Residential Street Address <b>70 Pioneer Dr</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06117</b>
Principal Occupation <b>LOBBYIST</b>	Name of Employer <b>GAFFNEY BENNETT &amp; ASSOC</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>01/21/2026</b>	Aggregate Contributions <b>\$50.00</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$50.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2026	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>MAGNAN</b>	First <b>MAUREEN</b>	MI	Contribution ID # <b>0122</b>
Residential Street Address <b>120 Elm Field St</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06110</b>
Principal Occupation <b>GOV'T RELATIONS</b>	Name of Employer <b>PRZYBYSZ AND ASSOCIATES</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>01/21/2026</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>DENDAS</b>	First <b>ZACHARY</b>	MI	Contribution ID # <b>0123</b>
Residential Street Address <b>2 Curiosity Ln</b>	City <b>Essex</b>	State <b>CT</b>	Zip Code <b>06426</b>
Principal Occupation <b>GOV'T AFFAIRS</b>	Name of Employer <b>SULLIVAN &amp; LESHANE</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>01/21/2026</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

Last Name <b>JEFFERSON</b>	First <b>SHANE</b>	MI	Contribution ID # <b>0124</b>
Residential Street Address <b>233 Roosevelt Ave</b>	City <b>Stratford</b>	State <b>CT</b>	Zip Code <b>06615</b>
Principal Occupation <b>TECH SUPPORT REP.</b>	Name of Employer <b>TURTLE BEACH</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>01/21/2026</b>	Aggregate Contributions <b>\$5.00</b>
		Amount of Contribution <b>\$5.00</b>	

Last Name <b>RODRIGUEZ</b>	First <b>CHRIS</b>	MI	Contribution ID # <b>0125</b>
Residential Street Address <b>109 Merryal Rd</b>	City <b>New Milford</b>	State <b>CT</b>	Zip Code <b>06776</b>
Principal Occupation <b>REGIONAL VP</b>	Name of Employer <b>LAKIN TIRE EAST</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>01/22/2026</b>	Aggregate Contributions <b>\$250.00</b>
		Amount of Contribution <b>\$250.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2026	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name PEKAR	First CAROL	MI A	Contribution ID # 0127
Residential Street Address 302 Curtis Ave	City Stratford	State CT	Zip Code 06615
Principal Occupation CREW	Name of Employer TRADER JOES		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/24/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name DADEN	First KAREN	MI	Contribution ID # 0128
Residential Street Address 302 Curtis Ave	City Stratford	State CT	Zip Code 06615
Principal Occupation	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/24/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name BAIRD	First MOIRA	MI A	Contribution ID # 0129
Residential Street Address 250 Victoria Lawn	City Stratford	State CT	Zip Code 06615
Principal Occupation OWNER	Name of Employer LORDSHIP CORNER MARKET		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/25/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name COLLIER	First JEAN	MI	Contribution ID # 0130
Residential Street Address 891 Prospect Dr	City Stratford	State CT	Zip Code 06615
Principal Occupation OWNER	Name of Employer LORDSHIP HANDYMAN LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/25/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2026	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name ROTHENBERGER	First CHARLES	MI	Contribution ID # 0131
Residential Street Address 2 Spicer Ave	City Groton	State CT	Zip Code 06340
Principal Occupation ATTORNEY	Name of Employer SAVE THE SOUND		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/26/2026	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name WOOD	First ADAM	MI	Contribution ID # 0132
Residential Street Address 260 France St	City Rocky Hill	State CT	Zip Code 06067
Principal Occupation PUBLIC AFFAIRS	Name of Employer CITY AND STATE LTD		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/26/2026	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name YOUNG	First JENNIFER	MI	Contribution ID # 0133
Residential Street Address 27 Easy Byway	City Greenwich	State CT	Zip Code 06831
Principal Occupation STATE DIRECTOR	Name of Employer CHARTER COMMUNICATIONS		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/26/2026	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name KINNEY	First STEPHEN	MI B	Contribution ID # 0134
Residential Street Address 20 Cromwell Pl	City Old Saybrook	State CT	Zip Code 06475
Principal Occupation LOBBYIST	Name of Employer GAFFNEY BENNETT & ASSOC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/26/2026	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2026	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name MALCYNISKY	First JAY	MI B	Contribution ID # 0135
Residential Street Address 25 Parkers Point Rd	City Chester	State CT	Zip Code 06412
Principal Occupation LOBBYIST	Name of Employer GAFFNEY BENNETT & ASSOC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/27/2026	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name RYWOLT	First SCOTT	MI	Contribution ID # 0137
Residential Street Address 438 Light St	City Stratford	State CT	Zip Code 06614
Principal Occupation FIREFIGHTER	Name of Employer CITY OF NORWALK		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/27/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name GALELO	First PATTI	MI	Contribution ID # 0136
Residential Street Address 2220 Main St	City Stratford	State CT	Zip Code 06615
Principal Occupation EARLY CHILDHOOD CONSULTANT	Name of Employer CITY OF BRIDGEPORT		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/28/2026	Aggregate Contributions \$75.00
			Amount of Contribution \$75.00

Last Name MALITSKY	First WILLIAM	MI	Contribution ID # 0149
Residential Street Address 98 Coleman Rd	City Glastonbury	State CT	Zip Code 06033
Principal Occupation LOBBYIST	Name of Employer FOCUS GOV'T AFFAIRS		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/29/2026	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2026	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name REILLY	First GREGORY	MI	Contribution ID # 0150
Residential Street Address 152 Oakland Pl	City Stratford	State CT	Zip Code 06615
Principal Occupation GRANT WRITER	Name of Employer TOWN OF NEW CANAAN		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/29/2026	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name GRIFFIN	First NICOLE	MI	Contribution ID # 0151
Residential Street Address 325 Tucker Hill Rd	City Middlebury	State CT	Zip Code 06762
Principal Occupation LOBBYIST	Name of Employer POWERS GRIFFIN & HILL		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/30/2026	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name CAPORASO	First DONNA	MI	Contribution ID # 0147
Residential Street Address 211 Second Ave	City Stratford	State CT	Zip Code 06615
Principal Occupation OFFICE MANAGEMENT SPECIALIST	Name of Employer APTAR		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/30/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name KUBIK	First JOSEPH	MI	Contribution ID # 0140
Residential Street Address 200 Walnut St	City Stratford	State CT	Zip Code 06615
Principal Occupation	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/30/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2026	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name KUBIK	First MAUREEN	MI	Contribution ID # 0141
Residential Street Address 200 Walnut St	City Stratford	State CT	Zip Code 06615
Principal Occupation	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/30/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name MAHMOOD	First ROBERT	MI	Contribution ID # 0142
Residential Street Address 353 Birdseye St	City Stratford	State CT	Zip Code 06615
Principal Occupation	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/01/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name MAHMOOD	First CELESTE	MI M	Contribution ID # 0143
Residential Street Address 353 Birdseye St	City Stratford	State CT	Zip Code 06615
Principal Occupation	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/01/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name CUMMINGS	First MARK	MI E	Contribution ID # 0144
Residential Street Address 70 Fifth Ave	City Stratford	State CT	Zip Code 06615
Principal Occupation	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/01/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2026	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>WILLIAMS</b>	First <b>LYNDA</b>	MI <b>G</b>	Contribution ID # <b>0145</b>
Residential Street Address <b>655 Short Beach Rd</b>	City <b>Stratford</b>	State <b>CT</b>	Zip Code <b>06615</b>
Principal Occupation	Name of Employer <b>RETIRED</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>02/01/2026</b>	Aggregate Contributions <b>\$5.00</b>
			<b>\$5.00</b>

Last Name <b>WILLIAMS</b>	First <b>RICHARD</b>	MI	Contribution ID # <b>0146</b>
Residential Street Address <b>655 Short Beach Rd</b>	City <b>Stratford</b>	State <b>CT</b>	Zip Code <b>06615</b>
Principal Occupation <b>COMPLIANCE</b>	Name of Employer <b>SIKORSKY AIRCRAFT</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>02/01/2026</b>	Aggregate Contributions <b>\$5.00</b>
			<b>\$5.00</b>

Last Name <b>GRIFFIN</b>	First <b>CHRISTINE</b>	MI	Contribution ID # <b>0148</b>
Residential Street Address <b>62 Laurel St</b>	City <b>Stratford</b>	State <b>CT</b>	Zip Code <b>06615</b>
Principal Occupation	Name of Employer <b>RETIRED</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>02/01/2026</b>	Aggregate Contributions <b>\$5.00</b>
			<b>\$5.00</b>

Last Name <b>RALABATE</b>	First <b>TERESA</b>	MI <b>M</b>	Contribution ID # <b>0152</b>
Residential Street Address <b>241 Second Ave</b>	City <b>Stratford</b>	State <b>CT</b>	Zip Code <b>06615</b>
Principal Occupation <b>HOMEMAKER</b>	Name of Employer <b>SELF EMPLOYED</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>02/02/2026</b>	Aggregate Contributions <b>\$5.00</b>
			<b>\$5.00</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2026	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name RALABATE	First JAMES	MI P	Contribution ID # 0153
Residential Street Address 241 Second Ave	City Stratford	State CT	Zip Code 06615
Principal Occupation PHYSICIAN	Name of Employer STATE OF CONNECTICUT DDS		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Amount of Contribution Date Received 02/02/2026 Aggregate Contributions \$5.00 \$5.00

Last Name PUTRIMAS	First DONALD	MI	Contribution ID # 0154
Residential Street Address 95 Torsey St	City Stratford	State CT	Zip Code 06614
Principal Occupation	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Amount of Contribution Date Received 02/08/2026 Aggregate Contributions \$25.00 \$25.00

Last Name ELIAS	First DIANE	MI	Contribution ID # 0155
Residential Street Address 95 Torsey St	City Stratford	State CT	Zip Code 06614
Principal Occupation	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Amount of Contribution Date Received 02/08/2026 Aggregate Contributions \$25.00 \$25.00

Last Name HADDAD	First LAWRENCE	MI	Contribution ID # 0156
Residential Street Address 631 Stratford Rd	City Stratford	State CT	Zip Code 06615
Principal Occupation LEAD CONSULTANT	Name of Employer NATIONAL GENERAL INS CO.		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Amount of Contribution Date Received 02/08/2026 Aggregate Contributions \$5.00 \$5.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2026	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name HADDAD	First JOANNA	MI	Contribution ID # 0157
Residential Street Address 631 Stratford Rd	City Stratford	State CT	Zip Code 06615
Principal Occupation ATTORNEY	Name of Employer VENTURA LAW		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/08/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name HADDAD	First ALIA	MI	Contribution ID # 0158
Residential Street Address 631 Stratford Rd	City Stratford	State CT	Zip Code 06615
Principal Occupation	Name of Employer STUDENT		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/08/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name HADDAD	First JACOB	MI	Contribution ID # 0159
Residential Street Address 631 Stratford Rd	City Stratford	State CT	Zip Code 06615
Principal Occupation	Name of Employer STUDENT		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/08/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name GREEN	First CHRISTOPHER	MI	Contribution ID # 0170
Residential Street Address 550 Housatonic Ave	City Stratford	State CT	Zip Code 06615
Principal Occupation FINANCIAL ADVISER	Name of Employer NORTHWESTERN MUTUAL		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/09/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2026	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name CALLAHAN	First KATHLEEN	MI	Contribution ID # 0160
Residential Street Address 271 Castle Dr	City Stratford	State CT	Zip Code 06614
Principal Occupation CONSULTANT	Name of Employer UNITED WAY		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 02/14/2026	Aggregate Contributions \$5.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name COLON	First JAVIER	MI	Contribution ID # 0161
Residential Street Address 35 St Andrew St	City Stratford	State CT	Zip Code 06614
Principal Occupation GENERAL MANAGER	Name of Employer WONDER		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 02/14/2026	Aggregate Contributions \$5.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name COLON	First MARIA	MI	Contribution ID # 0162
Residential Street Address 35 St Andrew St	City Stratford	State CT	Zip Code 06614
Principal Occupation GROCERY	Name of Employer WHOLE FOODS MARKET		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 02/15/2026	Aggregate Contributions \$5.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name COLON	First CHRISTOPHER	MI	Contribution ID # 0163
Residential Street Address 35 St Andrew St	City Stratford	State CT	Zip Code 06614
Principal Occupation TEAM MEMBER	Name of Employer WHOLE FOODS MARKET		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 02/15/2026	Aggregate Contributions \$5.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2026	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name CONSTANTINO	First LINDA	MI	Contribution ID # 0164
Residential Street Address 407 Light St	City Stratford	State CT	Zip Code 06614
Principal Occupation	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/15/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name LAMBERT	First ROBERT	MI	Contribution ID # 0165
Residential Street Address 121 Canaan Rd	City Stratford	State CT	Zip Code 06614
Principal Occupation	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/15/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name STEER	First JUDITH	MI	Contribution ID # 0166
Residential Street Address 900 Silver Ln	City Stratford	State CT	Zip Code 06614
Principal Occupation	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/15/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name MACAUDA	First DAVID	MI J	Contribution ID # 0167
Residential Street Address 338 Washington Pkwy	City Stratford	State CT	Zip Code 06615
Principal Occupation BARBER	Name of Employer SELF		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/15/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2026	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name ROONEY	First KERRY	MI	Contribution ID # 0168
Residential Street Address 1136 Broadbridge Ave	City Stratford	State CT	Zip Code 06615
Principal Occupation OWNER	Name of Employer LORDSHIP CORNER MARKET		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/15/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name MORTHANOS	First PAULA	MI	Contribution ID # 0169
Residential Street Address 4 Ocean Ave	City Stratford	State CT	Zip Code 06615-0661
Principal Occupation	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/17/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name SWEeley	First PAULA	MI B	Contribution ID # 0171
Residential Street Address 197 Short Beach Rd	City Stratford	State CT	Zip Code 06615
Principal Occupation	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/17/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name YOUNG	First PHILIP	MI	Contribution ID # 0172
Residential Street Address 88 Wood Ave	City Stratford	State CT	Zip Code 06614
Principal Occupation CHEF	Name of Employer ARAMARK		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/17/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2026	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>FABIAN</b>	First <b>LISA</b>	MI	Contribution ID # <b>0173</b>
Residential Street Address <b>144 Wainwright Pl</b>	City <b>Stratford</b>	State <b>CT</b>	Zip Code <b>06614</b>
Principal Occupation <b>EDUCATOR</b>	Name of Employer <b>FAIRFIELD PUBLIC SCHOOLS</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>02/18/2026</b>	Aggregate Contributions <b>\$5.00</b>
		Amount of Contribution <b>\$5.00</b>	

Last Name <b>RIVARD</b>	First <b>NICOLE</b>	MI	Contribution ID # <b>0174</b>
Residential Street Address <b>25 Hoyt St</b>	City <b>Darien</b>	State <b>CT</b>	Zip Code <b>06820</b>
Principal Occupation <b>EDITOR</b>	Name of Employer <b>FRIENDS OF ANIMALS</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>02/20/2026</b>	Aggregate Contributions <b>\$10.00</b>
		Amount of Contribution <b>\$10.00</b>	

Last Name <b>HEIMLICH</b>	First <b>BARBARA</b>	MI <b>A</b>	Contribution ID # <b>0177</b>
Residential Street Address <b>91 College St</b>	City <b>Stratford</b>	State <b>CT</b>	Zip Code <b>06615</b>
Principal Occupation <b>REPORTER</b>	Name of Employer <b>STRATFORD CRIER</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>02/23/2026</b>	Aggregate Contributions <b>\$5.00</b>
		Amount of Contribution <b>\$5.00</b>	

Last Name <b>BURZYNSKI</b>	First <b>HELEN</b>	MI	Contribution ID # <b>0175</b>
Residential Street Address <b>160 Victory St</b>	City <b>Stratford</b>	State <b>CT</b>	Zip Code <b>06615</b>
Principal Occupation	Name of Employer <b>RETIRED</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>02/28/2026</b>	Aggregate Contributions <b>\$5.00</b>
		Amount of Contribution <b>\$5.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2026	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name KMEC	First STELLA	MI	Contribution ID # 0176
Residential Street Address 160 Victory St	City Stratford	State CT	Zip Code 06615
Principal Occupation	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 02/28/2026	Aggregate Contributions \$5.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name GRIGGS	First KELLY	MI	Contribution ID # 0178
Residential Street Address 111 Riverview Pl	City Stratford	State CT	Zip Code 06615
Principal Occupation MARKETING MGR	Name of Employer PRO		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 03/05/2026	Aggregate Contributions \$5.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name MANUS	First THERESA	MI	Contribution ID # 0179
Residential Street Address 406 Wilcoxson Ave	City Stratford	State CT	Zip Code 06614
Principal Occupation TEACHER	Name of Employer BRIDGEPORT BOARD OF ED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 03/05/2026	Aggregate Contributions \$5.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name SUNTAG	First MICHAEL	MI	Contribution ID # 0180
Residential Street Address 11 Allyndale Dr	City Stratford	State CT	Zip Code 06614
Principal Occupation	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 03/05/2026	Aggregate Contributions \$5.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2026	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name PICCOLO	First AVA	MI	Contribution ID # 0181
Residential Street Address 406 Wilcoxson Ave	City Stratford	State CT	Zip Code 06614
Principal Occupation	Name of Employer STUDENT		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/05/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name SEAWRIGHT	First JACKIE	MI	Contribution ID # 0182
Residential Street Address 530 Tanager Pl	City Stratford	State CT	Zip Code 06614
Principal Occupation OPS MGR.	Name of Employer CONNECT		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/05/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name DUBOSE-PETTWAY	First MIA	MI	Contribution ID # 0183
Residential Street Address 151 McKinley Ave	City Stratford	State CT	Zip Code 06615
Principal Occupation CLINICAL TECHNOLOGIST	Name of Employer YALE UNIVERSITY		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/05/2026	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name JOSEPH	First J F	MI E	Contribution ID # 0184
Residential Street Address 9 Eleanor St	City Stratford	State CT	Zip Code 06615
Principal Occupation	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/05/2026	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2026	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name WATSON	First HAROLD	MI D	Contribution ID # 0185
Residential Street Address 343 Freeman Ave	City Stratford	State CT	Zip Code 06614
Principal Occupation	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 03/06/2026	Aggregate Contributions \$20.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$20.00	

Last Name SCHROEDER	First CHAD	MI E	Contribution ID # 0186
Residential Street Address 280 Huntington Rd	City Stratford	State CT	Zip Code 06614
Principal Occupation SUSTAINABILITY COORD.	Name of Employer CITY OF BRIDGEPORT		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 03/06/2026	Aggregate Contributions \$5.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name COLLINS	First CATHLEEN	MI	Contribution ID # 0187
Residential Street Address 55 Eaton St	City Stratford	State CT	Zip Code 06614
Principal Occupation TEACHER	Name of Employer WESTON PUBLIC SCHOOLS		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 03/06/2026	Aggregate Contributions \$5.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name PSALTIS	First EMMANUEL	MI	Contribution ID # 0188
Residential Street Address 336 Ocean Ave	City Stratford	State CT	Zip Code 06615
Principal Occupation	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 03/07/2026	Aggregate Contributions \$10.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$10.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2026	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name PSALTIS	First JUDY	MI	Contribution ID # 0189
Residential Street Address 336 Ocean Ave	City Stratford	State CT	Zip Code 06615
Principal Occupation	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/07/2026	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name FLOREK	First VICTORIA	MI	Contribution ID # 0190
Residential Street Address 264 Victoria Lawn	City Stratford	State CT	Zip Code 06615
Principal Occupation	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/07/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name CARROL	First JOAN	MI	Contribution ID # 0191
Residential Street Address 431 N Trail B	City Stratford	State CT	Zip Code 06614
Principal Occupation	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/08/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name FLOREK	First JOHN	MI	Contribution ID # 0192
Residential Street Address 264 Victoria Lawn	City Stratford	State CT	Zip Code 06615
Principal Occupation ATTORNEY	Name of Employer FLOREK AND ONEILL LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/08/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2026	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name CARROL	First PETER	MI	Contribution ID # 0193
Residential Street Address 431 N Trail B	City Stratford	State CT	Zip Code 06614
Principal Occupation	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 03/08/2026	Aggregate Contributions \$5.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name CORMIER	First CHRISTOPHER	MI	Contribution ID # 0194
Residential Street Address 127 Warwick Ave	City Stratford	State CT	Zip Code 06615
Principal Occupation TEACHER	Name of Employer CITY OF BRIDGEPORT		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 03/09/2026	Aggregate Contributions \$5.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name JAY	First JONATHAN	MI	Contribution ID # 0195
Residential Street Address 127 Warwick Ave	City Stratford	State CT	Zip Code 06615
Principal Occupation TEACHER	Name of Employer CITY OF STAMFORD		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 03/09/2026	Aggregate Contributions \$5.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name KAZANAS	First CHRISTINA	MI	Contribution ID # 0196
Residential Street Address 196 Holmes St	City Stratford	State CT	Zip Code 06615
Principal Occupation REGISTRAR OF VOTERS	Name of Employer TOWN OF STRATFORD		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 03/12/2026	Aggregate Contributions \$5.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2026	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>SPERLING</b>	First <b>PATRICIA</b>	MI	Contribution ID # <b>0197</b>
Residential Street Address <b>186 Holmes St</b>	City <b>Stratford</b>	State <b>CT</b>	Zip Code <b>06615</b>
Principal Occupation <b>LEGAL ADMIN ASSISTANT</b>	Name of Employer <b>BRENNER SALTZMAN AND WALLMAN</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received <b>03/12/2026</b>	Aggregate Contributions <b>\$10.00</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$10.00</b>	

Last Name <b>GERICS</b>	First <b>JOSEPH</b>	MI	Contribution ID # <b>0198</b>
Residential Street Address <b>466 Riverdale Dr</b>	City <b>Stratford</b>	State <b>CT</b>	Zip Code <b>06615</b>
Principal Occupation	Name of Employer <b>RETIRED</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received <b>03/12/2026</b>	Aggregate Contributions <b>\$5.00</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$5.00</b>	

Last Name <b>FRANCIS</b>	First <b>DION</b>	MI	Contribution ID # <b>0199</b>
Residential Street Address <b>216 Hamilton Ave</b>	City <b>Stratford</b>	State <b>CT</b>	Zip Code <b>06615</b>
Principal Occupation <b>HOUSING AUTHORITY</b>	Name of Employer <b>CITY OF BRIDGEPORT</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received <b>03/13/2026</b>	Aggregate Contributions <b>\$5.00</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$5.00</b>	

Last Name <b>YOUNG</b>	First <b>JENNIFER</b>	MI	Contribution ID # <b>0200</b>
Residential Street Address <b>88 Wood Ave</b>	City <b>Stratford</b>	State <b>CT</b>	Zip Code <b>06614</b>
Principal Occupation <b>SALES</b>	Name of Employer <b>WILSON DANIELS</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received <b>03/13/2026</b>	Aggregate Contributions <b>\$5.00</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$5.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2026	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name BUYNAK	First JEANNE	MI	Contribution ID # 0201
Residential Street Address 240 Andrew St	City Stratford	State CT	Zip Code 06614
Principal Occupation	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 03/15/2026	Aggregate Contributions \$5.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name KASCAK	First MATTHEW	MI	Contribution ID # 0202
Residential Street Address 73 Chanda Dr	City Stratford	State CT	Zip Code 06614
Principal Occupation PRINCIPAL	Name of Employer NEW CANAAN BOE		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 03/15/2026	Aggregate Contributions \$5.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name SEMPER	First HENRY	MI	Contribution ID # 0203
Residential Street Address 263 Barnum Ter	City Stratford	State CT	Zip Code 06614
Principal Occupation ACCOUNTANT	Name of Employer SELF		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 03/15/2026	Aggregate Contributions \$5.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name STRADFORD	First PATRICIA	MI	Contribution ID # 0204
Residential Street Address 175 Henry Ave	City Stratford	State CT	Zip Code 06614-0661
Principal Occupation	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 03/26/2026	Aggregate Contributions \$5.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2026	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name STODDARD	First PAUL	MI	Contribution ID # 0205
Residential Street Address 5079 Main St	City Stratford	State CT	Zip Code 06614
Principal Occupation	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/26/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name MINOR	First CRAIG	MI	Contribution ID # 0206
Residential Street Address 755A Quinnapiac Ln Unit A	City Stratford	State CT	Zip Code 06614
Principal Occupation	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/26/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name PIERCE	First CATHERINE	MI	Contribution ID # 0207
Residential Street Address 221 Jefferson St	City Stratford	State CT	Zip Code 06615
Principal Occupation SOCIAL WORKER	Name of Employer SELF		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/26/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name JULIANO	First MARK	MI A	Contribution ID # 0208
Residential Street Address 78 Kathleen Dr	City Stratford	State CT	Zip Code 06614
Principal Occupation	Name of Employer RETIRED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/26/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2026	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>TURMAN</b>	First <b>KARA</b>	MI	Contribution ID # <b>0209</b>
Residential Street Address <b>120 Lindsley Pl</b>	City <b>Stratford</b>	State <b>CT</b>	Zip Code <b>06615</b>
Principal Occupation <b>RECRUITMENT SPECIALIST</b>	Name of Employer <b>STRATFORD BOARD OF ED.</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received <b>03/26/2026</b>	Aggregate Contributions <b>\$5.00</b>
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$5.00</b>	

Last Name <b>TURMAN</b>	First <b>KAREN</b>	MI	Contribution ID # <b>0210</b>
Residential Street Address <b>120 Lindsley Pl</b>	City <b>Stratford</b>	State <b>CT</b>	Zip Code <b>06615</b>
Principal Occupation	Name of Employer <b>RETIRED</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received <b>03/26/2026</b>	Aggregate Contributions <b>\$5.00</b>
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$5.00</b>	

Last Name <b>MATTO</b>	First <b>PATRICK</b>	MI	Contribution ID # <b>0211</b>
Residential Street Address <b>160 Walnut St</b>	City <b>Stratford</b>	State <b>CT</b>	Zip Code <b>06615</b>
Principal Occupation <b>FOREMAN</b>	Name of Employer <b>UNITED ILLUMINATING</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received <b>03/27/2026</b>	Aggregate Contributions <b>\$5.00</b>
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$5.00</b>	

<b>Total of Section B</b>			<b>\$6,600.00</b>
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b>			<b>\$6,600.00</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
Gresko 2026	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?		Amount of Contribution	
		Yes No			
City		State	Zip Code	Date Received	Aggregate Contributions

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

NAME OF COMMITTEE	TYPE OF REPORT
Gresko 2026	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
Gresko 2026	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)				<b>Amount Received</b>	
Street Address	City	Stat	Zip Code		
<b>Total of Section D</b>					

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

NAME OF COMMITTEE	TYPE OF REPORT
Gresko 2026	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
Gresko 2026	April 10 Filing - Amendment

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

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

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

NAME OF COMMITTEE	TYPE OF REPORT
Gresko 2026	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
Gresko 2026	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	
Gresko 2026		April 10 Filing - Amendment	
<b>J1. Event Information</b>			
Event # Date of Event 01/20/2026	Letter B	Description Reception Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 1700 Stratford Ave		City Stratford	State CT      Zip Code 06615
Was this event hosted at a personal residence?		<input type="checkbox"/> 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.
		<input checked="" type="checkbox"/> 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?		<input type="checkbox"/> Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
		<input checked="" type="checkbox"/> No	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes (If yes, enter Total Receipts here.)	<input type="text" value="\$0.00"/>
		<input checked="" type="checkbox"/> No	
<b>Total of Section J1</b>			<b>\$0.00</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Gresko 2026		April 10 Filing - Amendment	
<b>J3. In-Kind Donations Not Considered Contributions</b>			
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			
<b>Total of Section J3</b>			

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2026	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
Gresko 2026	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	Description of In-Kind Contribution	
If yes, list Event#			
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? If yes, indicate which branch or branches of government the contract is with:	Fair Market Value of this Contribution
		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
Gresko 2026	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
Name of Telephone company			Amount of Deposit
Street Address	City	State	
<b>Total of Section L</b>			

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2026	April 10 Filing - Amendment

#### N. Expenses Paid By Committee

Name of Payee ANEDOT		Date of Payment 01/18/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Poydras St		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit WEB	Description ANEDOT FEES			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$84.80
Name of Payee TWO ROADS BREWING CO		Date of Payment 01/20/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1001</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1700 Stratford Ave		City Stratford	State CT	Zip Code 06615
Purpose of Expendit FNDR *	Description MEET AND GREET			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event # 01202026B	\$1,151.88
Name of Payee ANEDOT		Date of Payment 01/25/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Poydras St		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit WEB	Description ANEDOT FEES			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$123.80

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2026	April 10 Filing - Amendment

#### N. Expenses Paid By Committee

Name of Payee ANEDOT		Date of Payment 02/07/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Poydras St		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit WEB	Description ANEDOT FEES			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$35.20

Name of Payee ALLEN S MARTIN		Date of Payment 02/07/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1002</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 284 Mary Ave		City Stratford	State CT	Zip Code 06614
Purpose of Expendit WAGE	Description TREASURER CONTRACT			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1,000.00

Name of Payee ANEDOT		Date of Payment 02/15/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Poydras St		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit WEB	Description ANEDOT FEES			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$6.60

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gresko 2026	April 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee ANEDOT		Date of Payment 02/21/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Poydras St		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit WEB	Description ANEDOT FEES		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.70

Name of Payee ANEDOT		Date of Payment 03/06/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Poydras St		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit WEB	Description ANEDOT FEES		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$4.40

Name of Payee ANEDOT		Date of Payment 03/15/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Poydras St		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit WEB	Description ANEDOT FEES		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$5.70

**Total of Section N****\$2,414.08**

**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		
Gresko 2026						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
Gresko 2026	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	Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			

**Total of Section Q**

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

<b>NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)</b>	<b>TYPE OF REPORT</b>
Gresko 2026	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	Expenditure # (if applicable)	Event #	Amount
If yes, assign an Expenditure # and completes Itemization in Addendum R				

**Total of Section R**

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

<b>NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)</b>	<b>TYPE OF REPORT</b>
Gresko 2026	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**

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

<b>Section N. ADDENDUM</b>	
NAME OF COMMITTEE	TYPE OF REPORT
<b>N. Expenses Paid By Committee - Addendum</b>	
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 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 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 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