

**SEEC FORM 30**Itemized Campaign Finance Disclosure Statement  
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015



Electronic Filing

Do Not Mark in This Space For Official Use Only

Page 1 of 46

**COVER PAGE**

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE			
<b>Amadasun for State Rep 2026</b>				<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee			
3. TREASURER NAME							
First <b>Stephen</b>		MI <b>G</b>	Last <b>Wagner</b>			Suffix	
4. TREASURER ADDRESS							
Street Address <b>181 Tumblebrook Dr</b>			City <b>South Windsor</b>		State <b>CT</b>	Zip Code <b>06074-2220</b>	
5. ELECTION DATE		6. OFFICE SOUGHT ( Complete only if Candidate Committee)				7. DISTRICT NUMBER ( if applicable )	
<b>11/03/2026</b>		<b>State Representative</b>				<b>R014</b>	
8. CANDIDATE NAME ( Complete only if Candidate or Exploratory Committee)							
First <b>Harrison</b>		MI	Last <b>Amadasun</b>			Suffix	
9. TYPE OF REPORT							
<b>April 10 Filing - Amendment</b>							
10. PERIOD COVERED							
Beginning Date		thru		Ending Date			
<b>02/28/2026</b>				<b>03/31/2026</b>			
11. CERTIFICATION							
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.							
<b>Electronic Filing</b>		<b>Stephen Wagner</b>			<b>06/13/2026 8:25:50PM</b>		
SIGNATURE		PRINT NAME OF THE SIGNER			DATE CERTIFIED		
<p><b>A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.</b></p>							

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

**SUMMARY PAGE TOTALS**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
<b>Amadasun for State Rep 2026</b>	April 10 Filing - Amendment	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		<b>\$0.00</b>
13. Balance on hand at the beginning of Reporting Period	<b>\$0.00</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$6,885.00</b>	<b>\$6,885.00</b>
15. Receipts from Other Committees (Sections C1 and C2)	<b>\$0.00</b>	<b>\$0.00</b>
16. Other Monetary Receipts (Section D through I)	<b>\$0.02</b>	<b>\$0.02</b>
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	<b>\$0.00</b>	<b>\$0.00</b>
18. Total Monetary Receipts (add totals for lines 14 through 17)	<b>\$6,885.02</b>	<b>\$6,885.02</b>
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	<b>\$6,885.02</b>	<b>\$6,885.02</b>
20. Expenses Paid by Committee (Section N)	<b>\$548.08</b>	<b>\$548.08</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns )	<b>\$6,336.94</b>	<b>\$6,336.94</b>
22. In-Kind Donations not Considered Contributions Received (Section J3)	<b>\$0.00</b>	<b>\$0.00</b>
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	<b>\$0.00</b>	<b>\$0.00</b>
24. In-Kind Contributions Received (Section K)	<b>\$0.00</b>	<b>\$0.00</b>
25. Refundable Deposit to Telephone Company (Section L)	<b>\$0.00</b>	<b>\$0.00</b>
26. Beginning Loan Balance	<b>\$0.00</b>	
26a. + Loans Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
26b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26c. - Payments on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26d. Total Outstanding Loan Amount	<b>\$0.00</b>	
27. Campaign Expenses Paid By Candidate (Section O)	<b>\$0.00</b>	<b>\$0.00</b>
28. Expenses Incurred on Committee Credit Card (Section P)	<b>\$0.00</b>	<b>\$0.00</b>
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	<b>\$0.00</b>	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	<b>\$0.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Amadasun for State Rep 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 Mitchell	First Daryl	MI D	Contribution ID # 0049
Residential Street Address 90 Brookfield St	City South Windsor	State CT	Zip Code 06074
Principal Occupation Dispatch	Name of Employer Env. Svcs. Inc.		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 03/12/2026	Aggregate Contributions \$5.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name Fesko	First Edward	MI	Contribution ID # 0061
Residential Street Address 412 Strong Rd	City South Windsor	State CT	Zip Code 06074
Principal Occupation Scale Technician	Name of Employer Environmental Services, Inc.		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 03/12/2026	Aggregate Contributions \$5.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name Mitchell	First William	MI	Contribution ID # 0062
Residential Street Address 70 Brookfield St	City South Windsor	State CT	Zip Code 06074
Principal Occupation Dispatch Director	Name of Employer Environmental Services, Inc.		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 03/12/2026	Aggregate Contributions \$5.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>Slater</b>	First <b>Howard</b>	MI <b>O</b>	Contribution ID # <b>0063</b>
Residential Street Address <b>311 Brookfield St</b>	City <b>South Windsor</b>	State <b>CT</b>	Zip Code <b>06074</b>
Principal Occupation <b>Operator</b>	Name of Employer <b>Environmental Services, Inc.</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/12/2026</b>	Aggregate Contributions <b>\$5.00</b>
		Amount of Contribution <b>\$5.00</b>	

Last Name <b>Offiaeli</b>	First <b>Kenneth</b>	MI <b>C</b>	Contribution ID # <b>0058</b>
Residential Street Address <b>210 Felt Rd</b>	City <b>South Windsor</b>	State <b>CT</b>	Zip Code <b>06074</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/14/2026</b>	Aggregate Contributions <b>\$5.00</b>
		Amount of Contribution <b>\$5.00</b>	

Last Name <del>Offiaeli</del>	First <del>Kenneth</del>	MI <del>€</del>	Contribution ID # <del>0058</del>
Residential Street Address <del>210 Felt Rd</del>	City <del>South Windsor</del>	State <del>€T</del>	Zip Code <del>06074</del>
Principal Occupation <del>Retired</del>	Name of Employer <del>Retired from State</del>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <del>03/14/2026</del>	Aggregate Contributions <del>\$10.00</del>
		Amount of Contribution <del>\$5.00</del>	

Last Name <b>Enagbare</b>	First <b>Alfred</b>	MI <b>O</b>	Contribution ID # <b>0011</b>
Residential Street Address <b>30 Penwood Xing</b>	City <b>Glastonbury</b>	State <b>CT</b>	Zip Code <b>06033</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/14/2026</b>	Aggregate Contributions <b>\$200.00</b>
		Amount of Contribution <b>\$200.00</b>	

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

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

**B. Itemized Contributions from Individuals**

Last Name Udoh	First Aloysius	MI	Contribution ID # 0025
Residential Street Address 28 Essex St	City Hartford	State CT	Zip Code 06114
Principal Occupation Substitute Teacher	Name of Employer ESS (SGW note: Uconn Employee Slf Service)		
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 03/14/2026	Aggregate Contributions \$100.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Russo	First Christopher	MI G	Contribution ID # 0019
Residential Street Address 1457 Ellington Rd	City South Windsor	State CT	Zip Code 06074
Principal Occupation Autobody painter	Name of Employer Turnpike Motors		
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 03/14/2026	Aggregate Contributions \$5.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name Bassman	First Lisa	MI R	Contribution ID # 0020
Residential Street Address 1457 Ellington Rd	City South Windsor	State CT	Zip Code 06074
Principal Occupation Sales Professional	Name of Employer Absap		
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 03/14/2026	Aggregate Contributions \$5.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name Amadasun	First Dexter	MI N	Contribution ID # 0021
Residential Street Address 1475 Ellington Rd	City South Windsor	State CT	Zip Code 06074
Principal Occupation Pharmacist (PharminD, RPh)	Name of Employer Ahold Delhaize LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 03/14/2026	Aggregate Contributions \$10.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$10.00	

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

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

**B. Itemized Contributions from Individuals**

Last Name Thomas	First Sandra	MI	Contribution ID # 0022
Residential Street Address 71 Osprey Cir	City South Windsor	State CT	Zip Code 06074
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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/15/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Thomas	First Basil	MI	Contribution ID # 0023
Residential Street Address 71 Osprey Cir	City South Windsor	State CT	Zip Code 06074
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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/15/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Thomas	First Philip	MI D	Contribution ID # 0024
Residential Street Address 71 Osprey Cir	City South Windsor	State CT	Zip Code 06074
Principal Occupation Machinist	Name of Employer Pratt and Whitney		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/15/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Enagbare	First Ivie	MI A	Contribution ID # 0012
Residential Street Address 31 High St	City Glastonbury	State CT	Zip Code 06118
Principal Occupation Human Resources Generalist	Name of Employer Intercommunity		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/15/2026	Aggregate Contributions \$15.00
			Amount of Contribution \$15.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Magor	First Austin	MI C	Contribution ID # 0013
Residential Street Address 268 Sand Hill Rd	City South Windsor	State CT	Zip Code 06074
Principal Occupation Student	Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/15/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Magor	First Krista	MI O	Contribution ID # 0014
Residential Street Address 268 Sand Hill Rd	City South Windsor	State CT	Zip Code 06074
Principal Occupation Student	Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/15/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Magor	First Clement	MI C	Contribution ID # 0015
Residential Street Address 268 Sand Hill Rd	City South Windsor	State CT	Zip Code 06074
Principal Occupation Nurse	Name of Employer State of CT Dept of Corrections		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/15/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Magor	First Ifeoma	MI C	Contribution ID # 0016
Residential Street Address 268 Sand Hill Rd	City South Windsor	State CT	Zip Code 06074
Principal Occupation Nurse	Name of Employer Hartford Health 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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/15/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Magor	First Jane	MI K	Contribution ID # 0017
Residential Street Address 268 Sand Hill Rd	City South Windsor	State CT	Zip Code 06074
Principal Occupation Registered Nurse	Name of Employer Hartford Hospital		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/15/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Igboanugo	First Confest	MI O	Contribution ID # 0018
Residential Street Address 268 Sand Hill Rd	City South Windsor	State CT	Zip Code 06074
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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/15/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Alatise	First Tony	MI T	Contribution ID # 0039
Residential Street Address 598 Rye St	City South Windsor	State CT	Zip Code 06074
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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/15/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Alatise	First Lara	MI	Contribution ID # 0037
Residential Street Address 598 Rye St	City South Windsor	State CT	Zip Code 06074
Principal Occupation Owner	Name of Employer Windsor Health and Rehabilitation Center		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/15/2026	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Ude	First Benneth	MI M	Contribution ID # 0043
Residential Street Address 23 Wentworth Dr	City South Windsor	State CT	Zip Code 06074
Principal Occupation Retired civil servant	Name of Employer Project Genesis		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 03/15/2026	Aggregate Contributions \$5.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name Offiaeli	First Rita	MI	Contribution ID # 0046
Residential Street Address 210 Felt Rd	City South Windsor	State CT	Zip Code 06074
Principal Occupation Program Manager	Name of Employer Yale University		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 03/15/2026	Aggregate Contributions \$5.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name Ude	First Jonathan	MI O	Contribution ID # 0057
Residential Street Address 23 Wentworth Dr	City South Windsor	State CT	Zip Code 06074
Principal Occupation Illustrator, Animator	Name of Employer TOEI Inc.		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 03/15/2026	Aggregate Contributions \$5.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name Ude	First Justin	MI	Contribution ID # 0044
Residential Street Address 23 Wentworth Dr	City South Windsor	State CT	Zip Code 06074
Principal Occupation Registered Nurse	Name of Employer Hartford Health 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 #		Date Received 03/16/2026	Aggregate Contributions \$5.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

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

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

**B. Itemized Contributions from Individuals**

Last Name Ude	First Franklin	MI	Contribution ID # 0045
Residential Street Address 23 Wentworth Dr	City South Windsor	State CT	Zip Code 06074
Principal Occupation Unemployed	Name of Employer Unemployed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 03/16/2026	Aggregate Contributions \$5.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name Alatise	First Mutis	MI O	Contribution ID # 0038
Residential Street Address 598 Rye St	City South Windsor	State CT	Zip Code 06074
Principal Occupation Asst. Administrator	Name of Employer Windsor Health and Rehabilitation Center		
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 03/16/2026	Aggregate Contributions \$5.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name Abrahamson	First Mark	MI J	Contribution ID # 0048
Residential Street Address 603 Dzen Way	City South Windsor	State CT	Zip Code 06074
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 03/17/2026	Aggregate Contributions \$5.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name Wagner	First Stephen	MI	Contribution ID # 0001
Residential Street Address 181 Tumblebrook Dr	City South Windsor	State CT	Zip Code 06074
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 03/17/2026	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 \$5.00	

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

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

**B. Itemized Contributions from Individuals**

Last Name Amadasun	First Catherine	MI	Contribution ID # 0002
Residential Street Address 1475 Ellington Rd	City South Windsor	State CT	Zip Code 06074
Principal Occupation School Administrator	Name of Employer Manchester Board of Ed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	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 03/17/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Wagner	First Stephen	MI	Contribution ID # 0003
Residential Street Address 181 Tumblebrook Dr	City South Windsor	State CT	Zip Code 06074
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 03/17/2026	Aggregate Contributions \$10.00
			Amount of Contribution \$5.00

Last Name Okoh	First Michael	MI O	Contribution ID # 0033
Residential Street Address 145 Benedict Dr	City South Windsor	State CT	Zip Code 06074
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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/17/2026	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Okoh	First Oge	MI N	Contribution ID # 0034
Residential Street Address 145 Benedict Dr	City South Windsor	State CT	Zip Code 06074
Principal Occupation Legal Information Specialist	Name of Employer Cooney, Scully, and Dowling Law		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/17/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Okoh	First Roseline	MI A	Contribution ID # 0035
Residential Street Address 145 Benedict Dr	City South Windsor	State CT	Zip Code 06074
Principal Occupation Nursing	Name of Employer State of CT (DMHAS)		
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/17/2026	Aggregate Contributions \$50.00
			\$50.00

Last Name Okoh	First Emeka	MI	Contribution ID # 0036
Residential Street Address 145 Benedict Dr	City South Windsor	State CT	Zip Code 06074
Principal Occupation Student	Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/17/2026	Aggregate Contributions \$5.00
			\$5.00

Last Name Wagner	First Stephen	MI	Contribution ID # 0004
Residential Street Address 181 Tumblebrook Dr	City South Windsor	State CT	Zip Code 06074
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	
Amount of Contribution			
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 03/18/2026	Aggregate Contributions \$20.00
			\$5.00

Last Name Wagner	First Stephen	MI	Contribution ID # 0005
Residential Street Address 181 Tumblebrook Dr	City South Windsor	State CT	Zip Code 06074
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	
Amount of Contribution			
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 03/18/2026	Aggregate Contributions \$20.00
			\$5.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Thoman		First David		MI W	Contribution ID # 0047
Residential Street Address 1002 Dzen Way		City South Windsor		State CT	Zip Code 06074
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			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution \$5.00
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 03/18/2026 Aggregate Contributions \$5.00	

Last Name Ocasio		First Julio		MI A	Contribution ID # 0040
Residential Street Address 598 Rye St		City South Windsor		State CT	Zip Code 06074
Principal Occupation Landscape Design			Name of Employer Litke 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			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution \$5.00
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 03/18/2026 Aggregate Contributions \$5.00	

Last Name Paterna		First Joan		MI	Contribution ID # 0041
Residential Street Address 301 Strawberry Ln		City South Windsor		State CT	Zip Code 06074
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			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution \$5.00
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 03/18/2026 Aggregate Contributions \$5.00	

Last Name Paterna		First Andrew		MI	Contribution ID # 0042
Residential Street Address 301 Strawberry Ln		City South Windsor		State CT	Zip Code 06074
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			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution \$5.00
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 03/18/2026 Aggregate Contributions \$5.00	

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

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

**B. Itemized Contributions from Individuals**

Last Name Thoman	First Andrea	MI M	Contribution ID # 0059
Residential Street Address 1002 Dzen Way	City South Windsor	State CT	Zip Code 06074
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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/18/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Marx	First Margaret	MI A	Contribution ID # 0060
Residential Street Address 1202 Dzen Way	City South Windsor	State CT	Zip Code 06074
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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/19/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Wagner	First Stephen	MI	Contribution ID # 0006
Residential Street Address 181 Tumblebrook Dr	City South Windsor	State CT	Zip Code 06074
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 03/19/2026	Aggregate Contributions \$25.00
			Amount of Contribution \$5.00

Last Name Cobb	First Thessalonia	MI	Contribution ID # 0007
Residential Street Address 301 Cold Spring Rd	City Rocky Hill	State CT	Zip Code 06067
Principal Occupation Educator	Name of Employer Hartford Public Schools		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	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 03/19/2026	Aggregate Contributions \$300.00
			Amount of Contribution \$300.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Parkinson	First Angie	MI	Contribution ID # 0008
Residential Street Address 31 High St	City East Hartford	State CT	Zip Code 06118
Principal Occupation Teacher	Name of Employer Colchester BoE		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 03/19/2026	Aggregate Contributions \$25.00
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 \$25.00	

Last Name Ude	First Benneth	MI	Contribution ID # 0009
Residential Street Address 23 Wentworth Dr	City South Windsor	State CT	Zip Code 06074
Principal Occupation Retired civil servant	Name of Employer Project Genesis		
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 03/19/2026	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 \$20.00	

Last Name Robinson	First Jacqueline	MI	Contribution ID # 0010
Residential Street Address 7 Richard Ln # L	City Bloomfield	State CT	Zip Code 06002
Principal Occupation CEO	Name of Employer SafePals Home 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 #		Date Received 03/19/2026	Aggregate Contributions \$200.00
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 \$200.00	

Last Name Ehimwonzee	First Courage	MI	Contribution ID # 0026
Residential Street Address 4601 Egret St	City Mesquite	State TX	Zip Code 75181
Principal Occupation RN	Name of Employer Direct Home Health		
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 03/20/2026	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
Amadasun for State Rep 2026	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Hassan	First Mohammed	MI	Contribution ID # 0027
Residential Street Address 122 Tower Ave	City Hartford	State CT	Zip Code
Principal Occupation Insurance	Name of Employer Travelers		
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 03/20/2026	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Oretade	First Obafemi	MI	Contribution ID # 0028
Residential Street Address 97 Joshua HI	City Windsor	State CT	Zip Code
Principal Occupation Nurse	Name of Employer Altranais		
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 03/20/2026	Aggregate Contributions \$200.00
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 \$200.00	

Last Name Bello	First Olajide	MI	Contribution ID # 0029
Residential Street Address 39 Buckland St	City Manchester	State CT	Zip Code
Principal Occupation Trading	Name of Employer NA		
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 03/20/2026	Aggregate Contributions \$25.00
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 \$25.00	

Last Name Thomas	First Adeleke	MI	Contribution ID # 0030
Residential Street Address 3258 Ashmore Hall Dr	City Marietta	State GA	Zip Code 30062
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 03/20/2026	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	

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

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

**B. Itemized Contributions from Individuals**

Last Name Omorogbe	First Amen	MI	Contribution ID # 0031
Residential Street Address 33 Hampshire Way	City Niskayuna	State NY	Zip Code 12309
Principal Occupation Retired Engineer	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 03/20/2026	Aggregate Contributions \$200.00
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 \$200.00	

Last Name Akugue	First Patience	MI	Contribution ID # 0032
Residential Street Address 36 Belmont Ave	City Windsor	State CT	Zip Code
Principal Occupation Nurse Practitioner	Name of Employer 1. University of Connecticut 2. Impact Health		
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 03/20/2026	Aggregate Contributions \$200.00
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 \$200.00	

Last Name Uwaya	First Augustine	MI	Contribution ID # 0052
Residential Street Address 56 Cornell Cir	City East Hartford	State CT	Zip Code
Principal Occupation NURSING	Name of Employer Department of Children and Families (DCF)		
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 03/21/2026	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 Kima	First Viva	MI	Contribution ID # 0053
Residential Street Address 3532 Sandy Pt Key	City Virginia Beach	State VA	Zip Code 23452
Principal Occupation Attorney	Name of Employer Kima Associates, LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 03/21/2026	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

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

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

**B. Itemized Contributions from Individuals**

Last Name Igbini	First Florence	MI	Contribution ID # 0054
Residential Street Address 10214 Echo Ridge Ct	City Dallas	State TX	Zip Code 75243
Principal Occupation Health care	Name of Employer F&F devoted home health services inc.		
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 03/21/2026	Aggregate Contributions \$300.00
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 \$300.00	

Last Name Igbini	First Felix	MI	Contribution ID # 0055
Residential Street Address 9304 Forest Ln	City Dallas	State TX	Zip Code 75243
Principal Occupation Health care	Name of Employer F&F DEVOTED HOME HEALTH SERVICES, Inc.		
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 03/21/2026	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 Amiang	First Ikoedem	MI	Contribution ID # 0056
Residential Street Address 3829 Edinburgh Pl	City McKinney	State TX	Zip Code 75071
Principal Occupation Nursing	Name of Employer Medical City, McKinney TX		
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 03/21/2026	Aggregate Contributions \$200.00
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 \$200.00	

Last Name Badiru	First Moryam	MI	Contribution ID # 0050
Residential Street Address 31 High St	City East Hartford	State CT	Zip Code
Principal Occupation Employee	Name of Employer Manchester Public Schools		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 03/21/2026	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

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

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

**B. Itemized Contributions from Individuals**

Last Name Aina	First Ola	MI	Contribution ID # 0051
Residential Street Address 2 Brooke St	City Bloomfield	State CT	Zip Code
Principal Occupation Consultant	Name of Employer interNESS llc.		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/21/2026	Aggregate Contributions \$200.00
			Amount of Contribution \$200.00

Last Name Paterna	First Andrew	MI	Contribution ID # 0071
Residential Street Address 301 Strawberry Ln	City South Windsor	State CT	Zip Code 06074
Principal Occupation Professor-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 03/22/2026	Aggregate Contributions \$330.00
			Amount of Contribution \$325.00

Last Name Adeyemi	First Ty	MI	Contribution ID # 0072
Residential Street Address 100 Woodside Dr	City Wethersfield	State CT	Zip Code 06109
Principal Occupation Technology	Name of Employer Self employment		
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 03/22/2026	Aggregate Contributions \$200.00
			Amount of Contribution \$200.00

Last Name Iweka	First Ijeoma	MI	Contribution ID # 0073
Residential Street Address 111 Cheshire Dr	City South Windsor	State CT	Zip Code 06074
Principal Occupation Physician Scientist	Name of Employer Takeda		
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 03/22/2026	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Humphrey	First Damian	MI	Contribution ID # 0074
Residential Street Address 6 Birch Hill Dr	City South Windsor	State CT	Zip Code 06074
Principal Occupation CFO	Name of Employer Humphrey Solutions, LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/23/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Conery	First Michael	MI	Contribution ID # 0075
Residential Street Address 48 Case Hill Cir	City South Windsor	State CT	Zip Code 06074
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 03/23/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Conery	First Tracy	MI	Contribution ID # 0076
Residential Street Address 48 Case Hill Cir	City South Windsor	State CT	Zip Code 06074
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 03/23/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Okeke	First Uche	MI	Contribution ID # 0077
Residential Street Address 13 Woodland Park	City Windsor	State CT	Zip Code 06095
Principal Occupation Nurse	Name of Employer Apple healthcare		
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 03/23/2026	Aggregate Contributions \$200.00
			Amount of Contribution \$200.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Fowors	First Johnny	MI	Contribution ID # 0078
Residential Street Address 19 Mill St	City Manchester	State CT	Zip Code 06042
Principal Occupation Retired Banker	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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/23/2026	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Zimmerman	First Craig	MI S	Contribution ID # 0079
Residential Street Address 5A Amato Dr	City South Windsor	State CT	Zip Code 06074
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"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 03/23/2026	Aggregate Contributions \$200.00
			Amount of Contribution \$200.00

Last Name Ohenhen	First Odegua	MI	Contribution ID # 0080
Residential Street Address 8014 Hidden Terrace Dr	City Sugar Land	State TX	Zip Code 77479
Principal Occupation Computer Analyst	Name of Employer Prosperity Bank		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/23/2026	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name DUBOIS	First COLIN	MI	Contribution ID # 0081
Residential Street Address 27 Brian Rd	City West Hartford	State CT	Zip Code 06110
Principal Occupation Insurance	Name of Employer Travelers		
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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/23/2026	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
Amadasun for State Rep 2026	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Okasia	First Theo	MI	Contribution ID # 0082
Residential Street Address 8 Applewood Rd	City Bloomfield	State CT	Zip Code 06002
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 03/23/2026	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Moemeka	First Goziem	MI	Contribution ID # 0083
Residential Street Address 395 Fern St	City West Hartford	State CT	Zip Code 06119
Principal Occupation Consulting	Name of Employer Resource Group Staffing & Consulting, LLC.		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/23/2026	Aggregate Contributions \$200.00
			Amount of Contribution \$200.00

Last Name Osakwe	First Gregory	MI	Contribution ID # 0084
Residential Street Address 3035 Phelps Rd	City West Suffield	State CT	Zip Code 06093
Principal Occupation Attorney	Name of Employer Osakwe Law offices		
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 03/23/2026	Aggregate Contributions \$340.00
			Amount of Contribution \$340.00

Last Name Heneden	First Best	MI	Contribution ID # 0085
Residential Street Address 625 N Cockrell Hill Rd	City Desoto	State TX	Zip Code 75115
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 03/24/2026	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Wagner	First Stephen	MI	Contribution ID # 0086
Residential Street Address 181 Tumblebrook Dr	City South Windsor	State CT	Zip Code 06074
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 03/24/2026	Aggregate Contributions \$100.00
			Amount of Contribution \$75.00

Last Name Wagner	First Karen	MI	Contribution ID # 0087
Residential Street Address 181 Tumblebrook Dr	City South Windsor	State CT	Zip Code 06074
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 03/24/2026	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Adebayo	First Babatunde	MI	Contribution ID # 0088
Residential Street Address 157 Church St	City New Haven	State CT	Zip Code 06510
Principal Occupation Attorney	Name of Employer Adebayo Law, LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/24/2026	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Sliech	First Nicholas	MI	Contribution ID # 0089
Residential Street Address 28 Virginia St	City Agawam	State MA	Zip Code 01001
Principal Occupation Operations Account Specialist	Name of Employer Travelers Insurance 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 03/25/2026	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
Amadasun for State Rep 2026	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Badiru</b>	First <b>Bola</b>	MI	Contribution ID # <b>0090</b>
Residential Street Address <b>226 Matianuck Ave</b>	City <b>Windsor</b>	State <b>CT</b>	Zip Code <b>06095</b>
Principal Occupation <b>Employeed</b>	Name of Employer <b>Options unlimited</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>03/25/2026</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Meyers</b>	First <b>Karen</b>	MI <b>S</b>	Contribution ID # <b>0091</b>
Residential Street Address <b>1141 Strong Rd</b>	City <b>South Windsor</b>	State <b>CT</b>	Zip Code <b>06074</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/26/2026</b>	Aggregate Contributions <b>\$5.00</b>
		Amount of Contribution <b>\$5.00</b>	

Last Name <b>Jeski</b>	First <b>Linda</b>	MI <b>M</b>	Contribution ID # <b>0092</b>
Residential Street Address <b>90 Mohegan Trl</b>	City <b>South Windsor</b>	State <b>CT</b>	Zip Code <b>06074</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/26/2026</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>Walsh</b>	First <b>Joan</b>	MI <b>F</b>	Contribution ID # <b>0093</b>
Residential Street Address <b>14-5 Arthur Dr</b>	City <b>South Windsor</b>	State <b>CT</b>	Zip Code <b>06074</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/26/2026</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

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

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

**B. Itemized Contributions from Individuals**

Last Name Walsh	First Warren	MI H	Contribution ID # 0094
Residential Street Address 14-5 Arthur Dr	City South Windsor	State CT	Zip Code 06074
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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/26/2026	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Apter	First Philip	MI P	Contribution ID # 0095
Residential Street Address 2402 Mill Pond Dr	City South Windsor	State CT	Zip Code 06074
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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/26/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Pelkey	First John	MI P	Contribution ID # 0096
Residential Street Address 446 Pleasant Valley Dr	City South Windsor	State CT	Zip Code 06074
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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/26/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Favreau	First Janice	MI E	Contribution ID # 0097
Residential Street Address 446 Pleasant Valley Dr	City South Windsor	State CT	Zip Code 06074
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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/26/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Dopirak Sr.	First William	MI J	Contribution ID # 0098
Residential Street Address 102 Strawberry Land	City South Windsor	State CT	Zip Code 06074
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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/26/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Johnson	First Dwight	MI W	Contribution ID # 0099
Residential Street Address 84 Brian Rd	City South Windsor	State CT	Zip Code 06074
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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/26/2026	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name Lewis	First Mindy	MI	Contribution ID # 0100
Residential Street Address 170 Long Hill Rd	City South Windsor	State CT	Zip Code 06074
Principal Occupation Registrar of Voters	Name of Employer Town of South Windsor		
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 03/26/2026	Aggregate Contributions \$20.00
			Amount of Contribution \$20.00

Last Name Hoff	First Barbara	MI	Contribution ID # 0101
Residential Street Address 51 Wild Life Trl	City South Windsor	State CT	Zip Code 06074
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 03/26/2026	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
Amadasun for State Rep 2026	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Sands	First Meghan	MI E	Contribution ID # 0104
Residential Street Address 80 Judy Ln	City South Windsor	State CT	Zip Code 06074
Principal Occupation Student	Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/26/2026	Aggregate Contributions \$20.00
			Amount of Contribution \$20.00

Last Name Sands	First Valrie	MI L	Contribution ID # 0102
Residential Street Address 80 Judy Ln	City South Windsor	State CT	Zip Code 06074
Principal Occupation CPA	Name of Employer Lines & Sands		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/27/2026	Aggregate Contributions \$20.00
			Amount of Contribution \$20.00

Last Name Sands	First Christopher	MI T	Contribution ID # 0103
Residential Street Address 80 Judy Ln	City South Windsor	State CT	Zip Code 06074
Principal Occupation Computer Programmer	Name of Employer Schneider Electric		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/27/2026	Aggregate Contributions \$20.00
			Amount of Contribution \$20.00

Last Name Elumogo	First Anslem	MI	Contribution ID # 0105
Residential Street Address 51 Gaulin Rd	City Columbia	State CT	Zip Code 06237
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 03/27/2026	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
Amadasun for State Rep 2026	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Elango	First Anitha	MI	Contribution ID # 0106
Residential Street Address 108 Lisa Dr	City South Windsor	State CT	Zip Code 06074
Principal Occupation Teacher	Name of Employer Manchester Community College		
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 03/28/2026	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	

Last Name Ramasamy	First Kavya	MI	Contribution ID # 0107
Residential Street Address 108 Lisa Dr	City South Windsor	State CT	Zip Code 06074
Principal Occupation Student	Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 03/28/2026	Aggregate Contributions \$5.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name Ramasamy	First Surya	MI	Contribution ID # 0108
Residential Street Address 108 Lisa Dr	City South Windsor	State CT	Zip Code 06074
Principal Occupation Financial Analyst	Name of Employer NBC		
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 03/28/2026	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 Yanaway	First Siera	MI	Contribution ID # 0109
Residential Street Address 139 Kent Ln	City South Windsor	State CT	Zip Code 06074
Principal Occupation Manager	Name of Employer CCADV		
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 03/28/2026	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
Amadasun for State Rep 2026	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Manhertz	First Jencin	MI C	Contribution ID # 0116
Residential Street Address 20 Christine Ln	City South Windsor	State CT	Zip Code 06074
Principal Occupation Teller/Accounts	Name of Employer AEFCU (American Eagle)		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/28/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Maturo	First Rose	MI CT	Contribution ID # 0115
Residential Street Address 167 Lisa Dr	City South Windsor	State CT	Zip Code 06074
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 \$5.00
			Amount of Contribution \$5.00

Last Name Kennedy Jr	First Joseph	MI P	Contribution ID # 0112
Residential Street Address 81 Alison Dr	City South Windsor	State CT	Zip Code 06074
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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/30/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Kennedy	First Timothy	MI J	Contribution ID # 0113
Residential Street Address 81 Alison Dr	City South Windsor	State CT	Zip Code 06074
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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/30/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Kennedy	First Christopher	MI	Contribution ID # 0114
Residential Street Address 81 Alison Dr	City South Windsor	State CT	Zip Code 06074
Principal Occupation Server	Name of Employer Goodwin Hotel		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/30/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Iweka	First Rob	MI C	Contribution ID # 0117
Residential Street Address 111 Cheshire Dr	City South Windsor	State CT	Zip Code 06074
Principal Occupation Student	Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Iweka	First Blossom	MI O	Contribution ID # 0118
Residential Street Address 111 Cheshire Dr	City South Windsor	State CT	Zip Code 06074
Principal Occupation Student	Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Green	First Michael	MI	Contribution ID # 0119
Residential Street Address 43 Bancroft Ln	City South Windsor	State CT	Zip Code 06074
Principal Occupation Insurance	Name of Employer Travelers Insurance		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/31/2026	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

<b>Total of Section B</b>		<b>\$6,885.00</b>
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b>	(Sections A + B) <i>(Total on Line 14, Column A of Summary Page)</i>	<b>\$6,885.00</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Amadasun for State Rep 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
Amadasun for State Rep 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	
Amadasun for State Rep 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	
<b>Total of Section D</b>					

I. MONETARY RECEIPTS (Section A-I)					
NAME OF COMMITTEE				TYPE OF REPORT	
Amadasun for State Rep 2026				April 10 Filing - Amendment	
E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)					
Date of Receipt	Method of Payment			Amount	
	Cash	Personal Check	Credit/Debit Card		
<b>Total of Section E</b>					

I. Monetary Receipts (Section A-I)					
NAME OF COMMITTEE				TYPE OF REPORT	
Amadasun for State Rep 2026				April 10 Filing - Amendment	
G. Interest from Deposits in Authorized Accounts					
Name of Institution			Date Received		Amount
Street Address		City	State	Zip Code	
<b>Total of Section G</b>					

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

NAME OF COMMITTEE	TYPE OF REPORT
Amadasun for State Rep 2026	April 10 Filing - Amendment

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

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

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

NAME OF COMMITTEE	TYPE OF REPORT
Amadasun for State Rep 2026	April 10 Filing - Amendment

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

Name	Date of Transaction	Amount Received
State of Connecticut	03/27/2026	
Street Address	City	State
55 Farmington Ave	Hartford	CT
Zip Code		
		06105
Description		
Penny Test		\$0.02
<b>Total of Section I</b>		<b>\$0.02</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Amadasun for State Rep 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			
<b>Subpart 1:</b> 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
Amadasun for State Rep 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
Amadasun for State Rep 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
Amadasun for State Rep 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:	Yes No Executive Legislative
Type of Contributor:		Date Received	Aggregate contributions
Individual	Committee	Sole Proprietorship	

**Total of Section K**

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Amadasun for State Rep 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	Amount of Deposit
Name of Telephone company				
Street Address	City	State	Zip Code	

**Total of Section L**

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

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

Name of Payee Bank of America		Date of Payment 03/17/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 243 Hartford Tpke		City Vernon	State CT	Zip Code 06066
Purpose of Expendit BNK	Description Check order			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 #	\$53.92

Name of Payee Anedot, Inc.		Date of Payment 03/18/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Poydras St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit BNK	Description Credit Card Fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.50

Name of Payee Anedot, Inc.		Date of Payment 03/20/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Poydras St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit BNK	Description Credit Card Fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$24.50

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

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

Name of Payee Anedot, Inc.		Date of Payment 03/22/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Poydras St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit BNK	Description Credit Card Fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$112.00

Name of Payee Stephen Wagner		Date of Payment 03/23/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1002</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 181 Tumblebrook Dr		City South Windsor	State CT	Zip Code 06074
Purpose of Expendit RMB	Description Rubber Stamp			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 #	\$24.46

Name of Payee Anedot, Inc.		Date of Payment 03/24/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Poydras St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit BNK	Description Credit Card Fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$71.10

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

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

Name of Payee Babatunde Adebayo		Date of Payment 03/26/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>1003</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 157 Church St		City New Haven	State CT	Zip Code 06510
Purpose of Expendit REF	Description Full refund of contribution 88			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 #	\$100.00

Name of Payee Anedot, Inc.		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 1340 Poydras St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit BNK	Description Credit Card Fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$21.80

Name of Payee USPS		Date of Payment 03/30/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 850 Clark St		City South Windsor	State CT	Zip Code 06074
Purpose of Expendit POST	Description Stamps			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 #	\$15.60

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

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

Name of Payee Anedot, Inc.		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 1340 Poydras St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit REF	Description Full refund of contribution 107			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$5.00

Name of Payee Anedot, Inc.		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 1340 Poydras St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit REF	Description Full refund of contribution 108			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 #	\$10.00

Name of Payee Anedot, Inc.		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 1340 Poydras St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit BNK	Description Credit Card Fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$3.70

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

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

Name of Payee Anedot, Inc.		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 1340 Poydras St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit BNK	Description Credit Card Fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$4.50

Name of Payee Michael Okoh		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 145 Benedict Dr		City South Windsor	State CT	Zip Code 06074
Purpose of Expendit REF	Description Full refund of contribution 33 (Donor cancelled check)			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 #	\$100.00

**Total of Section N****\$548.08**

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	<b>Amount</b>
Purpose of Expenditure (by code)	Description			Event #		
<b>Total of Section O</b>						

IV. EXPENDITURES (Sections N - S)						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT	
Amadasun for State Rep 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				<b>Amount</b>	
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Yes No	Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum P						
<b>Total of Section P</b>						

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Amadasun for State Rep 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			

<b>Total of Section Q</b>	
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**IV. EXPENDITURES (Sections N - S)**

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

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

Last Name of Worker/Consultant Wagner	First Stephen	MI G	Date of Payment to Vendor 03/21/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1002 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Name of Vendor Paid by Committee Worker/Consultant Rubber Stamp Warehouse				
Street Address of Vendor PO Box 245		City Waterloo	State NE	Zip Code 68069
Purpose of Expenditure (by code) OVHD	Description Rubber Stamp			
Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure # and completes Itemization in Addendum R	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount  \$24.46
<b>Total of Section R</b>				<b>\$24.46</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Amadasun for State Rep 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				
<b>Total of Section S</b>				

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

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

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

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

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