



COVER PAGE

| | | | | | |
|---|---|--|---|--|--|
| 1. NAME OF COMMITTEE | | | 2. TYPE OF COMMITTEE | | |
| Jennifer Leeper 2026 | | | <input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee | | |
| 3. TREASURER NAME | | | | | |
| First Eric | MI | Last Newman | | Suffix | |
| 4. TREASURER ADDRESS | | | | | |
| Street Address 85 Eastfield Dr | City Fairfield | State CT | Zip Code 06825 | | |
| 5. ELECTION DATE 11/03/2026 | 6. OFFICE SOUGHT (Complete only if Candidate Committee) State Representative | | | 7. DISTRICT NUMBER (if applicable) R132 | |
| 8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee) | | | | | |
| First Jennifer | MI | Last Leeper | | Suffix | |
| 9. TYPE OF REPORT | | | | | |
| April 10 Filing - Amendment | | | | | |
| 10. PERIOD COVERED | | | | | |
| Beginning Date | | Ending Date | | | |
| 01/18/2026 | | 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 Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete. | | | | | |
| Electronic Filing SIGNATURE | Eric Newman PRINT NAME OF THE SIGNER | 06/06/2026 1:19:47PM DATE CERTIFIED | | | |
| <p>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.</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 | |
|---|-----------------------------|-----------------------|
| Jennifer Leeper 2026 | April 10 Filing - Amendment | |
| | COLUMN A This Period | COLUMN B Aggregate |
| 12. Balance on hand from day Committee was formed | | \$0.00 |
| 13. Balance on hand at the beginning of Reporting Period | \$0.00 | |
| 14. Contributions received from Individuals (Section A and B) | \$4,005.00 | \$4,005.00 |
| 15. Receipts from Other Committees (Sections C1 and C2) | \$0.00 | \$0.00 |
| 16. Other Monetary Receipts (Section D through I) | \$0.00 | \$0.00 |
| 17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1) | \$0.00 | \$0.00 |
| 18. Total Monetary Receipts (add totals for lines 14 through 17) | \$4,005.00 | \$4,005.00 |
| 19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B) | \$4,005.00 | \$4,005.00 |
| 20. Expenses Paid by Committee (Section N) | \$135.90 | \$135.90 |
| 21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns) | \$3,869.10 | \$3,869.10 |
| 22. In-Kind Donations not Considered Contributions Received (Section J3) | \$0.00 | \$0.00 |
| 23. In-Kind Donations not Considered Contributions - House Party (Section J4) | \$0.00 | \$0.00 |
| 24. In-Kind Contributions Received (Section K) | \$0.00 | \$0.00 |
| 25. Refundable Deposit to Telephone Company (Section L) | \$0.00 | \$0.00 |
| 26. Beginning Loan Balance | \$0.00 | |
| 26a. + Loans Received (Section D) | \$0.00 | \$0.00 |
| 26b. + Interest and Penalties on Loan(s) | \$0.00 | \$0.00 |
| 26c. - Payments on Loan(s) | \$0.00 | \$0.00 |
| 26d. Total Outstanding Loan Amount | \$0.00 | |
| 27. Campaign Expenses Paid By Candidate (Section O) | \$0.00 | \$0.00 |
| 28. Expenses Incurred on Committee Credit Card (Section P) | \$0.00 | \$0.00 |
| 29. Expenses Incurred by Committee During this Period but Not Paid (Section Q) | \$0.00 | |
| 29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q) | \$0.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Jennifer Leeper 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 Newman | First Eric | MI | Contribution ID # 0001 |
| Residential Street Address 85 Eastfield Dr | City Fairfield | State CT | Zip Code 06825 |
| Principal Occupation CPA | 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 02/14/2026 | Aggregate Contributions \$25.00 |
| 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 \$25.00 | |

| | | | |
|---|-----------------------------|---|------------------------------------|
| Last Name Ewing | First Judith | MI | Contribution ID # 0002 |
| Residential Street Address 98 Sasco Hill Ter | City Fairfield | State CT | Zip Code 06824 |
| Principal Occupation Retired | 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 02/14/2026 | Aggregate Contributions \$25.00 |
| 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 \$25.00 | |

| | | | |
|---|-----------------------------|---|------------------------------------|
| Last Name Bezler | First Timothy | MI | Contribution ID # 0003 |
| Residential Street Address 178 Glengarry Rd | City Fairfield | State CT | Zip Code 06825 |
| Principal Occupation Retired | 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 02/21/2026 | Aggregate Contributions \$10.00 |
| 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 \$10.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|---|-----------------------------|---|------------------------------------|
| Last Name O'Brien | First Laura | MI | Contribution ID # 0004 |
| Residential Street Address 178 Glengarry Rd | City Fairfield | State CT | Zip Code 06825 |
| Principal Occupation Retired | 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 02/21/2026 | Aggregate Contributions \$10.00 |
| 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 \$10.00 | |

| | | | |
|---|---------------------------------|---|-------------------------------------|
| Last Name Caulfield | First Katherine | MI | Contribution ID # 0005 |
| Residential Street Address 275 Fairland Dr | City Fairfield | State CT | Zip Code 06825 |
| Principal Occupation Probate Judge | Name of Employer State of Ct | | |
| 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 02/21/2026 | Aggregate Contributions \$100.00 |
| 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 \$100.00 | |

| | | | |
|---|--|---|-------------------------------------|
| Last Name McKinnis | First David | MI | Contribution ID # 0006 |
| Residential Street Address 301 Sasco Hill Rd | City Fairfield | State CT | Zip Code 06824 |
| Principal Occupation Software Consultant | Name of Employer David McKinnis ConsultingLLC | | |
| 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 02/21/2026 | Aggregate Contributions \$340.00 |
| 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 \$340.00 | |

| | | | |
|---|---|---|-------------------------------------|
| Last Name McKinnis | First Elizabeth | MI | Contribution ID # 0007 |
| Residential Street Address 301 Sasco Hill Rd | City Fairfield | State CT | Zip Code 06824 |
| Principal Occupation Physician | Name of Employer Internal Medicine Assoc of Westport | | |
| 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 02/21/2026 | Aggregate Contributions \$340.00 |
| 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 \$340.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|---|---|---|------------------------------------|
| Last Name Lovich | First Ronnie | MI | Contribution ID # 0008 |
| Residential Street Address 299 Riverside Dr | City Fairfield | State CT | Zip Code 06824 |
| Principal Occupation Global Health | Name of Employer Lovich and Associates | | |
| 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 02/21/2026 | Aggregate Contributions \$10.00 |
| 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 \$10.00 | |

| | | | |
|---|---|---|------------------------------------|
| Last Name Bower | First Bill | MI | Contribution ID # 0009 |
| Residential Street Address 299 Riverside Dr | City Fairfield | State CT | Zip Code 06824 |
| Principal Occupation Lecturer | Name of Employer Columbia 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 02/21/2026 | Aggregate Contributions \$10.00 |
| 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 \$10.00 | |

| | | | |
|---|--------------------------------------|---|------------------------------------|
| Last Name Newman | First Eric | MI | Contribution ID # 0010 |
| Residential Street Address 85 Eastfield Dr | City Fairfield | State CT | Zip Code 06825 |
| Principal Occupation City of Stamford | 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 02/24/2026 | Aggregate Contributions \$35.00 |
| 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 \$10.00 | |

| | | | |
|---|--------------------------|---|---|
| Last Name Galdenzi | First Lori | MI | Contribution ID # 0011 |
| Residential Street Address 118 Green Knolls Ln | City Fairfield | State CT | Zip Code 06824 |
| Principal Occupation N/A | Name of Employer N/A | | |
| 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 03/23/2026 | Aggregate Contributions \$20.00 |
| 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 \$10.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|---|
| Last Name Galdenzi | First Lori | MI | Contribution ID # 0011 |
| Residential Street Address 118 Green Knolls Ln | City Fairfield | State CT | Zip Code 06824 |
| Principal Occupation Social Worker | Name of Employer YNHH | | |
| 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 03/23/2026 | Aggregate Contributions \$10.00 |
| | | Amount of Contribution \$10.00 | |

| | | | |
|--|--|---|--|
| Last Name Nickel | First Scott | MI | Contribution ID # 0019 |
| Residential Street Address 588 Katona Dr | City Fairfield | State CT | Zip Code 06824 |
| Principal Occupation Insurance Agent | Name of Employer Gallagher Insurance Group | | |
| 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 03/25/2026 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

| | | | |
|--|--|---|--|
| Last Name Galdenzi | First Ryan | MI | Contribution ID # 0012 |
| Residential Street Address 118 Green Knolls Ln | City Fairfield | State CT | Zip Code 06824 |
| Principal Occupation Student | Name of Employer Student | | |
| 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 03/25/2026 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|--|---|---|
| Last Name Krasnoff | First David | MI | Contribution ID # 0013 |
| Residential Street Address 155 Burr St | City Fairfield | State CT | Zip Code 06824 |
| Principal Occupation DK Homes at Compass | Name of Employer DK Homes at Compass | | |
| 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 03/25/2026 | 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 |
| Jennifer Leeper 2026 | April 10 Filing - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-------------------------------------|
| Last Name Flynn | First Kevin | MI | Contribution ID # 0014 |
| Residential Street Address 67 Sachem Rd | City Fairfield | State CT | Zip Code 06825 |
| Principal Occupation Ct Labor Department of Labor | Name of Employer Ct Labor Department of Labor | | |
| 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 03/25/2026 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|--|--|---|-------------------------------------|
| Last Name Pendley | First Shane | MI | Contribution ID # 0015 |
| Residential Street Address 343 Sturges Rd | City Fairfield | State CT | Zip Code 06824 |
| Principal Occupation 5th Street Advisors | Name of Employer 5th Street Advisors | | |
| 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 03/25/2026 | Aggregate Contributions \$340.00 |
| | | | Amount of Contribution \$340.00 |

| | | | |
|--|--|---|-------------------------------------|
| Last Name Georgiadis | First Dru | MI | Contribution ID # 0016 |
| Residential Street Address 321 Puritan Rd | City Fairfield | State CT | Zip Code 06824 |
| Principal Occupation Retired | Name of Employer Retired | | |
| 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 03/25/2026 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name McCarthy Vahey | First Cristin | MI | Contribution ID # 0017 |
| Residential Street Address 1625 Melville Ave | City Fairfield | State CT | Zip Code 06825 |
| Principal Occupation State of CT | Name of Employer State of CT | | |
| 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 03/25/2026 | 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 |
| Jennifer Leeper 2026 | April 10 Filing - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|--|
| Last Name Keitt | First Sarah | MI | Contribution ID # 0018 |
| Residential Street Address 538 Winnepogue Dr | City Fairfield | State CT | Zip Code 06825 |
| Principal Occupation State of Connecticut | Name of Employer State of Connecticut | | |
| 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 03/25/2026 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

| | | | |
|--|--|---|--|
| Last Name Nickel | First Scott | MI | Contribution ID # 0019 |
| Residential Street Address 588 Katona Dr | City Fairfield | State CT | Zip Code 06824 |
| Principal Occupation CT | Name of Employer CT | | |
| 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 03/25/2026 | Aggregate Contributions \$200.00 |
| | | Amount of Contribution \$100.00 | |

| | | | |
|--|--|---|--|
| Last Name Vitale | First Christine | MI | Contribution ID # 0020 |
| Residential Street Address 254 Verna Hill Rd | City Fairfield | State CT | Zip Code 06824 |
| Principal Occupation Town of Fairfield | Name of Employer Town of Fairfield | | |
| 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 03/26/2026 | Aggregate Contributions \$340.00 |
| | | Amount of Contribution \$340.00 | |

| | | | |
|--|--|---|--|
| Last Name Smith | First Tanya | MI | Contribution ID # 0021 |
| Residential Street Address 234 Stonybrook Rd | City Fairfield | State CT | Zip Code 06824-3962 |
| Principal Occupation CT | Name of Employer CT | | |
| 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 03/26/2026 | Aggregate Contributions \$200.00 |
| | | Amount of Contribution \$100.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|---|
| Last Name Smith | First Amelia | MI | Contribution ID # 0022 |
| Residential Street Address 18 6th Ave Apt | City Brooklyn | State NY | Zip Code 11217 |
| Principal Occupation Data privacy manager | Name of Employer Data privacy manager | | |
| 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 03/26/2026 | Aggregate Contributions \$50.00 |
| | | Amount of Contribution \$50.00 | |

| | | | |
|--|--|---|--|
| Last Name Smith | First Tanya | MI | Contribution ID # 0021 |
| Residential Street Address 234 Stonybrook Rd | City Fairfield | State CT | Zip Code 06824-3962 |
| Principal Occupation retired | Name of Employer retired | | |
| 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 03/26/2026 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

| | | | |
|--|--|---|--|
| Last Name Dortenzio | First Mary | MI | Contribution ID # 0023 |
| Residential Street Address 262 Wakeman Rd | City Fairfield | State CT | Zip Code 06824 |
| Principal Occupation Businesses Change Manager | Name of Employer Glencore Ltd | | |
| 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 03/27/2026 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

| | | | |
|--|--|---|---|
| Last Name Tommins | First Paula | MI | Contribution ID # 0024 |
| Residential Street Address 257 Wakeman Rd | City Fairfield | State CT | Zip Code 06824 |
| Principal Occupation Retired | Name of Employer Retired | | |
| 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 03/27/2026 | 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 |
| Jennifer Leeper 2026 | April 10 Filing - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|---|--|---|-----------------------------------|
| Last Name Galdenzi | First Jeff | MI | Contribution ID # 0025 |
| Residential Street Address 118 Green Knolls Ln | City Fairfield | State CT | Zip Code 06824 |
| Principal Occupation IT manager | Name of Employer CooperSurgical | | |
| 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 03/29/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|---|--|---|-------------------------------------|
| Last Name Erick | First Elizabeth | MI | Contribution ID # 0026 |
| Residential Street Address 11 Littlebrook Rd | City Fairfield | State CT | Zip Code 06825 |
| Principal Occupation Retired | 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 03/29/2026 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|---|--|---|------------------------------------|
| Last Name Kimberly | First Marlene | MI | Contribution ID # 0027 |
| Residential Street Address 406 Meadowbrook Rd | City Fairfield | State CT | Zip Code 06824 |
| Principal Occupation Retired | 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 03/29/2026 | Aggregate Contributions \$50.00 |
| | | | Amount of Contribution \$50.00 |

| | | | |
|---|--|---|--|
| Last Name Vaughan | First Matthew | MI | Contribution ID # 0028 |
| Residential Street Address 265 Fern St | City Fairfield | State CT | Zip Code 06824 |
| Principal Occupation Finance | Name of Employer N/A | | |
| 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 03/29/2026 | Aggregate Contributions \$680.00 |
| | | | Amount of Contribution \$340.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|---|------------------------------------|---|------------------------------------|
| Last Name Georgiadis | First Martin | MI | Contribution ID # 0029 |
| Residential Street Address 321 Puritan Rd | City Fairfield | State CT | Zip Code 06824 |
| Principal Occupation Diamknd wholesaler | Name of Employer Dorsetdiamonds | | |
| 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 03/29/2026 | Aggregate Contributions \$10.00 |
| 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 \$10.00 | |

| | | | |
|---|------------------------|---|--------------------------------------|
| Last Name Randolph | First Jeff | MI | Contribution ID # 0030 |
| Residential Street Address 20 Cedar Woods Ln | City Fairfield | State CT | Zip Code 06825 |
| Principal Occupation Real Estate Development | Name of Employer CT | | |
| 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 03/29/2026 | 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 \$50.00- | |

| | | | |
|---|--|---|-------------------------------------|
| Last Name Clark | First Robert | MI | Contribution ID # 0031 |
| Residential Street Address 231 Jeniford Rd | City Fairfield | State CT | Zip Code 06824 |
| Principal Occupation Marketing | Name of Employer Clark Chandler Mills | | |
| 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 03/29/2026 | 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 Pistilli | First Sharon | MI | Contribution ID # 0032 |
| Residential Street Address 107 Lota Dr | City Fairfield | State CT | Zip Code 06825 |
| Principal Occupation Director | Name of Employer AON | | |
| 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 03/29/2026 | 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 |
| Jennifer Leeper 2026 | April 10 Filing - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|---|--|---|--|
| Last Name Pendley | First Sofia | MI | Contribution ID # 0033 |
| Residential Street Address 343 Sturges Rd | City Fairfield | State CT | Zip Code 06824 |
| Principal Occupation Professor | Name of Employer Icahn School of Medicine at Mount Sinai | | |
| 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 03/29/2026 | Aggregate Contributions \$340.00 |
| 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 \$340.00 | |

| | | | |
|---|--|---|--|
| Last Name Lorch | First Sarah | MI | Contribution ID # 0034 |
| Residential Street Address 2011 Mill Plain Rd | City Fairfield | State CT | Zip Code 06824 |
| Principal Occupation Psychotherapist | Name of Employer Sarah Lorch Psychotherapy 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 03/29/2026 | 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 Vaughan | First Matthew | MI | Contribution ID # 0028 |
| Residential Street Address 265 Fern St | City Fairfield | State CT | Zip Code 06824 |
| Principal Occupation Finance | Name of Employer One Main Financial | | |
| 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 03/29/2026 | Aggregate Contributions \$340.00 |
| 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 \$340.00 | |

| | | | |
|---|---|---|---|
| Last Name Randolph | First Jeff | MI | Contribution ID # 0030 |
| Residential Street Address 20 Cedar Woods Ln | City Fairfield | State CT | Zip Code 06825 |
| Principal Occupation Real Estate Development | Name of Employer Bluecup Ventures 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 03/29/2026 | Aggregate Contributions \$50.00 |
| 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 \$50.00 | |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|---|--|---|------------------------------------|
| Last Name Jacobs | First Richard | MI | Contribution ID # 0035 |
| Residential Street Address 119 Limerick Rd | City Fairfield | State CT | Zip Code 06824 |
| Principal Occupation Photo Graphic design | Name of Employer Delara Comm | | |
| 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 03/30/2026 | Aggregate Contributions \$10.00 |
| | | | Amount of Contribution \$10.00 |

| | | | |
|---|--|---|-------------------------------------|
| Last Name Vaughan | First Lindsay | MI | Contribution ID # 0036 |
| Residential Street Address 265 Fern St | City Fairfield | State CT | Zip Code 06824 |
| Principal Occupation Teacher | Name of Employer St Paul's Nursery 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? 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 03/31/2026 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|---|--|---|------------------------------------|
| Last Name Hogue | First Mary | MI | Contribution ID # 0037 |
| Residential Street Address 165 Stonewall Ln | City Fairfield | State CT | Zip Code 06824 |
| Principal Occupation Retired | 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 03/31/2026 | Aggregate Contributions \$25.00 |
| | | | Amount of Contribution \$25.00 |

| | | | |
|---|--|---|------------------------------------|
| Last Name Gleysteen | First Emmaa | MI | Contribution ID # 0038 |
| Residential Street Address 165 Stonewall Ln | City Fairfield | State CT | Zip Code 06824 |
| Principal Occupation Consultant | Name of Employer McKinsey & Company | | |
| 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 03/31/2026 | Aggregate Contributions \$25.00 |
| | | | Amount of Contribution \$25.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|---|--|---|------------------------------------|
| Last Name Gleysteen | First Guy | MI | Contribution ID # 0039 |
| Residential Street Address 165 Stonewall Ln | City Fairfield | State CT | Zip Code 06824 |
| Principal Occupation Retired | 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 03/31/2026 | Aggregate Contributions \$25.00 |
| | | | Amount of Contribution \$25.00 |

| | | | |
|---|--|---|-------------------------------------|
| Last Name Sisler | First Diana | MI | Contribution ID # 0040 |
| Residential Street Address 338 Bennett St | City Fairfield | State CT | Zip Code 06825 |
| Principal Occupation Consultant | Name of Employer IFS LLC (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 type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/31/2026 | Aggregate Contributions \$200.00 |
| | | | Amount of Contribution \$200.00 |

| | | | |
|---|--|---|------------------------------------|
| Last Name Gleysteen | First Sara | MI | Contribution ID # 0041 |
| Residential Street Address 165 Stonewall Ln | City Fairfield | State CT | Zip Code 06824 |
| Principal Occupation Consultant | Name of Employer KPMG | | |
| 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 03/31/2026 | Aggregate Contributions \$25.00 |
| | | | Amount of Contribution \$25.00 |

| | | | |
|---|--|---|--|
| Last Name Last1c615f53 | First First261e183a | MI | Contribution ID # 0042 |
| Residential Street Address 306 Quincy St | City Fairfield | State CT | Zip Code 06824 |
| Principal Occupation Internal change and transformation | Name of Employer Edgewell Personal Care | | |
| 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 03/31/2026 | Aggregate Contributions \$200.00 |
| | | | Amount of Contribution \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

| | | | |
|---|--|---|---|
| Last Name Havey | First Lisa | MI | Contribution ID # 0043 |
| Residential Street Address 216 Longview Ave | City Fairfield | State CT | Zip Code 06824 |
| Principal Occupation Retired | Name of Employer Caregiver | | |
| 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 03/31/2026 | Aggregate Contributions \$50.00 |
| | | Amount of Contribution \$50.00 | |

| | | | |
|---|--|---|---|
| Last Name Blanchard | First Robert | MI | Contribution ID # 0044 |
| Residential Street Address 1401 Kings Hwy | City Fairfield | State CT | Zip Code 06824 |
| Principal Occupation Director of Communications | Name of Employer State of the Connecticut - Office of the Governor | | |
| 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 03/31/2026 | Aggregate Contributions \$50.00 |
| | | Amount of Contribution \$50.00 | |

| | | | |
|---|--|---|--|
| Last Name Treschuk | First Eric | MI | Contribution ID # 0042 |
| Residential Street Address 306 Quincy St | City Fairfield | State CT | Zip Code 06824 |
| Principal Occupation Internal change and transformation | Name of Employer Edgewell Personal Care | | |
| 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 03/31/2026 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

| | | | |
|--|--|--|-------------------|
| Total of Section B | | | \$4,005.00 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS | | | \$4,005.00 |

(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 |
|---|-----------------------------|
| Jennifer Leeper 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 If yes, list Event # | | |
| City | State | Zip Code | Date Received | Aggregate Contributions |

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

| NAME OF COMMITTEE | TYPE OF REPORT |
|----------------------|-----------------------------|
| Jennifer Leeper 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 |
|----------------------|-----------------------------|
| Jennifer Leeper 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) | | | | Amount Received | |
| Street Address | City | Stat | Zip Code | | |
| Total of Section D | | | | | |

I. MONETARY RECEIPTS (Section A-I)

| NAME OF COMMITTEE | TYPE OF REPORT |
|----------------------|-----------------------------|
| Jennifer Leeper 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 | |
| Total of Section E | | | | |

I. Monetary Receipts (Section A-I)

| NAME OF COMMITTEE | TYPE OF REPORT |
|----------------------|-----------------------------|
| Jennifer Leeper 2026 | April 10 Filing - Amendment |

G. Interest from Deposits in Authorized Accounts

| | | | |
|---------------------------|---------------|-------|--------|
| Name of Institution | Date Received | | Amount |
| Street Address | City | State | |
| Total of Section G | | | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|----------------------|-----------------------------|
| NAME OF COMMITTEE | TYPE OF REPORT |
| Jennifer Leeper 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 | | | | | |

Total of Section H

I. MONETARY RECEIPTS (Section A-I)

| | |
|----------------------|-----------------------------|
| NAME OF COMMITTEE | TYPE OF REPORT |
| Jennifer Leeper 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 |
| Jennifer Leeper 2026 | April 10 Filing - Amendment |

J1. Event Information

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

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

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

J3. In-Kind Donations Not Considered Contributions

| | | | | |
|---------------------|-------------------------|---------|--------------------------------|-------------------------------|
| Name of the Donor | | | | |
| Street Address | | City | State | Zip Code |
| Donation Given by: | Description of Donation | | | Fair Market Value of Donation |
| Individual | | | | |
| Business Entity | Date Received | Event # | Aggregate value for this event | |
| Sole Proprietorship | | | | |

Total of Section J3

II. EVENT ACTIVITY (Sections J1 - J4)

| | |
|--|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Jennifer Leeper 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 |
| Jennifer Leeper 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 |
|---|-----------------------------|
| Jennifer Leeper 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 | | | |
| Street Address | City | State | Zip Code |

Total of Section L

IV. EXPENDITURES (Sections N - S)

| | |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Jennifer Leeper 2026 | April 10 Filing - Amendment |
| N. Expenses Paid By Committee | |

| | | | | |
|---|---|----------------------------------|---|-------------------|
| Name of Payee Anedot | | Date of Payment 02/24/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address PO Box 84314 | | City Baton Rouge | State LA | Zip Code 70884 |
| Purpose of Expendit BNK | Description Transaction fee: Eric Newman | | | 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 # | \$0.70 |

| | | | | |
|---|---|----------------------------------|---|-------------------|
| Name of Payee Anedot | | Date of Payment 03/23/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address PO Box 84314 | | City Baton Rouge | State LA | Zip Code 70884 |
| Purpose of Expendit BNK | Description Transaction fee: Lori Galdenzi | | | 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 # | \$0.70 |

| | | | | |
|---|---|----------------------------------|---|-------------------|
| Name of Payee Anedot | | Date of Payment 03/25/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address PO Box 84314 | | City Baton Rouge | State LA | Zip Code 70884 |
| Purpose of Expendit BNK | Description Transaction fee: Ryan Galdenzi | | | 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 # | \$0.50 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Jennifer Leeper 2026 | April 10 Filing - Amendment |
| N. Expenses Paid By Committee | |

| | | | | |
|---|--|----------------------------------|---|-------------------|
| Name of Payee Anedot | | Date of Payment 03/25/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address PO Box 84314 | | City Baton Rouge | State LA | Zip Code 70884 |
| Purpose of Expendit BNK | Description Transaction fee: David Krasnoff | | | 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 # | \$0.70 |

| | | | | |
|---|---|----------------------------------|---|-------------------|
| Name of Payee Anedot | | Date of Payment 03/25/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address PO Box 84314 | | City Baton Rouge | State LA | Zip Code 70884 |
| Purpose of Expendit BNK | Description Transaction fee: Kevin Flynn | | | 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 # | \$4.30 |

| | | | | |
|---|---|----------------------------------|---|-------------------|
| Name of Payee Anedot | | Date of Payment 03/25/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address PO Box 84314 | | City Baton Rouge | State LA | Zip Code 70884 |
| Purpose of Expendit BNK | Description Transaction fee: Shane Pendley | | | 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 # | \$13.90 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Jennifer Leeper 2026 | April 10 Filing - Amendment |
| N. Expenses Paid By Committee | |

| | | | | |
|---|--|----------------------------------|---|-------------------|
| Name of Payee Anedot | | Date of Payment 03/25/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address PO Box 84314 | | City Baton Rouge | State LA | Zip Code 70884 |
| Purpose of Expendit BNK | Description Transaction fee: Dru Georgiadis | | | 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 # | \$4.30 |

| | | | | |
|---|--|----------------------------------|---|-------------------|
| Name of Payee Anedot | | Date of Payment 03/25/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address PO Box 84314 | | City Baton Rouge | State LA | Zip Code 70884 |
| Purpose of Expendit BNK | Description Transaction fee: Cristin McCarthy Vahey | | | 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 # | \$2.30 |

| | | | | |
|---|---|----------------------------------|---|-------------------|
| Name of Payee Anedot | | Date of Payment 03/25/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address PO Box 84314 | | City Baton Rouge | State LA | Zip Code 70884 |
| Purpose of Expendit BNK | Description Transaction fee: Sarah Keitt | | | 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 # | \$4.30 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Jennifer Leeper 2026 | April 10 Filing - Amendment |
| N. Expenses Paid By Committee | |

| | | | | |
|---|--|----------------------------------|---|-------------------|
| Name of Payee Anedot | | Date of Payment 03/25/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address PO Box 84314 | | City Baton Rouge | State LA | Zip Code 70884 |
| Purpose of Expendit BNK | Description Transaction fee: Scott Nickel | | | 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 # | \$4.30 |

| | | | | |
|---|--|----------------------------------|---|-------------------|
| Name of Payee Anedot | | Date of Payment 03/26/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address PO Box 84314 | | City Baton Rouge | State LA | Zip Code 70884 |
| Purpose of Expendit BNK | Description Transaction fee: Christine Vitale | | | 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 # | \$13.90 |

| | | | | |
|---|---|----------------------------------|---|-------------------|
| Name of Payee Anedot | | Date of Payment 03/26/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address PO Box 84314 | | City Baton Rouge | State LA | Zip Code 70884 |
| Purpose of Expendit BNK | Description Transaction fee: Tanya Smith | | | 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 # | \$4.30 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Jennifer Leeper 2026 | April 10 Filing - Amendment |
| N. Expenses Paid By Committee | |

| | | | | |
|---|--|----------------------------------|---|-------------------|
| Name of Payee Anedot | | Date of Payment 03/26/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address PO Box 84314 | | City Baton Rouge | State LA | Zip Code 70884 |
| Purpose of Expendit BNK | Description Transaction fee: Amelia Smith | | | 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 # | \$2.30 |

| | | | | |
|---|--|----------------------------------|---|-------------------|
| Name of Payee Anedot | | Date of Payment 03/27/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address PO Box 84314 | | City Baton Rouge | State LA | Zip Code 70884 |
| Purpose of Expendit BNK | Description Transaction fee: Mary Dortenzio | | | 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 # | \$4.30 |

| | | | | |
|---|---|----------------------------------|---|-------------------|
| Name of Payee Anedot | | Date of Payment 03/27/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address PO Box 84314 | | City Baton Rouge | State LA | Zip Code 70884 |
| Purpose of Expendit BNK | Description Transaction fee: Paula Tommins | | | 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 # | \$0.70 |

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

| | | | | |
|---|---|----------------------------------|---|-------------------|
| Name of Payee Anedot | | Date of Payment 03/29/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address PO Box 84314 | | City Baton Rouge | State LA | Zip Code 70884 |
| Purpose of Expendit BNK | Description Transaction fee: Jeff Galdenzi | | | 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 # | \$0.50 |

| | | | | |
|---|--|----------------------------------|---|-------------------|
| Name of Payee Anedot | | Date of Payment 03/29/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address PO Box 84314 | | City Baton Rouge | State LA | Zip Code 70884 |
| Purpose of Expendit BNK | Description Transaction fee: Elizabeth Elrick | | | 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 # | \$4.30 |

| | | | | |
|---|--|----------------------------------|---|-------------------|
| Name of Payee Anedot | | Date of Payment 03/29/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address PO Box 84314 | | City Baton Rouge | State LA | Zip Code 70884 |
| Purpose of Expendit BNK | Description Transaction fee: Marlene Kimberly | | | 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 # | \$2.30 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Jennifer Leeper 2026 | April 10 Filing - Amendment |
| N. Expenses Paid By Committee | |

| | | | | |
|---|---|----------------------------------|---|-------------------|
| Name of Payee Anedot | | Date of Payment 03/29/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address PO Box 84314 | | City Baton Rouge | State LA | Zip Code 70884 |
| Purpose of Expendit BNK | Description Transaction fee: Matthew Vaughan | | | 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 # | \$13.90 |

| | | | | |
|---|---|----------------------------------|---|-------------------|
| Name of Payee Anedot | | Date of Payment 03/29/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address PO Box 84314 | | City Baton Rouge | State LA | Zip Code 70884 |
| Purpose of Expendit BNK | Description Transaction fee: Martin Georgiadis | | | 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 # | \$0.70 |

| | | | | |
|---|---|----------------------------------|---|-------------------|
| Name of Payee Anedot | | Date of Payment 03/29/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address PO Box 84314 | | City Baton Rouge | State LA | Zip Code 70884 |
| Purpose of Expendit BNK | Description Transaction fee: Jeff Randolph | | | 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 # | \$2.30 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Jennifer Leeper 2026 | April 10 Filing - Amendment |
| N. Expenses Paid By Committee | |

| | | | | |
|---|--|----------------------------------|---|-------------------|
| Name of Payee Anedot | | Date of Payment 03/29/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address PO Box 84314 | | City Baton Rouge | State LA | Zip Code 70884 |
| Purpose of Expendit BNK | Description Transaction fee: Robert Clark | | | 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 # | \$4.30 |

| | | | | |
|---|---|----------------------------------|---|-------------------|
| Name of Payee Anedot | | Date of Payment 03/29/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address PO Box 84314 | | City Baton Rouge | State LA | Zip Code 70884 |
| Purpose of Expendit BNK | Description Transaction fee: Sharon Pistilli | | | 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 # | \$0.50 |

| | | | | |
|---|---|----------------------------------|---|-------------------|
| Name of Payee Anedot | | Date of Payment 03/29/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address PO Box 84314 | | City Baton Rouge | State LA | Zip Code 70884 |
| Purpose of Expendit BNK | Description Transaction fee: Sofia Pendley | | | 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 # | \$13.90 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Jennifer Leeper 2026 | April 10 Filing - Amendment |
| N. Expenses Paid By Committee | |

| | | | | |
|---|---|----------------------------------|---|-------------------|
| Name of Payee Anedot | | Date of Payment 03/29/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address PO Box 84314 | | City Baton Rouge | State LA | Zip Code 70884 |
| Purpose of Expendit BNK | Description Transaction fee: Sarah Lorch | | | 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 # | \$4.30 |

| | | | | |
|---|--|----------------------------------|---|-------------------|
| Name of Payee Anedot | | Date of Payment 03/30/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address PO Box 84314 | | City Baton Rouge | State LA | Zip Code 70884 |
| Purpose of Expendit BNK | Description Transaction fee: Richard Jacobs | | | 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 # | \$0.70 |

| | | | | |
|---|---|----------------------------------|---|-------------------|
| Name of Payee Anedot | | Date of Payment 03/31/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address PO Box 84314 | | City Baton Rouge | State LA | Zip Code 70884 |
| Purpose of Expendit BNK | Description Transaction fee: Lindsay Vaughan | | | 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 # | \$4.30 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Jennifer Leeper 2026 | April 10 Filing - Amendment |
| N. Expenses Paid By Committee | |

| | | | | |
|---|--|----------------------------------|---|-------------------|
| Name of Payee Anedot | | Date of Payment 03/31/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address PO Box 84314 | | City Baton Rouge | State LA | Zip Code 70884 |
| Purpose of Expendit BNK | Description Transaction fee: Mary Hogue | | | 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 # | \$1.30 |

| | | | | |
|---|---|----------------------------------|---|-------------------|
| Name of Payee Anedot | | Date of Payment 03/31/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address PO Box 84314 | | City Baton Rouge | State LA | Zip Code 70884 |
| Purpose of Expendit BNK | Description Transaction fee: Emmaa Gleysteen | | | 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 # | \$1.30 |

| | | | | |
|---|---|----------------------------------|---|-------------------|
| Name of Payee Anedot | | Date of Payment 03/31/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address PO Box 84314 | | City Baton Rouge | State LA | Zip Code 70884 |
| Purpose of Expendit BNK | Description Transaction fee: Guy Gleysteen | | | 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 # | \$1.30 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Jennifer Leeper 2026 | April 10 Filing - Amendment |
| N. Expenses Paid By Committee | |

| | | | | |
|---|--|--|---|-------------------|
| Name of Payee Anedot | | Date of Payment 03/31/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address PO Box 84314 | | City Baton Rouge | State LA | Zip Code 70884 |
| Purpose of Expendit BNK | Description Transaction fee: Diana Sisler | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum N | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$8.30 |

| | | | | |
|---|--|--|---|-------------------|
| Name of Payee Anedot | | Date of Payment 03/31/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address PO Box 84314 | | City Baton Rouge | State LA | Zip Code 70884 |
| Purpose of Expendit BNK | Description Transaction fee: Sara Gleysteen | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum N | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$1.30 |

| | | | | |
|---|--|--|---|-------------------|
| Name of Payee Anedot | | Date of Payment 03/31/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address PO Box 84314 | | City Baton Rouge | State LA | Zip Code 70884 |
| Purpose of Expendit BNK | Description Transaction fee: First261e183a Last1c615f53 | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum N | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$4.30 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Jennifer Leeper 2026 | April 10 Filing - Amendment |
| N. Expenses Paid By Committee | |

| | | | | |
|---|--|----------------------------------|---|-------------------|
| Name of Payee Anedot | | Date of Payment 03/31/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address PO Box 84314 | | City Baton Rouge | State LA | Zip Code 70884 |
| Purpose of Expendit BNK | Description Transaction fee: Lisa Havey | | | 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 # | \$2.30 |

| | | | | |
|---|--|----------------------------------|---|-------------------|
| Name of Payee Anedot | | Date of Payment 03/31/2026 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address PO Box 84314 | | City Baton Rouge | State LA | Zip Code 70884 |
| Purpose of Expendit BNK | Description Transaction fee: Robert Blanchard | | | 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 # | \$2.30 |

Total of Section N**\$135.90**

IV. EXPENDITURES (Sections N - S)

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

IV. EXPENDITURES (Sections N - S)

| | | | | | | | | |
|---|-------------|--|--|------|----------------------|-------------------------------|----------|------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | | | | TYPE OF REPORT | | |
| Jennifer Leeper 2026 | | | | | | April 10 Filing - Amendment | | |
| P. Expenses Incurred on Committee Credit Card | | | | | | | | |
| Name of Issuing Institution | | | | | Type of Credit Card: | | | |
| | | | | | Visa | Master Card | Discover | American Express |
| | | | | | Other | | | |
| Name of Vendor | | | | | | Date of Transaction | | |
| | | | | | | | | |
| Street Address | | | | City | | State | Zip Code | |
| | | | | | | | | |
| Purpose of Expenditure (by code) | Description | | | | | Amount | | |
| | | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | | | Yes | No | Expenditure # (if applicable) | Event # | |
| | | | | | | | | |
| If yes, assign an Expenditure # and complete Itemization in Addendum P | | | | | | | | |
| Total of Section P | | | | | | | | |

IV. EXPENDITURES (Sections N - S)

| | |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Jennifer Leeper 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)

| | |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Jennifer Leeper 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 (Sections N - S)

| | |
|---|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Jennifer Leeper 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 | | | | |

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

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

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

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

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

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

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

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