

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

Revised February 2015



Electronic Filing

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Page 1 of 178

COVER PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
Mandato for the 34th				☒ Candidate Committee ☐ Exploratory Committee	
3. TREASURER NAME					
First Kristi		MI J	Last Doerr		Suffix
4. TREASURER ADDRESS					
Street Address 12 Penny Ln		City Wallingford		State CT	Zip Code 06492
5. ELECTION DATE 11/03/2026		6. OFFICE SOUGHT (Complete only if Candidate Committee) State Senator			7. DISTRICT NUMBER (if applicable) S034
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Brandi		MI A	Last Mandato		Suffix
9. TYPE OF REPORT April 10 Filing - Amendment					
10. PERIOD COVERED					
Beginning Date Ending Date 01/05/2026 thru 03/31/2026					
11. CERTIFICATION					
☒ I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.					
Electronic Filing SIGNATURE		Kristi Doerr PRINT NAME OF THE SIGNER		06/29/2026 8:34:02PM DATE CERTIFIED	
A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.					

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
Mandato for the 34th	April 10 Filing - Amendment	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$0.00	
14. Contributions received from Individuals (Section A and B)	\$13,090.00	\$13,090.00
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$0.00	\$0.00
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$13,090.00	\$13,090.00
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$13,090.00	\$13,090.00
20. Expenses Paid by Committee (Section N)	\$721.14	\$721.14
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	\$12,368.86	\$12,368.86
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	\$0.00	\$0.00
24. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
25. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Mandato for the 34th		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 Doerr		First Kristi		MI J	Contribution ID # 0298
Residential Street Address 12 Penny Ln		City Wallingford		State CT	Zip Code 06460
Principal Occupation AVP Tax		Name of Employer Richemont North America, Inc.			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Doerr		First Brian		MI	Contribution ID # 0250
Residential Street Address 12 Penny Ln		City Wallingford		State CT	Zip Code 06492
Principal Occupation Lab Manager		Name of Employer Thor Specialties			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/20/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Gabriele		First Amanda		MI	Contribution ID # 0249
Residential Street Address 18 Renee Ln		City North Haven		State CT	Zip Code 06473
Principal Occupation Director, Data		Name of Employer Mayo Clinic			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/29/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Friedman		First Scott		MI	Contribution ID # 0248
Residential Street Address 17 Cooper Rd		City North Haven		State CT	Zip Code 06473
Principal Occupation Data Analyst		Name of Employer Scott D Friedman Consulting LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/29/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Friedman		First Abby		MI	Contribution ID # 0247
Residential Street Address 17 Cooper Rd		City North Haven		State CT	Zip Code 06473
Principal Occupation Associate Professor		Name of Employer Yale School of Public Health			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/29/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Gabriele		First Timothy		MI	Contribution ID # 0246
Residential Street Address 18 Renee Ln		City North Haven		State CT	Zip Code 06473
Principal Occupation Recruiting Coordinator		Name of Employer Yale University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/29/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Hurt		First Jacob		MI	Contribution ID # 0245
Residential Street Address 6 Nugget Hill Dr		City Gales Ferry		State CT	Zip Code 06335
Principal Occupation Officer		Name of Employer US Navy			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/29/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name stabbe		First arlen		MI	Contribution ID # 0244
Residential Street Address 8 Westerly Rd		City North Haven		State CT	Zip Code 06473
Principal Occupation SEVIS Manager		Name of Employer Yale University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/29/2026	Aggregate Contributions \$11.00	\$11.00

Last Name Mushinsky		First Mary		MI	Contribution ID # 0243
Residential Street Address 188 S Cherry St .		City Wallingford		State CT	Zip Code 06492
Principal Occupation Legislator		Name of Employer CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/29/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Elliott		First Josh		MI	Contribution ID # 0242
Residential Street Address 28 Cobblestone Dr		City Hamden		State CT	Zip Code 06518
Principal Occupation Owner		Name of Employer Thyme and Season			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/29/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Sidlowski		First Sara		MI	Contribution ID # 0241
Residential Street Address 56 Robert Dr		City East Haven		State CT	Zip Code 06512
Principal Occupation Market research		Name of Employer Touchstone research			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/29/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name O'Connell		First Riley		MI	Contribution ID # 0240
Residential Street Address 39 Edgerton Rd		City Wallingford		State CT	Zip Code 06492
Principal Occupation Civil Affairs Specialist		Name of Employer U.S. Army Reserves			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/29/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Stabbe		First Eileen		MI	Contribution ID # 0239
Residential Street Address 8 Westerly Rd		City North Haven		State CT	Zip Code 06473
Principal Occupation Consultant		Name of Employer TNTP			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/29/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Cella		First Alida		MI	Contribution ID # 0238
Residential Street Address 172 N Whittlesey Ave		City Wallingford		State CT	Zip Code 06492
Principal Occupation Director of Project Funding		Name of Employer Greenskies Clean Energy LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/29/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Oseni		First Dipo		MI	Contribution ID # 0237
Residential Street Address 35 Kensington Ct		City Cheshire		State CT	Zip Code 06410
Principal Occupation Director of Sales		Name of Employer Signify North America			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/29/2026	Aggregate Contributions \$200.00	\$200.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Quinn		First Michael		MI	Contribution ID # 0236
Residential Street Address 47 Beth Ann Cir		City Meriden		State CT	Zip Code 06450
Principal Occupation Attorney		Name of Employer Mahon, Quinn & Mahon, PC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/29/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Cohen		First David		MI	Contribution ID # 0235
Residential Street Address 55 Tokeneke Dr		City North Haven		State CT	Zip Code 06473
Principal Occupation Attorney		Name of Employer Amphenol Corporation			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/29/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Bernier		First Rick		MI	Contribution ID # 0234
Residential Street Address 1298 Hartford Tpke		City North Haven		State CT	Zip Code 06473
Principal Occupation Broadcast Audio Engineer		Name of Employer NBC Sports			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/29/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Bysiewicz		First Susan		MI	Contribution ID # 0233
Residential Street Address 15 Tall Timbers Rd		City Middletown		State CT	Zip Code 06457-7116
Principal Occupation Lt. Governor/attorney		Name of Employer State of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/29/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Casanova		First Shannon		MI	Contribution ID # 0232
Residential Street Address 17 Gerrish Ave		City East Haven		State CT	Zip Code 06512
Principal Occupation Admin		Name of Employer CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/29/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Yaccarino		First David		MI	Contribution ID # 0231
Residential Street Address 56 Robert Dr		City East Haven		State CT	Zip Code 06512
Principal Occupation Staff Scientist		Name of Employer Thermo Fisher Scientific			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/29/2026	Aggregate Contributions \$27.00	\$27.00

Last Name Sparago		First Cynthia		MI	Contribution ID # 0230
Residential Street Address 42 Caroline Rd		City East Haven		State CT	Zip Code 06512
Principal Occupation Deputy Registrar of Voters		Name of Employer Town of East Haven			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/29/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Rebeschi		First Michael		MI	Contribution ID # 0229
Residential Street Address 28 George St		City East Haven		State CT	Zip Code 06512
Principal Occupation Teacher		Name of Employer New Haven Public Schools			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/29/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Ross		First Barbara		MI	Contribution ID # 0228
Residential Street Address 18 Watkins Dr		City Sandy Hook		State CT	Zip Code 06482
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/29/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Hulten		First Julie		MI	Contribution ID # 0227
Residential Street Address 39 Ashlar Village Dr		City Wallingford		State CT	Zip Code 06492
Principal Occupation retired teacher		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/29/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Foscue		First Kenneth		MI	Contribution ID # 0226
Residential Street Address 195 Wayland St		City North Haven		State CT	Zip Code 06473
Principal Occupation retired		Name of Employer Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/29/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Redman		First Jim		MI	Contribution ID # 0225
Residential Street Address 47 Pool Rd		City North Haven		State CT	Zip Code 06473
Principal Occupation Retired		Name of Employer CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/29/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Sparago		First Mike		MI	Contribution ID # 0224
Residential Street Address 42 Caroline Rd		City East Haven		State CT	Zip Code 06512
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/29/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Ganong		First Sarah		MI	Contribution ID # 0223
Residential Street Address 72 Hamilton St		City Hartford		State CT	Zip Code 06106
Principal Occupation State director		Name of Employer Working Families Party			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/29/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Meyerson		First William		MI	Contribution ID # 0222
Residential Street Address 13 Charlton Hill Rd		City Hamden		State CT	Zip Code 06518
Principal Occupation Part-time faculty		Name of Employer CSCU			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/29/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Gabriele		First Alice		MI	Contribution ID # 0221
Residential Street Address 18 Renee Ln		City North Haven		State CT	Zip Code 06473
Principal Occupation Iâ€™m a child		Name of Employer Iâ€™m a child			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/29/2026	Aggregate Contributions \$30.00	\$30.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Gabriele		First Maureen		MI	Contribution ID # 0220
Residential Street Address 9 Crescent Cir		City Bluffton		State SC	Zip Code 29910
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/29/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Loebick		First Benjamin		MI	Contribution ID # 0219
Residential Street Address 8 Forest Ave		City North Haven		State CT	Zip Code 06473
Principal Occupation Manager		Name of Employer United Illuminating			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/29/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Cupo		First Ellen		MI	Contribution ID # 0218
Residential Street Address 20 Brown St		City New Haven		State CT	Zip Code 06511
Principal Occupation Senior Administrative Assistant		Name of Employer Yale University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/29/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Pierson		First Sue		MI	Contribution ID # 0217
Residential Street Address 25 Mettler Dr		City Wallingford		State CT	Zip Code 06492
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/29/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Gambardella		First Rosalind		MI	Contribution ID # 0216
Residential Street Address 1014 Hartford Tpke		City North Haven		State CT	Zip Code 06473
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/29/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Viscio		First Emilio		MI	Contribution ID # 0215
Residential Street Address 64 Crowell St		City Haverhill		State MA	Zip Code 01830
Principal Occupation Graphic Designer		Name of Employer MA			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/30/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Ingarra		First James		MI	Contribution ID # 0214
Residential Street Address 77 Merwin Cir		City Cheshire		State CT	Zip Code 06410
Principal Occupation Developer		Name of Employer YNHHS			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/30/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Olszyk		First Pamela		MI	Contribution ID # 0213
Residential Street Address 1954 Hartford Tpke		City North Haven		State CT	Zip Code 06473
Principal Occupation Fitness director		Name of Employer Employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/30/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Kozin		First Jacqueline		MI	Contribution ID # 0212
Residential Street Address 235 E River Dr		City East Hartford		State CT	Zip Code 06108
Principal Occupation Campaign Consultant		Name of Employer Jacqueline Kozin			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/30/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Labrador		First Colette		MI	Contribution ID # 0211
Residential Street Address 60 E 17th St		City Brooklyn		State NY	Zip Code 11218
Principal Occupation Administrator		Name of Employer Research Foundation of CUNY			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/30/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Grieveson		First Alison		MI	Contribution ID # 0209
Residential Street Address 35 Buell St		City North Haven		State CT	Zip Code 06473
Principal Occupation Design Director		Name of Employer Alphabet Academy			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/30/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Shoudy		First Elizabeth		MI	Contribution ID # 0208
Residential Street Address 36 Sycamore Dr		City Durham		State CT	Zip Code 06422
Principal Occupation Retired		Name of Employer None			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/30/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name McCormack		First Traci		MI	Contribution ID # 0308
Residential Street Address 18 Goodwill Rd		City North Haven		State CT	Zip Code 06473
Principal Occupation Claims processor		Name of Employer Knights of Columbus			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/30/2026	Aggregate Contributions \$25.00	
					\$25.00

Last Name Fontana		First Stephen		MI	Contribution ID # 0207
Residential Street Address 23 Angel Pl		City North Haven		State CT	Zip Code 06473
Principal Occupation Director of Economic Development		Name of Employer City of West Haven, CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/31/2026	Aggregate Contributions \$340.00	
					\$340.00

Last Name Caldwell		First Chris		MI	Contribution ID # 0206
Residential Street Address 105 Wallace Row		City Wallingford		State CT	Zip Code 06492-3138
Principal Occupation Actuary		Name of Employer Astrana Health			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/31/2026	Aggregate Contributions \$25.00	
					\$25.00

Last Name Feinberg		First Gerald		MI	Contribution ID # 0205
Residential Street Address 34 Brockett Farm Rd		City North Haven		State CT	Zip Code 06473
Principal Occupation attorney		Name of Employer CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/31/2026	Aggregate Contributions \$25.00	
					\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Feinberg		First Barbara		MI	Contribution ID # 0204
Residential Street Address 34 Brockett Farm Rd		City North Haven		State CT	Zip Code 06473
Principal Occupation retired		Name of Employer CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/31/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Muguerza		First Renato		MI	Contribution ID # 0203
Residential Street Address 27 Ellington St		City Hartford		State CT	Zip Code 06106
Principal Occupation Legislative aide		Name of Employer City of hartford			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/31/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Crotty		First Michael		MI	Contribution ID # 0202
Residential Street Address 802 Federal Rd		City Brookfield		State CT	Zip Code 06804
Principal Occupation Organizer		Name of Employer 4Cs			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/31/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Imes		First Kathryn		MI	Contribution ID # 0201
Residential Street Address 10 Bishop St		City North Haven		State CT	Zip Code 06473
Principal Occupation Speech language pathologist		Name of Employer TheraCare			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/31/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Guglielmo		First Michele		MI	Contribution ID # 0200
Residential Street Address 26 Curtis Ct		City North Haven		State CT	Zip Code 06473
Principal Occupation Teacher		Name of Employer NA			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/31/2026	Aggregate Contributions \$5.00	\$5.00

Last Name magnuson		First Stephanie		MI	Contribution ID # 0199
Residential Street Address 7 Manor Dr		City North Haven		State CT	Zip Code 06473
Principal Occupation Higher Education Administration		Name of Employer CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/31/2026	Aggregate Contributions \$200.00	\$200.00

Last Name Cardillo		First Chad		MI	Contribution ID # 0198
Residential Street Address 158 Hillcrest Ter		City Meriden		State CT	Zip Code 06450
Principal Occupation Teacher		Name of Employer Meriden BOE			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/31/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Hickey		First Kevin		MI	Contribution ID # 0197
Residential Street Address 1805 San Jose Ave Apt 2		City San Francisco		State CA	Zip Code 94112
Principal Occupation Nonprofit manager		Name of Employer San Francisco State University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/31/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Villani		First Jason		MI	Contribution ID # 0196
Residential Street Address 47 Parker Farms Rd		City Wallingford		State CT	Zip Code 06492
Principal Occupation Librarian		Name of Employer Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/01/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Fontaine		First Daniel		MI	Contribution ID # 0195
Residential Street Address 2 Martin Trl		City Wallingford		State CT	Zip Code 06492
Principal Occupation Software Developer		Name of Employer Catalyst Insight LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/01/2026	Aggregate Contributions \$200.00	\$200.00

Last Name Sargent		First Brian		MI	Contribution ID # 0194
Residential Street Address 43 Lexington Gdns		City North Haven		State CT	Zip Code 06473
Principal Occupation Professor		Name of Employer University of Massachusetts Amherst			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/01/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Cohen		First Kim		MI	Contribution ID # 0193
Residential Street Address 55 Tokeneke Dr		City North Haven		State CT	Zip Code 06473
Principal Occupation Teacher		Name of Employer New Haven Public Schools			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/01/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Grazioplene		First Rachael		MI	Contribution ID # 0192
Residential Street Address 171 Maple Ave		City North Haven		State CT	Zip Code 06473
Principal Occupation Research Scientist		Name of Employer CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/01/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Beacom		First Elizabeth		MI	Contribution ID # 0191
Residential Street Address 27 Hartley St		City North Haven		State CT	Zip Code 06473
Principal Occupation writer		Name of Employer Southern CT State University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/01/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Beacom		First Matthew		MI	Contribution ID # 0190
Residential Street Address 27 Hartley St		City North Haven		State CT	Zip Code 06473
Principal Occupation Librarian		Name of Employer Yale			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/01/2026	Aggregate Contributions \$5.00	\$5.00

Last Name DeChello		First Kathy		MI	Contribution ID # 0189
Residential Street Address 15 Oak Grove Rd		City East Haven		State CT	Zip Code 06512
Principal Occupation Radiologic Technologist		Name of Employer Yale New Haven Hospital			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/01/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Hogarth		First Pamela		MI	Contribution ID # 0188
Residential Street Address 20 Bernadette Ln		City Durham		State CT	Zip Code 06422
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/02/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Hogarth		First John		MI	Contribution ID # 0187
Residential Street Address 20 Bernadette Ln		City Durham		State CT	Zip Code 06422
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/02/2026	Aggregate Contributions \$10.00	\$10.00

Last Name mooney		First whitney		MI	Contribution ID # 0186
Residential Street Address 1015 N Main Street Ext		City Wallingford		State CT	Zip Code 06492
Principal Occupation Director of development		Name of Employer Middlesex United way			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/04/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Balay		First Christopher		MI	Contribution ID # 0185
Residential Street Address 79 Middlefield Rd .		City Durham		State CT	Zip Code 06422
Principal Occupation Director of IT		Name of Employer PEZ Candy Inc.			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/05/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Gifford		First Holly		MI	Contribution ID # 0184
Residential Street Address 230 Clintonville Ln		City North Haven		State CT	Zip Code 06473
Principal Occupation Registered nurse		Name of Employer Bridgeport hospital			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/06/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Lendroth		First Donna		MI	Contribution ID # 0183
Residential Street Address 63 Augur Road Ext		City Northford		State CT	Zip Code 06472
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/06/2026	Aggregate Contributions \$25.00	\$25.00

Last Name olszyk		First Adam		MI	Contribution ID # 0182
Residential Street Address 42 King St		City Wallingford		State CT	Zip Code 06492
Principal Occupation Clinical supervisor		Name of Employer Apt foundation			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/11/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Nastri		First Pasquale		MI	Contribution ID # 0181
Residential Street Address 3 Crystal Ln		City Wallingford		State CT	Zip Code 06492-2165
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/11/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Bannon		First Judy		MI	Contribution ID # 0180
Residential Street Address 28 Forest View Rd		City Northford		State CT	Zip Code 06472
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/11/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Gouin		First Kristen		MI	Contribution ID # 0179
Residential Street Address 20 Del Ave		City North Haven		State CT	Zip Code 06473
Principal Occupation Teacher		Name of Employer Meriden Board of Education			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/11/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Morgenstein		First Larry		MI	Contribution ID # 0178
Residential Street Address 177 S Main St		City Wallingford		State CT	Zip Code 06492-4207
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/11/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Cella		First Lynn		MI	Contribution ID # 0177
Residential Street Address 9 Lendler Ln		City Wallingford		State CT	Zip Code 06492
Principal Occupation Other		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/11/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Martin		First Karen		MI	Contribution ID # 0176
Residential Street Address 15 Oak Grove Rd		City East Haven		State CT	Zip Code 06512
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/12/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Rostkowski		First Amanda		MI	Contribution ID # 0175
Residential Street Address 130 Tokeneke Dr		City North Haven		State CT	Zip Code 06473
Principal Occupation Physician		Name of Employer Comprehensive GYN of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/12/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Reynolds		First Christine		MI	Contribution ID # 0174
Residential Street Address 850 Old Durham Rd		City Wallingford		State CT	Zip Code 06492
Principal Occupation Practice manager		Name of Employer Child & Family Psychotherapy Center			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/12/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Reynolds		First Jesse		MI	Contribution ID # 0173
Residential Street Address 850 Old Durham Rd		City Wallingford		State CT	Zip Code 06492
Principal Occupation Biostatistician		Name of Employer Yale University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/12/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Varrone-Lederle		First Anne		MI	Contribution ID # 0172
Residential Street Address 344 Main St		City Wallingford		State CT	Zip Code 06492
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/12/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Storck		First Sandra		MI	Contribution ID # 0171
Residential Street Address 231 Highland Ave		City Wallingford		State CT	Zip Code 06492
Principal Occupation clinical site coordinator		Name of Employer Yale University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/12/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Storck		First Edward		MI	Contribution ID # 0170
Residential Street Address 231 Highland Ave		City Wallingford		State CT	Zip Code 06492
Principal Occupation Attorney		Name of Employer Freeman Mathis & Gary, LLP			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/12/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Walker		First Clint		MI	Contribution ID # 0169
Residential Street Address 28 Robin Ct		City North Haven		State CT	Zip Code 06473
Principal Occupation IT/AV Technician		Name of Employer CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/12/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Hoffman		First Henry		MI	Contribution ID # 0168
Residential Street Address 35 Carr St		City Wallingford		State CT	Zip Code 06492
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/12/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Bellmore		First Lisa-Marie		MI	Contribution ID # 0167
Residential Street Address 103 Staffordshire Commons Dr		City Wallingford		State CT	Zip Code 06492
Principal Occupation Advertising		Name of Employer CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/12/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Amore		First Scott		MI	Contribution ID # 0166
Residential Street Address 13 Jenna Rd		City Wallingford		State CT	Zip Code 06492
Principal Occupation Media Production		Name of Employer Scott N. Amore			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/12/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Villone		First Craig		MI	Contribution ID # 0165
Residential Street Address 60 Erika Rd		City Wallingford		State CT	Zip Code 06492
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/12/2026	Aggregate Contributions \$30.00	\$30.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Simiola		First Toni Ann		MI	Contribution ID # 0164
Residential Street Address 112 Frank St		City East Haven		State CT	Zip Code 06512
Principal Occupation Retired		Name of Employer No			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/12/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Bourgault		First Kristen		MI	Contribution ID # 0163
Residential Street Address 837 Clintonville Rd		City Wallingford		State CT	Zip Code 06492
Principal Occupation College Professor		Name of Employer Quinnipiac University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/13/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Holcomb		First Katherine		MI	Contribution ID # 0162
Residential Street Address 10 Cannonball Rd		City North Haven		State CT	Zip Code 06473
Principal Occupation Retired		Name of Employer CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/13/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Voss		First Michele		MI	Contribution ID # 0161
Residential Street Address 40 High St		City Wallingford		State CT	Zip Code 06492
Principal Occupation Clinical trial manager		Name of Employer Pfizer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/13/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name kirwan		First amy		MI	Contribution ID # 0160
Residential Street Address 481 N Main St		City Wallingford		State CT	Zip Code 06492
Principal Occupation accountant		Name of Employer Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/13/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Reynolds		First Deborah		MI	Contribution ID # 0159
Residential Street Address 844 Old Durham Rd		City Wallingford		State CT	Zip Code 06492
Principal Occupation Business data analyst		Name of Employer Hartford insurance			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/13/2026	Aggregate Contributions \$5.00	\$5.00

Last Name bowers		First Amy		MI	Contribution ID # 0158
Residential Street Address 9 Collett St		City North Haven		State CT	Zip Code 06473
Principal Occupation Teacher		Name of Employer CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/14/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Johnson		First Alex		MI	Contribution ID # 0157
Residential Street Address 50 Fallon Dr		City North Haven		State CT	Zip Code 06473
Principal Occupation Senior Aid, Dog Walker, Rideshare Driver		Name of Employer Senior Helpers , Wag, Self Employed Dog Walker, Ub			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/15/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Tolisano		First Heather Tolisano		MI	Contribution ID # 0156
Residential Street Address 68 Frost Dr		City North Haven		State CT	Zip Code 06473
Principal Occupation RN		Name of Employer YNHH			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/15/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Gill		First Nicholas		MI A	Contribution ID # 0287
Residential Street Address 108 Grove Rd		City North Haven		State CT	Zip Code 06473
Principal Occupation Insurance Principal Examiner		Name of Employer State of CT Insurance Dept			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/16/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Pope		First Jennifer		MI	Contribution ID # 0155
Residential Street Address 37 Woodstock Rd		City Hamden		State CT	Zip Code 06517
Principal Occupation Clinical Research Manager		Name of Employer Yale University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/17/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Gorvine		First Tara		MI	Contribution ID # 0154
Residential Street Address 23 Elmwood Rd		City Wallingford		State CT	Zip Code 06492
Principal Occupation Donor relations		Name of Employer Unemployed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/18/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Kowerko		First Irene		MI	Contribution ID # 0153
Residential Street Address 75 Brentwood Dr		City Wallingford		State CT	Zip Code 06492
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/19/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Bohen		First Kim		MI	Contribution ID # 0152
Residential Street Address 9 Self Ct		City Wallingford		State CT	Zip Code 06492
Principal Occupation nonprofit consulting		Name of Employer Self employed consultant			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/19/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Greco		First Stephen		MI	Contribution ID # 0151
Residential Street Address 56 South Ave		City North Haven		State CT	Zip Code 06473
Principal Occupation Manager		Name of Employer Adobe			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/19/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Olszyk		First Peter		MI	Contribution ID # 0150
Residential Street Address 1979 Hartford Tpke		City North Haven		State CT	Zip Code 06473
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/19/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Olszyk		First Deborah		MI	Contribution ID # 0149
Residential Street Address 1979 Hartford Tpke		City North Haven		State CT	Zip Code 06473
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/19/2026	Aggregate Contributions \$50.00	\$50.00

Last Name M Kohan		First Jeffrey		MI	Contribution ID # 0148
Residential Street Address 10 Whispering Pines Dr		City Wallingford		State CT	Zip Code 06492
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/20/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Fritzel		First Katrina		MI	Contribution ID # 0147
Residential Street Address 5 North Ave		City North Haven		State CT	Zip Code 06473
Principal Occupation Admin		Name of Employer Elevance			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/20/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Leamon		First Scott		MI	Contribution ID # 0146
Residential Street Address 11 Justine Dr		City North Haven		State CT	Zip Code 06473
Principal Occupation Land Surveyor		Name of Employer Town of Fairfield			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/21/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Leamon		First Lisa		MI	Contribution ID # 0145
Residential Street Address 11 Justine Dr		City North Haven		State CT	Zip Code 06473
Principal Occupation Financial Analyst		Name of Employer Jack Henry and Associates			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/21/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Kleinman		First Jayne		MI	Contribution ID # 0144
Residential Street Address 1298 Hartford Tpke		City North Haven		State CT	Zip Code 06473
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/21/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Krzmarzick		First Jamie		MI	Contribution ID # 0143
Residential Street Address 73 Lexington Gdns		City North Haven		State CT	Zip Code 06473
Principal Occupation Nurse Practitioner		Name of Employer Sevi Health			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/23/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Gifford		First Jason		MI	Contribution ID # 0142
Residential Street Address 230 Clintonville Ln		City North Haven		State CT	Zip Code 06473
Principal Occupation Barista		Name of Employer Dunkin			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/24/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Ahern		First Kieran		MI	Contribution ID # 0141
Residential Street Address 23 George St		City North Haven		State CT	Zip Code 06473
Principal Occupation Analyst		Name of Employer Tabors Caramanis Rudkevich			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/25/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Leamon		First Jane		MI	Contribution ID # 0140
Residential Street Address 11 Justine Dr		City North Haven		State CT	Zip Code 06473
Principal Occupation Student		Name of Employer Student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/25/2026	Aggregate Contributions \$5.00	\$5.00

Last Name gill		First Kriste		MI	Contribution ID # 0139
Residential Street Address 108 Grove Rd		City North Haven		State CT	Zip Code 06473
Principal Occupation slp		Name of Employer hamden public y			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/25/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Leamon		First Hannah		MI	Contribution ID # 0138
Residential Street Address 11 Justine Dr		City North Haven		State CT	Zip Code 06473
Principal Occupation Student		Name of Employer Student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/25/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Gifford		First Stephen		MI	Contribution ID # 0137
Residential Street Address 230 Clintonville Ln		City North Haven		State CT	Zip Code 06473
Principal Occupation HR Director		Name of Employer RFS Technology			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/25/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Meszaros		First Isaac		MI	Contribution ID # 0136
Residential Street Address 19 King Arthur Ct		City North Haven		State CT	Zip Code 06473
Principal Occupation Middle School Student		Name of Employer Middle School Student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/25/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Hackett		First Shayna		MI	Contribution ID # 0135
Residential Street Address 72 Shawmut Ave		City North Haven		State CT	Zip Code 06473
Principal Occupation Marketing Manager		Name of Employer Medtronic			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/27/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Bromley		First Sarah		MI	Contribution ID # 0134
Residential Street Address 27 Norway St		City Milford		State CT	Zip Code 06461
Principal Occupation Preschool Teacher		Name of Employer Bright Horizons			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/27/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Womble		First Sabrina		MI	Contribution ID # 0133
Residential Street Address 42 Gene St		City East Haven		State CT	Zip Code 06513
Principal Occupation Marcom contractor		Name of Employer Marcom Contractor			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/28/2026	Aggregate Contributions \$15.00	\$15.00

Last Name Grotzke		First Amy		MI	Contribution ID # 0132
Residential Street Address 52 Northside Rd		City North Haven		State CT	Zip Code 06473
Principal Occupation Higher Education Administration		Name of Employer Southern Connecticut State University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/01/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Grotzke		First Jeffrey		MI	Contribution ID # 0131
Residential Street Address 52 Northside Rd		City North Haven		State CT	Zip Code 06473
Principal Occupation Scientist		Name of Employer Arvinas			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/01/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Grotzke		First Lucy		MI	Contribution ID # 0130
Residential Street Address 52 Northside Rd		City North Haven		State CT	Zip Code 06473
Principal Occupation Student		Name of Employer Student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/01/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Grotzke		First Grant		MI	Contribution ID # 0129
Residential Street Address 52 Northside Rd		City North Haven		State CT	Zip Code 06473
Principal Occupation Student		Name of Employer Student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/01/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Marra		First Jennifer		MI	Contribution ID # 0128
Residential Street Address 75 Redwood Dr		City East Haven		State CT	Zip Code 06513
Principal Occupation Project manager		Name of Employer Merck			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/02/2026	Aggregate Contributions \$25.00	\$25.00

Last Name DePalma		First Richard		MI	Contribution ID # 0295
Residential Street Address 10 Seaview Ave		City East Haven		State CT	Zip Code 06512
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/02/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Hedley		First Tina Marie		MI	Contribution ID # 0294
Residential Street Address 84 Landing Pl		City East Haven		State CT	Zip Code 06512
Principal Occupation Information Technology		Name of Employer Town of East Haven			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/02/2026	Aggregate Contributions \$20.00	\$20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Stricker		First Sam		MI	Contribution ID # 0293
Residential Street Address 19 Angela Dr		City East Haven		State CT	Zip Code 06512
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/02/2026	Aggregate Contributions \$40.00	\$40.00

Last Name Carfora		First Joseph		MI A	Contribution ID # 0292
Residential Street Address 142 Barberry Rd		City East Haven		State CT	Zip Code 06473
Principal Occupation Mayor		Name of Employer Town of East Haven			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/02/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Lieber		First Matthew		MI A	Contribution ID # 0291
Residential Street Address 18 Hampton Rd		City East Haven		State CT	Zip Code 06512
Principal Occupation Education Coach		Name of Employer Self Employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/02/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Santiago		First Erika		MI L	Contribution ID # 0290
Residential Street Address 52 Elm St		City East Haven		State CT	Zip Code 06512
Principal Occupation Receptionist		Name of Employer Hamden Pediatrics			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/02/2026	Aggregate Contributions \$20.00	\$20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Quinn		First Kathleen		MI	Contribution ID # 0289
Residential Street Address 42 Cortina Rd		City East Haven		State CT	Zip Code 06513
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/02/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Clough		First Noreen		MI E	Contribution ID # 0288
Residential Street Address 32 Chidsey Ave		City East Haven		State CT	Zip Code 06512
Principal Occupation Accounting Manager		Name of Employer RC Bigelow			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/02/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Krzmarzick		First Dan		MI	Contribution ID # 0127
Residential Street Address 73 Lexington Gdns		City North Haven		State CT	Zip Code 06473
Principal Occupation CFO		Name of Employer Revology			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/04/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Reding		First Ashley		MI	Contribution ID # 0126
Residential Street Address 10 Sea Hill Rd		City North Branford		State CT	Zip Code 06471
Principal Occupation Policy and Legal Analyst		Name of Employer State of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/05/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Byron		First Kerri		MI	Contribution ID # 0125
Residential Street Address 151 Maple Ave		City North Haven		State CT	Zip Code 06473
Principal Occupation Speech language pathologist		Name of Employer CT children's			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/06/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Hyland		First Rebecca		MI	Contribution ID # 0124
Residential Street Address 18 Haller Pl		City Wallingford		State CT	Zip Code 06492
Principal Occupation homemaker		Name of Employer homemaker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/07/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Hyland		First Benjamin		MI	Contribution ID # 0123
Residential Street Address 18 Haller Pl		City Wallingford		State CT	Zip Code 06492
Principal Occupation Financial Advisor		Name of Employer Prudential			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/07/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Kovacs		First Rita C.		MI	Contribution ID # 0122
Residential Street Address 105 Grandview Ave		City Wallingford		State CT	Zip Code 06492
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/07/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Camp		First Dana		MI	Contribution ID # 0121
Residential Street Address 46 N Airline Rd		City Wallingford		State CT	Zip Code 06492
Principal Occupation IT Professional		Name of Employer unemployed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/07/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Roeder		First Caitlin		MI	Contribution ID # 0120
Residential Street Address 6 Netto Ln		City Plainview		State NY	Zip Code 11803
Principal Occupation Social worker		Name of Employer CN Guidance			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/07/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Fusco		First Michael		MI	Contribution ID # 0119
Residential Street Address 562 New Haven Rd		City Durham		State CT	Zip Code 06422
Principal Occupation Attorney		Name of Employer Travelers			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/07/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Quick		First Kenneth		MI M	Contribution ID # 0257
Residential Street Address 5 Hamilton St		City North Haven		State CT	Zip Code 06473
Principal Occupation Sales		Name of Employer Presidio			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/07/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Graves		First Jenny		MI	Contribution ID # 0307
Residential Street Address 22 George St		City North Haven		State CT	Zip Code 06473
Principal Occupation Public School Teacher		Name of Employer City of New Haven			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/07/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Quick		First Cheryl		MI M	Contribution ID # 0256
Residential Street Address 5 Hamilton St		City North Haven		State CT	Zip Code 06473
Principal Occupation Teacher		Name of Employer Stratford Board of Education			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/08/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Cheyney		First Karen		MI	Contribution ID # 0118
Residential Street Address 60 Guire Rd		City Durham		State CT	Zip Code 06422
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/08/2026	Aggregate Contributions \$50.00	\$50.00

Last Name perinetti		First jeffrey		MI	Contribution ID # 0117
Residential Street Address 57 Sand Plain Rd		City Charlestown		State RI	Zip Code 02813
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/08/2026	Aggregate Contributions \$200.00	\$200.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Grechika		First Nicole		MI	Contribution ID # 0116
Residential Street Address 12 Rachel Ct		City Killingworth		State CT	Zip Code 06419
Principal Occupation Social work		Name of Employer AASCC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/08/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Williams		First Leslie		MI	Contribution ID # 0115
Residential Street Address 595 Woodhouse Ave		City Wallingford		State CT	Zip Code 06492
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/08/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Nastri		First Pasquale		MI	Contribution ID # 0114
Residential Street Address 3 Crystal Ln		City Wallingford		State CT	Zip Code 06492-2165
Principal Occupation Unemployed		Name of Employer Unemployed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/08/2026	Aggregate Contributions \$30.00	\$5.00

Last Name Gorvine		First Tara		MI	Contribution ID # 0113
Residential Street Address 23 Elmwood Rd		City Wallingford		State CT	Zip Code 06492
Principal Occupation Unemployed		Name of Employer Unemployed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/08/2026	Aggregate Contributions \$30.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Morgenstein		First Gina		MI	Contribution ID # 0112
Residential Street Address 177 S Main St		City Wallingford		State CT	Zip Code 06492
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/08/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Mushinsky		First Mary		MI	Contribution ID # 0111
Residential Street Address 188 S Cherry St .		City Wallingford		State CT	Zip Code 06492
Principal Occupation Legislator		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/08/2026	Aggregate Contributions \$55.00	\$30.00

Last Name Forline		First KATHARINE		MI	Contribution ID # 0110
Residential Street Address 957 New Haven Rd		City Durham		State CT	Zip Code 06422
Principal Occupation Massage Therapist		Name of Employer Move2Joy LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/08/2026	Aggregate Contributions \$15.00	\$15.00

Last Name Tipping		First Nancy		MI	Contribution ID # 0109
Residential Street Address 78 Alling Rd		City Northford		State CT	Zip Code 06472
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/08/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Good		First Michael		MI	Contribution ID # 0108
Residential Street Address 375 Haddam Quarter Rd		City Durham		State CT	Zip Code 06422
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/08/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Lynch		First Joyce		MI	Contribution ID # 0107
Residential Street Address 7 Clearview Dr		City Wallingford		State CT	Zip Code 06492
Principal Occupation Retired teacher		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/08/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Conroy		First Bruce		MI	Contribution ID # 0106
Residential Street Address 13 Burke Heights Dr		City Wallingford		State CT	Zip Code 06492
Principal Occupation Union Carpenter		Name of Employer Brownstone Construction			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/08/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Howe		First William Clay		MI	Contribution ID # 0105
Residential Street Address 79 Main St		City Durham		State CT	Zip Code 06422-2101
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/08/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Good		First Susan		MI	Contribution ID # 0104
Residential Street Address 375 Haddam Quarter Rd		City Durham		State CT	Zip Code 06422
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Gabriele		First Maureen		MI	Contribution ID # 0103
Residential Street Address 9 Crescent Cir		City Bluffton		State SC	Zip Code 29910
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$75.00	\$25.00

Last Name Benham		First Richard		MI	Contribution ID # 0102
Residential Street Address 41 S Main St		City Wallingford		State CT	Zip Code 06492
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Gifford		First Matthew		MI	Contribution ID # 0101
Residential Street Address 230 Clintonville Ln		City North Haven		State CT	Zip Code 06473
Principal Occupation none		Name of Employer none			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Miller		First Brian		MI	Contribution ID # 0100
Residential Street Address 108 Colonial Hill Dr		City Wallingford		State CT	Zip Code 06492
Principal Occupation City Planner		Name of Employer Miller Planning Group			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$5.00	\$5.00

Last Name LaFrance-Proscino		First Frances		MI	Contribution ID # 0099
Residential Street Address 14 Jackson Ave		City Wallingford		State CT	Zip Code 06492
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$75.00	\$75.00

Last Name Roberts		First Jeff		MI	Contribution ID # 0098
Residential Street Address 668 Russell St		City New Haven		State CT	Zip Code 06513
Principal Occupation Sales		Name of Employer Redding Audio LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Chaplin		First Merv		MI	Contribution ID # 0097
Residential Street Address 20 Bowling Green Dr		City North Haven		State CT	Zip Code 06473-1408
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Dihlman		First Eric		MI	Contribution ID # 0096
Residential Street Address 31 Apple St		City Wallingford		State CT	Zip Code 06492
Principal Occupation Compliance Advisor Senior Manager		Name of Employer Capital One Financial Corporation			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Hionis		First Christos		MI	Contribution ID # 0095
Residential Street Address 31 Apple St		City Wallingford		State CT	Zip Code 06492
Principal Occupation Senior Administrative Assistant		Name of Employer Yale University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Novelo		First Henry		MI	Contribution ID # 0094
Residential Street Address 18 Westlyn Dr		City Bardonia		State NY	Zip Code 10954
Principal Occupation Sales		Name of Employer KonnectOne			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Quarello		First James		MI	Contribution ID # 0093
Residential Street Address 28 Edgewood Dr		City Wallingford		State CT	Zip Code 06492
Principal Occupation Home inspector		Name of Employer JRV Home Inspection Svcs., LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Smith		First George		MI	Contribution ID # 0092
Residential Street Address 8 Maplevale Rd		City East Haven		State CT	Zip Code 06512
Principal Occupation Management		Name of Employer A&G Cleaning Agents			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Warden		First Tara		MI	Contribution ID # 0091
Residential Street Address 163 S End Rd		City East Haven		State CT	Zip Code 06512
Principal Occupation Client success specialist		Name of Employer MPulse Mobile, Inc			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$15.00	\$15.00

Last Name Villani		First Jason		MI	Contribution ID # 0090
Residential Street Address 47 Parker Farms Rd		City Wallingford		State CT	Zip Code 06492
Principal Occupation Librarian		Name of Employer New Britain Public Library			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$50.00	\$25.00

Last Name Allen		First Lynne		MI	Contribution ID # 0089
Residential Street Address 23 Dionigi Dr		City Durham		State CT	Zip Code 06422
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Codruta		First Codruta		MI	Contribution ID # 0088
Residential Street Address 8 Forest Ave		City North Haven		State CT	Zip Code 06473
Principal Occupation Manager		Name of Employer CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Spektor		First Beth		MI	Contribution ID # 0087
Residential Street Address 212 Laurel Ave		City Maplewood		State NJ	Zip Code 07040
Principal Occupation non-profit administration		Name of Employer JFF			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Conley		First Molly		MI	Contribution ID # 0086
Residential Street Address 19 King Arthur Ct		City North Haven		State CT	Zip Code 06473
Principal Occupation Psychologist		Name of Employer Family Strong CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$25.00	\$25.00

Last Name FISCHER		First David		MI	Contribution ID # 0085
Residential Street Address 25 Flower Hill Rd		City Poughkeepsie		State NY	Zip Code 12603
Principal Occupation Consultant		Name of Employer Altior Policy Solutions			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Suvoski		First David		MI	Contribution ID # 0084
Residential Street Address 1979 Hartford Tpke		City North Haven		State CT	Zip Code 06473
Principal Occupation General Foreman		Name of Employer Century Drywall			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Whalen		First Jeff		MI	Contribution ID # 0083
Residential Street Address 171 Maple Ave		City North Haven		State CT	Zip Code 06473
Principal Occupation Engineer		Name of Employer The Lee Co			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$200.00	\$200.00

Last Name Nappe		First Angela		MI	Contribution ID # 0297
Residential Street Address 315 Skiff St		City North Haven		State CT	Zip Code 06473
Principal Occupation Student		Name of Employer SCSU			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Nappe		First Michael		MI	Contribution ID # 0296
Residential Street Address 315 Skiff St		City North Haven		State CT	Zip Code 06473
Principal Occupation Retail Sales		Name of Employer Self Employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Hulten		First Julie		MI	Contribution ID # 0082
Residential Street Address 39 Ashlar Village Dr		City Wallingford		State CT	Zip Code 06492
Principal Occupation retired teacher		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/11/2026	Aggregate Contributions \$125.00	\$25.00

Last Name Shuler		First Brenda		MI	Contribution ID # 0081
Residential Street Address 427 Williams Rd		City Wallingford		State CT	Zip Code 06492
Principal Occupation Nurse		Name of Employer Nursing Concepts			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/11/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Villone		First Craig		MI	Contribution ID # 0080
Residential Street Address 60 Erika Rd		City Wallingford		State CT	Zip Code 06492
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/11/2026	Aggregate Contributions \$60.00	\$30.00

Last Name Loebick		First Benjamin		MI	Contribution ID # 0079
Residential Street Address 8 Forest Ave		City North Haven		State CT	Zip Code 06473
Principal Occupation Manager		Name of Employer CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/11/2026	Aggregate Contributions \$50.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Balter		First Joshua		MI	Contribution ID # 0078
Residential Street Address 35 Red Bluff Rd		City East Haven		State CT	Zip Code 06513
Principal Occupation Attorney		Name of Employer Happy Even After Family Law			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/11/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Krause		First Denise		MI	Contribution ID # 0077
Residential Street Address 1966 Hartford Tpke		City North Haven		State CT	Zip Code 06473
Principal Occupation Retired		Name of Employer CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/11/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Huizenga		First Susan		MI	Contribution ID # 0076
Residential Street Address 36 Surrey Dr		City Wallingford		State CT	Zip Code 06492
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/12/2026	Aggregate Contributions \$12.00	\$12.00

Last Name Mooney		First Sydney		MI	Contribution ID # 0075
Residential Street Address 1015 N Main Ext		City Wallingford		State CT	Zip Code 06492
Principal Occupation Lead Baker		Name of Employer Alyssa's Cakery			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/13/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Cosgrove		First Jay		MI	Contribution ID # 0074
Residential Street Address 103 Colonial Hill Dr		City Wallingford		State CT	Zip Code 06492
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/14/2026	Aggregate Contributions \$15.00	\$15.00

Last Name Barillaro		First Nicole		MI	Contribution ID # 0073
Residential Street Address 229 Hall Ave		City Wallingford		State CT	Zip Code 06492
Principal Occupation Attorney		Name of Employer Gambardella & Barillaro PC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/14/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Havrilla		First Alysha		MI	Contribution ID # 0072
Residential Street Address 197 Cheshire Rd		City Wallingford		State CT	Zip Code 06492
Principal Occupation Bilingual Teacher		Name of Employer Children's Programs of CT- Center for Refugee & I			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/14/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Abbate		First Rebecca		MI	Contribution ID # 0071
Residential Street Address 31 N Elm St		City Wallingford		State CT	Zip Code 06492
Principal Occupation Teacher		Name of Employer Choate Rosemary Hall			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/14/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Abbate		First Henry		MI	Contribution ID # 0306
Residential Street Address 31 N Elm St		City Wallingford		State CT	Zip Code 06492
Principal Occupation Student		Name of Employer Student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/14/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Abbate		First Juliette		MI	Contribution ID # 0305
Residential Street Address 31 N Elm St		City Wallingford		State CT	Zip Code 06492
Principal Occupation Student		Name of Employer Student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/14/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Abbate		First Christopher		MI	Contribution ID # 0304
Residential Street Address 31 N Elm St		City Wallingford		State CT	Zip Code 06492
Principal Occupation Student		Name of Employer Student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/14/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Abbate		First Adam		MI	Contribution ID # 0303
Residential Street Address 31 N Elm St		City Wallingford		State CT	Zip Code 06492
Principal Occupation Manager		Name of Employer The Walt Disney Company			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/14/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Ziemba		First Emily		MI A	Contribution ID # 0286
Residential Street Address 42 King St		City Wallingford		State CT	Zip Code 06492
Principal Occupation Social Worker		Name of Employer Boys and Girls Village			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/15/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Olseyk		First Sarah		MI M	Contribution ID # 0285
Residential Street Address 6 Madelene Dr		City North Haven		State CT	Zip Code 06473
Principal Occupation Ops Manager		Name of Employer LTC Bridge			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/15/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Olseyk		First John		MI T	Contribution ID # 0284
Residential Street Address 6 Madelene Dr		City North Haven		State CT	Zip Code 06473
Principal Occupation Teacher		Name of Employer Greenwich Education Group			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/15/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Foraker		First Susan		MI G	Contribution ID # 0283
Residential Street Address 336 Lane St		City Hamden		State CT	Zip Code 06514
Principal Occupation Business Manager		Name of Employer Hamden Public Library			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/15/2026	Aggregate Contributions \$30.00	\$30.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Foraker		First Sarah		MI T	Contribution ID # 0282
Residential Street Address 336 Lane St		City Hamden		State CT	Zip Code 06514
Principal Occupation Teacher		Name of Employer Hamden Board of Education			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/15/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Foraker		First Albert		MI A	Contribution ID # 0281
Residential Street Address 336 Lane St		City Hamden		State CT	Zip Code 06514
Principal Occupation Dock Clerk		Name of Employer Amazon			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/15/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Suvoski		First Aurora		MI	Contribution ID # 0280
Residential Street Address 1979 Hartford Tpke		City North Haven		State CT	Zip Code 06473
Principal Occupation		Name of Employer Student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/15/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Mandato		First Robert		MI	Contribution ID # 0279
Residential Street Address 130 Coe Ave Unit 1		City East Haven		State CT	Zip Code 06512
Principal Occupation		Name of Employer Unemployed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/15/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Camp		First Stacy		MI	Contribution ID # 0070
Residential Street Address 46 N Airline Rd		City Wallingford		State CT	Zip Code 06492
Principal Occupation Dental assistant		Name of Employer New Haven Oral Surgery			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/15/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Heitler		First Leonora		MI	Contribution ID # 0069
Residential Street Address 130 State St		City North Haven		State CT	Zip Code 06473
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/15/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Doerr		First Brian		MI	Contribution ID # 0068
Residential Street Address 12 Penny Ln		City Wallingford		State CT	Zip Code 06492
Principal Occupation Lab Manager		Name of Employer Thor Specialties			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/16/2026	Aggregate Contributions \$340.00	\$335.00

Last Name Suvoski		First Tifannie		MI	Contribution ID # 0067
Residential Street Address 1979 Hartford Tpke		City North Haven		State CT	Zip Code 06473
Principal Occupation Healthcare		Name of Employer Whitney Center			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/17/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Carmody		First Samuel		MI	Contribution ID # 0066
Residential Street Address 116 Center St		City Wallingford		State CT	Zip Code 06492
Principal Occupation Community Relations		Name of Employer Eversource Energy			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/17/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Rossacci		First Melanie		MI	Contribution ID # 0065
Residential Street Address 9 Platt Dr		City Wallingford		State CT	Zip Code 06492
Principal Occupation Senior Managing Consultant		Name of Employer Accenture			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/17/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Kimball		First Kathleen		MI	Contribution ID # 0064
Residential Street Address 212 Blue Hills Rd		City North Haven		State CT	Zip Code 06473
Principal Occupation Veterinarian		Name of Employer Pieper Veterinary			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/17/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Vasudevan		First Divya		MI	Contribution ID # 0063
Residential Street Address 43 Lexington Gdns		City North Haven		State CT	Zip Code 06473
Principal Occupation Attorney		Name of Employer Eversource Energy			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/17/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Ostroski		First Chet		MI	Contribution ID # 0062
Residential Street Address 24 Winding Brook Ln		City Wallingford		State CT	Zip Code 06492
Principal Occupation Sales		Name of Employer AstraZeneca			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/18/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Cella		First David		MI	Contribution ID # 0061
Residential Street Address 172 N Whittlesey Ave		City Wallingford		State CT	Zip Code 06492
Principal Occupation Owner		Name of Employer Cella Built LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/18/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Hutchinson		First Jeffrey		MI E	Contribution ID # 0301
Residential Street Address 16 Carriage Dr		City Wallingford		State CT	Zip Code 06492
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/18/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Wall		First Kathryn		MI	Contribution ID # 0300
Residential Street Address 34 Legius Rd		City Wallingford		State CT	Zip Code 06492
Principal Occupation Town Clerk		Name of Employer Town of Berlin			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/18/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Wall		First Timothy		MI S	Contribution ID # 0299
Residential Street Address 386 Main St		City Wallingford		State CT	Zip Code 06492
Principal Occupation State Marshal		Name of Employer Self CT State Marshal			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/18/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Brunell		First Robert		MI CT	Contribution ID # 0060
Residential Street Address 60 Guire Rd		City Durham		State CT	Zip Code 06422
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/19/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Swanson		First Kari		MI CT	Contribution ID # 0059
Residential Street Address 35 Potter Rd		City North Haven		State CT	Zip Code 06473
Principal Occupation Librarian/Union President		Name of Employer Southern Connecticut State University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/19/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Conley		First Karen		MI CT	Contribution ID # 0058
Residential Street Address 19 King Arthur Ct		City North Haven		State CT	Zip Code 06473
Principal Occupation Registered Nurse		Name of Employer The Village for Families and Children			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/19/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name McFarlane		First Jacqueline		MI	Contribution ID # 0057
Residential Street Address 58 Kondracki Ln		City Wallingford		State CT	Zip Code 06492
Principal Occupation Senior Banking Analyst		Name of Employer Transact Campus Inc.			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/20/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Tewksbury		First Michelle		MI	Contribution ID # 0056
Residential Street Address 216 Columbus Ave		City Meriden		State CT	Zip Code 06451
Principal Occupation Letter Carrier		Name of Employer United States Postal Service			
Is contributor a principal of a state contractor or prospective state contractor? ☒ Yes ☐ No If yes, indicate which branch or branches of government the contract is with: ☒ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/20/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Miller		First Brian		MI	Contribution ID # 0055
Residential Street Address 108 Colonial Hill Dr		City Wallingford		State CT	Zip Code 06492
Principal Occupation City Planner		Name of Employer Miller Planning Group			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/20/2026	Aggregate Contributions \$10.00	\$5.00

Last Name Piscatelli		First Cynthia		MI	Contribution ID # 0054
Residential Street Address 11 King Rd		City Wallingford		State CT	Zip Code 06492
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/20/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Allen		First Kyler		MI	Contribution ID # 0053
Residential Street Address 3 Shady Dr		City Wallingford		State CT	Zip Code 06492
Principal Occupation Neuropsychologist		Name of Employer Hospital for Special Care			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/20/2026	Aggregate Contributions \$50.00	\$50.00

Last Name McNamara		First Kevin		MI	Contribution ID # 0052
Residential Street Address 356 S Orchard St		City Wallingford		State CT	Zip Code 06492
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/20/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Palermo		First Raymond		MI	Contribution ID # 0051
Residential Street Address 395 Ward St		City Wallingford		State CT	Zip Code 06492
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/20/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Cabrera		First Alexander		MI J	Contribution ID # 0254
Residential Street Address 42 George St		City North Haven		State CT	Zip Code 06473
Principal Occupation Student		Name of Employer Student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/21/2026	Aggregate Contributions \$30.00	\$30.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Cabrera		First Ava		MI A	Contribution ID # 0253
Residential Street Address 42 George St		City North Haven		State CT	Zip Code 06473
Principal Occupation Student		Name of Employer Student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/21/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Cabrera		First Christian		MI J	Contribution ID # 0252
Residential Street Address 42 George St		City North Haven		State CT	Zip Code 06473
Principal Occupation Packaging Tech		Name of Employer Medtronic			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/21/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Cabrera		First Genevieve		MI M	Contribution ID # 0251
Residential Street Address 42 George St		City North Haven		State CT	Zip Code 06473
Principal Occupation Sr. Admin Assistant		Name of Employer Yale University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/21/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Strong		First Amanda		MI	Contribution ID # 0050
Residential Street Address 70 Lexington Gdns		City North Haven		State CT	Zip Code 06473
Principal Occupation Professor		Name of Employer Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/22/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Boyd		First Melanie		MI	Contribution ID # 0049
Residential Street Address 13 Cooper Rd		City North Haven		State CT	Zip Code 06473
Principal Occupation Educator		Name of Employer CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/22/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Hatton		First Denny		MI	Contribution ID # 0048
Residential Street Address 103 Daniel Dr		City North Haven		State CT	Zip Code 06473
Principal Occupation Cybersecurity		Name of Employer Citi			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/22/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Burns		First Julie		MI	Contribution ID # 0047
Residential Street Address 15 Windsor Rd E		City North Haven		State CT	Zip Code 06473
Principal Occupation Teacher		Name of Employer West Haven Board of Education			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/22/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Rudikoff		First Joel		MI	Contribution ID # 0046
Residential Street Address 31 Lancelot Dr		City North Haven		State CT	Zip Code 06473
Principal Occupation Attorney		Name of Employer State of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/22/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Mead		First Alden		MI	Contribution ID # 0045
Residential Street Address 200 Rimmon Rd		City North Haven		State CT	Zip Code 06473
Principal Occupation Professor		Name of Employer Quinnipiac university and Yale University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/22/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Mead-Morse		First Erin		MI	Contribution ID # 0044
Residential Street Address 81 Collett St		City North Haven		State CT	Zip Code 06473
Principal Occupation Assistant professor		Name of Employer UConn Health			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/22/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Cegelka		First Ashley		MI	Contribution ID # 0043
Residential Street Address 67 Tennyson Ave		City North Haven		State CT	Zip Code 06473
Principal Occupation Board Certified Behavior Analyst		Name of Employer Full-time employed with ACES of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/22/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Mazzadra		First Renee		MI	Contribution ID # 0042
Residential Street Address 26 Postman Hwy		City North Haven		State CT	Zip Code 06473
Principal Occupation Special Education Teacher		Name of Employer Meliora Academy			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/22/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Carew		First James		MI	Contribution ID # 0041
Residential Street Address 55 Mansfield Rd		City North Haven		State CT	Zip Code 06473
Principal Occupation Retired		Name of Employer CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/22/2026	Aggregate Contributions \$5.00	\$5.00

Last Name millen		First susan		MI	Contribution ID # 0040
Residential Street Address 179 Millbrook Rd		City North Haven		State CT	Zip Code 06473
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/22/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Washington		First Dana		MI	Contribution ID # 0039
Residential Street Address 157 Rock Rd		City North Haven		State CT	Zip Code 06473
Principal Occupation Sales		Name of Employer GSK			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/23/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Burns		First Matthew		MI	Contribution ID # 0038
Residential Street Address 15 Windsor Rd E		City North Haven		State CT	Zip Code 06473
Principal Occupation Rail Officer		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/23/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Antonecchia		First Lisa		MI	Contribution ID # 0037
Residential Street Address 14 Juniper Dr		City North Haven		State CT	Zip Code 06473
Principal Occupation Wedding and events professional			Name of Employer Ct		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$10.00
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #		Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/23/2026	
				Aggregate Contributions \$10.00	

Last Name Anker		First Andrew		MI	Contribution ID # 0036
Residential Street Address 285 Millbrook Rd		City North Haven		State CT	Zip Code 06473
Principal Occupation College professor			Name of Employer California State University		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$10.00
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #		Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/23/2026	
				Aggregate Contributions \$10.00	

Last Name LeRoy		First Nancy		MI	Contribution ID # 0035
Residential Street Address 285 Millbrook Rd		City North Haven		State CT	Zip Code 06473
Principal Occupation Retired			Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$10.00
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #		Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/23/2026	
				Aggregate Contributions \$10.00	

Last Name Rudikoff		First Benjamin		MI	Contribution ID # 0034
Residential Street Address 31 Lancelot Dr		City North Haven		State CT	Zip Code 06473
Principal Occupation Student			Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$5.00
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #		Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/23/2026	
				Aggregate Contributions \$5.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Camire		First Casey		MI	Contribution ID # 0033
Residential Street Address 219 S Main St		City Wallingford		State CT	Zip Code 06492
Principal Occupation Engineer		Name of Employer Henkel Corporation			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/23/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Wright		First Suzanne		MI	Contribution ID # 0032
Residential Street Address 612 Ward Street Ext		City Wallingford		State CT	Zip Code 06492
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/23/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Chelcun		First Cindy		MI	Contribution ID # 0031
Residential Street Address 34 White Tail Ln		City Wallingford		State CT	Zip Code 06492
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/23/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Villani		First Jason		MI	Contribution ID # 0030
Residential Street Address 47 Parker Farms Rd		City Wallingford		State CT	Zip Code 06492
Principal Occupation Librarian		Name of Employer New Britain Public Library			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/23/2026	Aggregate Contributions \$75.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Feinberg		First Jennifer		MI	Contribution ID # 0029
Residential Street Address 47 Coventry Cir		City North Haven		State CT	Zip Code 06473
Principal Occupation Homemaker		Name of Employer Homemaker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/23/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Andrewsen		First Raymond		MI	Contribution ID # 0028
Residential Street Address 14 Colonial Dr		City North Haven		State CT	Zip Code 06473
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/23/2026	Aggregate Contributions \$50.00	\$50.00

Last Name McKeen		First Aili		MI	Contribution ID # 0027
Residential Street Address 13 Burke Heights Dr		City Wallingford		State CT	Zip Code 06492
Principal Occupation personal property specialist		Name of Employer North East Adjustment Co			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/23/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Rowan		First Austin		MI	Contribution ID # 0026
Residential Street Address 837 Clintonville Rd		City Wallingford		State CT	Zip Code 06492
Principal Occupation Installer		Name of Employer McCann Systems			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/23/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Larocque		First CHRISTOPHER		MI	Contribution ID # 0025
Residential Street Address 149 Fair St		City Wallingford		State CT	Zip Code 06492
Principal Occupation GROCERY		Name of Employer STOP AND SHOP			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/23/2026	Aggregate Contributions \$15.00	\$15.00

Last Name Gouin		First Kristen		MI	Contribution ID # 0024
Residential Street Address 20 Del Ave		City North Haven		State CT	Zip Code 06473
Principal Occupation Teacher		Name of Employer Meriden Board of Education			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/23/2026	Aggregate Contributions \$50.00	\$25.00

Last Name Baraquin		First September		MI	Contribution ID # 0023
Residential Street Address 20 Virginia Rd		City North Haven		State CT	Zip Code 06473
Principal Occupation Teacher		Name of Employer Stratford BOE			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/23/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Clapp		First Alicia		MI M	Contribution ID # 0278
Residential Street Address 1014 Hartford Tpke		City North Haven		State CT	Zip Code 06473
Principal Occupation		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/23/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Logan		First Dorothy		MI M	Contribution ID # 0277
Residential Street Address 2065 Hartford Tpke		City North Haven		State CT	Zip Code 06473
Principal Occupation		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/23/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Craig		First Duncan J		MI	Contribution ID # 0022
Residential Street Address 172 North St		City Wallingford		State CT	Zip Code 06492
Principal Occupation Sales		Name of Employer Municipal Mentor Group			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/24/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Cucinelli		First Michelle		MI	Contribution ID # 0021
Residential Street Address 17 Penny Ln		City Wallingford		State CT	Zip Code 06492
Principal Occupation Homemaker		Name of Employer Homemaker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/24/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Esposito		First Richard		MI	Contribution ID # 0020
Residential Street Address 23 Pequot St		City East Haven		State CT	Zip Code 06512
Principal Occupation Gift Officer		Name of Employer Assumption University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/24/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Pelletier		First Julia		MI	Contribution ID # 0019
Residential Street Address 22 Overlook Dr		City Wallingford		State CT	Zip Code 06492
Principal Occupation -		Name of Employer -			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/24/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Reed		First Maureen		MI	Contribution ID # 0018
Residential Street Address 89 Chapel St		City Wallingford		State CT	Zip Code 06492
Principal Occupation Admin		Name of Employer Town			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/24/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Amore		First Scott		MI	Contribution ID # 0017
Residential Street Address 13 Jenna Rd		City Wallingford		State CT	Zip Code 06492
Principal Occupation Media Production		Name of Employer No			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/24/2026	Aggregate Contributions \$10.00	\$5.00

Last Name Varkonda		First John		MI	Contribution ID # 0016
Residential Street Address 1405 Ridge Rd		City North Haven		State CT	Zip Code 06473
Principal Occupation Engineer		Name of Employer ABB			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/25/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Bozzo		First Janis		MI	Contribution ID # 0015
Residential Street Address 25 Central Ave		City North Haven		State CT	Zip Code 06473
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/26/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Buchanan		First Melissa		MI	Contribution ID # 0014
Residential Street Address 52 Jamestown Cir		City Wallingford		State CT	Zip Code 06492
Principal Occupation Associate Program Manager		Name of Employer Not needed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/27/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Leaman		First Nancy		MI	Contribution ID # 0013
Residential Street Address 115 Parker Farms Rd		City Wallingford		State CT	Zip Code 06492
Principal Occupation None		Name of Employer Disabled			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/27/2026	Aggregate Contributions \$5.00	\$5.00

Last Name McIntyre		First Sharon		MI	Contribution ID # 0012
Residential Street Address 57 Grieb Trl		City Wallingford		State CT	Zip Code 06492
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/27/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Burress		First Nancy		MI	Contribution ID # 0011
Residential Street Address 3 Munson Dr		City Wallingford		State CT	Zip Code 06492
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/27/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Schweikert		First Tami l		MI	Contribution ID # 0010
Residential Street Address 32 Cooke Rd		City Wallingford		State CT	Zip Code 06492
Principal Occupation Administrator		Name of Employer CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/28/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Villone		First Craig		MI	Contribution ID # 0009
Residential Street Address 60 Elike Rd		City Wallingford		State CT	Zip Code 06492
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/29/2026	Aggregate Contributions \$65.00	\$5.00

Last Name McBlain		First Sharon		MI	Contribution ID # 0302
Residential Street Address 13 Forest Ct N		City Hamden		State CT	Zip Code 06518
Principal Occupation Bookseller		Name of Employer McBlain			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/29/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Stricker		First Sam		MI	Contribution ID # 0276
Residential Street Address 19 Angela Dr		City East Haven		State CT	Zip Code 06512
Principal Occupation		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/30/2026	Aggregate Contributions \$60.00	\$20.00

Last Name Ginnetti		First Michael		MI F	Contribution ID # 0275
Residential Street Address 36 Dodge Ave		City East Haven		State CT	Zip Code 06512
Principal Occupation Truck Driver		Name of Employer Ginnetti Trucking			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/30/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Hedley		First Jason		MI	Contribution ID # 0274
Residential Street Address 84 Landing Pl		City East Haven		State CT	Zip Code 06512
Principal Occupation		Name of Employer Student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/30/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Hedley		First Keith		MI	Contribution ID # 0273
Residential Street Address 84 Landing Pl		City East Haven		State CT	Zip Code 06512
Principal Occupation		Name of Employer DOT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/30/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Hedley		First Vinny		MI	Contribution ID # 0272
Residential Street Address 84 Landing Pl		City East Haven		State CT	Zip Code 06512
Principal Occupation		Name of Employer Student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/30/2026	Aggregate Contributions \$15.00	\$15.00

Last Name DePalma		First Patricia		MI	Contribution ID # 0271
Residential Street Address 10 Seaview Ave		City East Haven		State CT	Zip Code 06512
Principal Occupation		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/30/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Mison		First Judy		MI	Contribution ID # 0270
Residential Street Address 12 Hilton Ave		City East Haven		State CT	Zip Code 06512
Principal Occupation Realtor		Name of Employer Self			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/30/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Desena		First Ronald		MI	Contribution ID # 0269
Residential Street Address 139 Morgan Ave		City East Haven		State CT	Zip Code 06512
Principal Occupation Clerk		Name of Employer Cowpers			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/30/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Barrett		First Cynthia		MI	Contribution ID # 0268
Residential Street Address 312 Thompson Ave		City East Haven		State CT	Zip Code 06512
Principal Occupation		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/30/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Coyle		First Charles		MI	Contribution ID # 0267
Residential Street Address 25 Columbus Ave		City East Haven		State CT	Zip Code 06512
Principal Occupation Supt of Public Works		Name of Employer Town of East Haven			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/30/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Page		First Charles		MI B	Contribution ID # 0266
Residential Street Address 1 Jeffrey Rd		City East Haven		State CT	Zip Code 06513
Principal Occupation		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/30/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Vitale		First Ann Marie		MI	Contribution ID # 0265
Residential Street Address 18 Joshua's Dr		City East Haven		State CT	Zip Code 06512
Principal Occupation Secretary		Name of Employer Yale University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/30/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Tarka		First John Paul		MI	Contribution ID # 0264
Residential Street Address 18 Joshua's Dr		City East Haven		State CT	Zip Code 06512
Principal Occupation		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/30/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Salisbury		First Paul		MI D	Contribution ID # 0263
Residential Street Address 82 Eddon Dr		City East Haven		State CT	Zip Code 06512
Principal Occupation		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/30/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Lesco		First Ashley		MI	Contribution ID # 0262
Residential Street Address 23 Taylor Ave		City East Haven		State CT	Zip Code 06512
Principal Occupation Asst Town Clerk		Name of Employer Town of East Haven			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/30/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Lesco		First Anthony		MI	Contribution ID # 0261
Residential Street Address 23 Taylor Ave		City East Haven		State CT	Zip Code 06512
Principal Occupation		Name of Employer AvParts			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/30/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Penington		First Morris		MI	Contribution ID # 0260
Residential Street Address 23 Taylor Ave		City East Haven		State CT	Zip Code 06512
Principal Occupation		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/30/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Lesco		First Alexandra		MI	Contribution ID # 0259
Residential Street Address 23 Taylor Ave		City East Haven		State CT	Zip Code 06512
Principal Occupation N/A		Name of Employer Student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/30/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Lesco		First Amanda		MI	Contribution ID # 0258
Residential Street Address 23 Taylor Ave		City East Haven		State CT	Zip Code 06512
Principal Occupation N/A		Name of Employer Student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/30/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Cypress		First Tamara		MI	Contribution ID # 0008
Residential Street Address 162B N Whittlesey Ave		City Wallingford		State CT	Zip Code 06492
Principal Occupation executive assistant		Name of Employer CT Dept. of Labor			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/30/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Meyerson		First Catherine		MI	Contribution ID # 0007
Residential Street Address 13 Charlton Hill Rd		City Hamden		State CT	Zip Code 06518
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/30/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Donahue		First Bob		MI	Contribution ID # 0006
Residential Street Address 28 Hidden Springs Rd		City Madison		State CT	Zip Code 06443
Principal Occupation Banker		Name of Employer Webster Bank			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/30/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Mickelson		First Rebecca		MI	Contribution ID # 0005
Residential Street Address 131 French Ave		City East Haven		State CT	Zip Code 06512
Principal Occupation Art teacher		Name of Employer New haven public schools			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/30/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Thompson		First Paul		MI	Contribution ID # 0004
Residential Street Address 849 Thompson St		City East Haven		State CT	Zip Code 06513
Principal Occupation Supervisory Blind Rehab Specialist		Name of Employer Dept. of Veterans Affairs			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/30/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Simiola		First Toni Ann		MI	Contribution ID # 0003
Residential Street Address 112 Frank St		City East Haven		State CT	Zip Code 06512
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$55.00	\$30.00

Last Name Hine		First James		MI	Contribution ID # 0002
Residential Street Address 342 S Elm St		City Wallingford		State CT	Zip Code 06492
Principal Occupation Attorney		Name of Employer Goff Law Group, LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Rivard		First Bryan		MI	Contribution ID # 0001
Residential Street Address 60 Mansion Rd		City Wallingford		State CT	Zip Code 06492
Principal Occupation Program Director		Name of Employer Pratt & Whitney an RTX Business			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Suvoski		First David		MI E	Contribution ID # 0255
Residential Street Address 1979 Hartford Tpke		City North Haven		State CT	Zip Code 06473
Principal Occupation Apprentice		Name of Employer Century Drywall			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$10.00	\$10.00

Total of Section B			\$13,090.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS	(Sections A + B)	(Total on Line 14, Column A of Summary Page)	\$13,090.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

C1. Contributions from Other Committees

Name of Committee				Name of Treasurer				
Address			Is this contribution associated with an event reported in Section J1?			Yes	No	Amount of Contribution
			If yes, list Event #					
City	State	Zip Code	Date Received	Aggregate Contributions				

Total of Section C1

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Mandato for the 34th	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	
Mandato for the 34th				April 10 Filing - Amendment	
D. Loans Received this Period					
Name of Lender		Source of Loan:			Date of Receipt
		Bank	Candidate	Individual	Other
Street Address		City	State	Zip Code	Is there a cosigner or Guarantor of this loan?
					Yes No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address		City	Stat	Zip Code	
Total of Section D					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Mandato for the 34th				April 10 Filing - Amendment	
E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)					
Date of Receipt	Method of Payment			Amount	
	Cash	Personal Check	Credit/Debit Card		
Total of Section E					

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Mandato for the 34th				April 10 Filing - Amendment	
G. Interest from Deposits in Authorized Accounts					
Name of Institution			Date Received		Amount
Street Address		City	State	Zip Code	
Total of Section G					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

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

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

I. Miscellaneous Monetary Receipts not Considered Contributions

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

II. EVENT ACTIVITY (Sections J1 - J4)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT
Mandato for the 34th				April 10 Filing - Amendment
J1. Event Information				
Event # Date of Event	Letter	Description	Was this a fundraising event? Yes No	
Location: Street Address		City	State	Zip Code
Was this event hosted at a personal residence?		Yes No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		Yes No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		Yes No	(If yes, enter Total Receipts here.)	
Total of Section J1				

II. EVENT ACTIVITY (Sections J1 - J4)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT
Mandato for the 34th				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
Mandato for the 34th	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
Mandato for the 34th	April 10 Filing - Amendment

K. In-Kind Contributions

Name			
Street Address		City	State
		Zip Code	
Is this contribution associated with an event reported in Section J1?	Yes	Description of In-Kind Contribution	
	No		
If yes, list Event#			
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes	Is contributor a principal of a state contractor or prospective state contractor?	Yes
	No	If yes, indicate which branch or branches of government the contract is with:	No
		Executive	Legislative
Type of Contributor:	Date Received	Aggregate contributions	
Individual	Committee	Sole Proprietorship	

Total of Section K

III. Non Monetary Receipts (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
L. Refundable Deposit to Telephone Company	

Last Name of Individual	First Name	MI	Date Deposit Made
Residential Street Address	City	State	Zip Code
Name of Telephone company			Amount of Deposit
Street Address	City	State	
Total of Section L			

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 01/20/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 01/29/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$4.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 01/29/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 01/29/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 01/29/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$4.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 01/29/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$13.90
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 01/29/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$2.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 01/29/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 01/29/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 01/29/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$13.90
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 01/29/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$13.90
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 01/29/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$1.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 01/29/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$13.90
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 01/29/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$2.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 01/29/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$13.90
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 01/29/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$2.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 01/29/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$2.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 01/29/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$4.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 01/29/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$2.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 01/29/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 01/29/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$4.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 01/29/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 01/29/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$0.70
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 01/29/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$8.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 01/29/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 01/29/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 01/29/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 01/29/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$4.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 01/29/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 01/29/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 01/29/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$4.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 01/29/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$2.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 01/29/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$0.74
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 01/29/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$4.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 01/29/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$1.38
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 01/30/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 01/30/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$15.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Traci McCormack		Date of Payment 01/30/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 18 Goodwill Rd		City North Haven	State CT	Zip Code 06473
Purpose of Expendit REF	Description Refund of Traci McCormack Donation made 01/30/2026			Amount \$25.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 01/30/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 01/30/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 01/30/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 01/30/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$4.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 01/30/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 01/30/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$2.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 01/30/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$2.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 01/31/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 01/31/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$13.90
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 01/31/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$2.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 01/31/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$2.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 01/31/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 01/31/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 01/31/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$2.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 01/31/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 01/31/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 02/01/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 02/01/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$2.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 02/01/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$13.90
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 02/01/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 02/01/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 02/01/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$8.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 02/01/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$4.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 02/02/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$0.70
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 02/02/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$0.70
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 02/04/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 02/05/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$0.70
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 02/06/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$2.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 02/06/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 02/11/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 02/11/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 02/11/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 02/11/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 02/11/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 02/11/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$2.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 02/12/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 02/12/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 02/12/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 02/12/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$13.90
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 02/12/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 02/12/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 02/12/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$4.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 02/12/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 02/12/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$1.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 02/12/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$0.70
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 02/12/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 02/12/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 02/12/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 02/13/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 02/13/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 02/13/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$2.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 02/13/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 02/13/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$1.10
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 02/14/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 02/15/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 02/15/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 02/17/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 02/18/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 02/19/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$2.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 02/19/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$2.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 02/20/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 02/21/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 02/23/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$4.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 02/24/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 02/25/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 02/25/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$2.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 02/25/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 02/25/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 02/25/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 02/25/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 02/27/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 02/27/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$2.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 02/28/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$0.90
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 03/01/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$4.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/01/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/01/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 03/01/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/02/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/04/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$4.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 03/05/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$2.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/06/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/07/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 03/07/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$2.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/07/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/07/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 03/07/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$2.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/07/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/07/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$0.70
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Jenny Graves		Date of Payment 03/07/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 22 George St		City North Haven	State CT	Zip Code 06473
Purpose of Expendit REF	Description Refund of Jenny Graves Donation made 03/07/2026			Amount \$50.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/08/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/08/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 03/08/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$8.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/08/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$0.70
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/08/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 03/08/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$1.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/08/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$2.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/08/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 03/08/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/08/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$0.90
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/08/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$4.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 03/08/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/08/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$2.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/08/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 03/09/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$4.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/09/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/09/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$3.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 03/09/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/09/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/09/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 03/09/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/09/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/10/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 03/10/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$2.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/10/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/10/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 03/10/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/10/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$8.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/10/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$0.90
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 03/10/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/10/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/10/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 03/10/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/10/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/10/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 03/10/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$2.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/11/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$2.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/11/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 03/11/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$2.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/11/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$1.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/11/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 03/11/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/12/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$0.78
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/13/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Adam Abbate		Date of Payment 03/14/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 31 N Elm St		City Wallingford	State CT Zip Code 06492-0649
Purpose of Expendit REF	Description Refund of Donation Made 03/14/2026		Amount \$5.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Henry Abate		Date of Payment 03/14/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 31 N Elm St		City Wallingford	State CT Zip Code 06492-0649
Purpose of Expendit REF	Description Refund of Donation Made 03/14/2026		Amount \$5.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Juliette Abbate		Date of Payment 03/14/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 31 N Elm St		City Wallingford	State CT Zip Code 06492-0649
Purpose of Expendit REF	Description Refund of Donation Made 03/14/2026		Amount \$5.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Christopher Abbate		Date of Payment 03/14/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 31 N Elm St		City Wallingford		State CT
Zip Code 06492-0649				
Purpose of Expendit REF	Description Refund of Donation Made 03/14/2026			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$5.00

Name of Payee Anedot, Inc.		Date of Payment 03/14/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas		State TX
Zip Code 75206-5311				
Purpose of Expendit WEB	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$0.70

Name of Payee Anedot, Inc.		Date of Payment 03/14/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas		State TX
Zip Code 75206-5311				
Purpose of Expendit WEB	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$0.50

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 03/14/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/14/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/14/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 03/14/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/14/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/14/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$0.90
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 03/15/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/15/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/16/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$13.70
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 03/17/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/17/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$4.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/17/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$4.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 03/17/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/17/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/18/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$2.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 03/18/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$4.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/19/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$2.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/19/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$0.70
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 03/19/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/20/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/20/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$0.70
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 03/20/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/20/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/20/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$2.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 03/20/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$2.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/20/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$2.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/22/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 03/22/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/22/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$4.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/22/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 03/22/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/22/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/22/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$2.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 03/22/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/22/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$0.70
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/22/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$4.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 03/22/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/23/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/23/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 03/23/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/23/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/23/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 03/23/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/23/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$0.70
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/23/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 03/23/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$0.90
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/23/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/23/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 03/23/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/23/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/23/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 03/23/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$2.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/23/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$0.70
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/23/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$0.70
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 03/24/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/24/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/24/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 03/24/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/24/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$0.70
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/24/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 03/25/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/26/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/27/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 03/27/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/27/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/27/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$0.70
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 03/28/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/30/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 03/30/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$4.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/30/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/30/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 03/30/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/31/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/31/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee Anedot, Inc.		Date of Payment 03/31/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$1.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	
Name of Payee Brandi Mandao		Date of Payment 03/31/2026	Method of Payment ☒ Check # <u>122</u> ☐ Debit Card ☐ EFT	
Street Address 56 South Ave		City North Haven	State CT	Zip Code 06473
Purpose of Expendit RMB	Description RMB - Printing at Staples			Amount \$81.99
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	
Name of Payee Kristi Doerr		Date of Payment 03/31/2026	Method of Payment ☒ Check # <u>123</u> ☐ Debit Card ☐ EFT	
Street Address 12 Penny Ln		City Wallingford	State CT	Zip Code 06492
Purpose of Expendit RMB	Description RMB - Checks from Checks Unlimited			Amount \$18.05
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	
Total of Section N				\$721.14

IV. EXPENDITURES (Sections N - S)

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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Mandato for the 34th				April 10 Filing - Amendment	
P. Expenses Incurred on Committee Credit Card					
Name of Issuing Institution			Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☐ Other		
Name of Vendor				Date of Transaction	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description				Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Yes No	Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum P					
Total of Section P					

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Mandato for the 34th				April 10 Filing - Amendment	
Q. Expenses Incurred By Committee but Not Paid During this Period					
Name of Creditor				Date Incurred	
Street Address			City	State	Zip Code
Purpose of Expenditure (by code)	Description				Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No If yes, assign an Expenditure # and completes Itemization in Addendum Q				Expenditure # (if applicable)	
Total of Section Q					

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

Mandato for the 34th

April 10 Filing - Amendment

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Doerr	First Kristi	MI J	Date of Payment to Vendor 01/21/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 123 ☐ Debit Card ☐ EFT
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Name of Vendor Paid by Committee Worker/Consultant

Checks Unlimited

Street Address of Vendor

PO Box 70345

City

Philadelphia

State

PA

Zip Code

19176-0345

Purpose of Expenditure
(by code)
OFFICE

Description

checks

Is this expenditure coordinated with another candidate for which reimbursement is sought?

☐

Yes

☒

No

Expenditure #
(if applicable)

Event #

Amount

If yes, assign an Expenditure # and completes Itemization in Addendum R

\$18.05

Last Name of Worker/Consultant Mandato	First Brandi	MI	Date of Payment to Vendor 03/02/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 122 ☐ Debit Card ☐ EFT
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Name of Vendor Paid by Committee Worker/Consultant

Staples

Street Address of Vendor

2335 Dixwell Ave

City

Hamden

State

CT

Zip Code

06514

Purpose of Expenditure
(by code)
PRNT

Description

Printing

Is this expenditure coordinated with another candidate for which reimbursement is sought?

☐

Yes

☒

No

Expenditure #
(if applicable)

Event #

Amount

If yes, assign an Expenditure # and completes Itemization in Addendum R

\$81.99

Total of Section R**\$100.04**

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

S. Surplus Distribution of Equipment and Furniture

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

Total of Section S**Section J4. ADDENDUM**

NAME OF COMMITTEE	TYPE OF REPORT

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

Event #	
Name of Candidate	

Section N. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

N. Expenses Paid By Committee - Addendum

Expenditure #	Amount of Expenditure

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

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

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