

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

Revised February 2015



Electronic Filing

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Page 1 of 43

COVER PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
Joe Kelly for Senate				☒ Candidate Committee ☐ Exploratory Committee	
3. TREASURER NAME					
First Kelley		MI A	Last DeLuca		Suffix
4. TREASURER ADDRESS					
Street Address 67 Bible St		City Cos Cob		State CT	Zip Code 06807
5. ELECTION DATE		6. OFFICE SOUGHT (Complete only if Candidate Committee)			7. DISTRICT NUMBER (if applicable)
11/03/2026		State Senator			S036
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Joseph		MI Jude	Last Kelly		Suffix
9. TYPE OF REPORT					
April 10 Filing - Amendment					
10. PERIOD COVERED					
Beginning Date Ending Date					
02/22/2026 thru 04/06/2026					
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		Kelley DeLuca		06/30/2026 3:53:48PM	
SIGNATURE		PRINT NAME OF THE SIGNER		DATE CERTIFIED	
A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.					

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
Joe Kelly for Senate	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)	\$19,241.83	\$19,241.83
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)	\$19,241.83	\$19,241.83
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$19,241.83	\$19,241.83
20. Expenses Paid by Committee (Section N)	\$3,350.76	\$3,350.76
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	\$15,891.07	\$15,891.07
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)	\$144.20	\$144.20
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	
Joe Kelly for Senate		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 DeLuca		First Kelley		MI	Contribution ID # 0067
Residential Street Address 67 Bible St		City Cos Cob		State CT	Zip Code 06807
Principal Occupation Operations manager			Name of Employer Simpson Spense Young		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$340.00
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 03/04/2026	
				Aggregate Contributions \$340.00	

Last Name Kelly		First Jill		MI	Contribution ID # 0063
Residential Street Address 1 Windrose Way		City Greenwich		State CT	Zip Code 06830
Principal Occupation Realtor			Name of Employer Sotheby's International Realty		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$340.00
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 03/10/2026	
				Aggregate Contributions \$340.00	

Last Name Lane		First Sean		MI	Contribution ID # 0062
Residential Street Address 6 Mead Point Dr		City Greenwich		State CT	Zip Code 06830
Principal Occupation Executive			Name of Employer Kinsale Advisors 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 \$250.00
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 03/21/2026	
				Aggregate Contributions \$250.00	

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT

Joe Kelly for Senate

April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Eagan		First Denise		MI	Contribution ID # 0061
Residential Street Address 169 Milbank Ave		City Greenwich		State CT	Zip Code 06830
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 03/21/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Bednar		First Sally		MI	Contribution ID # 0060
Residential Street Address 203 Shore Rd		City Old Greenwich		State CT	Zip Code 06870
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 \$200.00	\$200.00

Last Name Zavagnin		First Christopher		MI	Contribution ID # 0059
Residential Street Address 41 Turkey Hollow Ln		City Goshen		State CT	Zip Code 06756
Principal Occupation Policy 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 03/22/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Burton		First Robert		MI	Contribution ID # 0058
Residential Street Address 11 Martin Dr N		City Greenwich		State CT	Zip Code 06830
Principal Occupation Managing Member		Name of Employer Martin Dale Partners			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name McConaghy-Kelly		First Alexandra		MI	Contribution ID # 0057
Residential Street Address 22 Sinawoy Rd		City Cos Cob		State CT	Zip Code 06807
Principal Occupation Realtor		Name of Employer Sotheby's International Realty			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		☐ Yes ☒ No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	
Is this contribution associated with an 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 \$340.00
Amount of Contribution \$340.00					

Last Name Cella		First Gary		MI	Contribution ID # 0056
Residential Street Address 5 Ridge Rd		City Cos Cob		State CT	Zip Code 06807
Principal Occupation Consultant		Name of Employer Gary Cella			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		☐ Yes ☒ No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	
Is this contribution associated with an 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 \$200.00
Amount of Contribution \$200.00					

Last Name Brown		First Joshua		MI	Contribution ID # 0055
Residential Street Address 26 Hartford Ave		City Greenwich		State CT	Zip Code 06830
Principal Occupation Risk Management		Name of Employer Wells Fargo Bank na			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		☐ Yes ☒ No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	
Is this contribution associated with an 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 \$200.00
Amount of Contribution \$200.00					

Last Name Brous		First Philip		MI	Contribution ID # 0054
Residential Street Address 169 Mason St		City Greenwich		State CT	Zip Code 06830
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		☐ Yes ☒ No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	
Is this contribution associated with an 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 \$50.00
Amount of Contribution \$50.00					

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Dadakis		First Edward		MI	Contribution ID # 0053
Residential Street Address 81 Mallard Dr		City Greenwich		State CT	Zip Code 06830
Principal Occupation Broker		Name of Employer Aon			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$340.00	\$340.00

Last Name Behringer		First Michael		MI	Contribution ID # 0052
Residential Street Address 78 Zaccheus Mead Ln		City Greenwich		State CT	Zip Code 06831
Principal Occupation Investor		Name of Employer Sound Media			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$250.00	\$250.00

Last Name Walsh		First Lauren		MI	Contribution ID # 0051
Residential Street Address 27 Bayside Ter		City Riverside		State CT	Zip Code 06878
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 \$340.00	\$340.00

Last Name Maloney		First Andrew		MI	Contribution ID # 0050
Residential Street Address 19 Tamarack Pl		City Greenwich		State CT	Zip Code 06831
Principal Occupation Lawyer		Name of Employer Kreindler 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 03/24/2026	Aggregate Contributions \$250.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Adams		First James		MI	Contribution ID # 0049
Residential Street Address 10 Shannon Ln		City Cos Cob		State CT	Zip Code 06807
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 03/24/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Mandala		First Steve		MI	Contribution ID # 0048
Residential Street Address 320 Overlook Dr		City Greenwich		State CT	Zip Code 06830
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 03/24/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Shavel		First Leonard		MI	Contribution ID # 0047
Residential Street Address 530 Indian Field Rd		City Greenwich		State CT	Zip Code 06830
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 03/24/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Caravella		First Randy		MI	Contribution ID # 0046
Residential Street Address 15 River Rd		City Cos Cob		State CT	Zip Code 06807
Principal Occupation Sales		Name of Employer Post Wines and Spirits			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Fisher		First Henry		MI	Contribution ID # 0045
Residential Street Address 25 Green Ln		City Greenwich		State CT	Zip Code 06831
Principal Occupation Entrepreneur		Name of Employer InterTech Media LLC			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$50.00	\$50.00

Last Name Nash		First Grayson		MI	Contribution ID # 0044
Residential Street Address 80 Round Hill Rd		City Greenwich		State CT	Zip Code 06831
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$340.00	\$340.00

Last Name Smith		First Kathleen		MI	Contribution ID # 0043
Residential Street Address 2 Little Cove Ln		City Old Greenwich		State CT	Zip Code 06870
Principal Occupation Chair		Name of Employer Renaissance Capital			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$250.00	\$250.00

Last Name Freheit		First Janet		MI	Contribution ID # 0042
Residential Street Address 92 Valleywood Rd		City Cos Cob		State CT	Zip Code 06807
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Pruett		First Robert		MI	Contribution ID # 0041
Residential Street Address 10 Highview Ave		City Greenwich		State CT	Zip Code 06870
Principal Occupation Financial Service		Name of Employer Opus Private Client			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$340.00	\$340.00

Last Name Cooper		First Marshall		MI	Contribution ID # 0040
Residential Street Address 35 Anderson Rd		City Greenwich		State CT	Zip Code 06830
Principal Occupation CEO		Name of Employer Chief Executive 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 03/24/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Pellegrino		First Joseph		MI	Contribution ID # 0039
Residential Street Address 5 Beechcroft Rd		City Greenwich		State CT	Zip Code 06830
Principal Occupation Investment Manager		Name of Employer P-squared Capital Management 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 03/24/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Levine		First David		MI	Contribution ID # 0038
Residential Street Address 270 Overlook Dr		City Greenwich		State CT	Zip Code 06830
Principal Occupation Investor		Name of Employer HITE Hedge Asset Management			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$250.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Mercanti-Anthony		First Michael-Joseph		MI	Contribution ID # 0037
Residential Street Address 69 Riverside Ave		City Riverside		State CT	Zip Code 06878
Principal Occupation Principal		Name of Employer NYC DOE			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$340.00	\$340.00

Last Name Collins		First Kevin		MI	Contribution ID # 0036
Residential Street Address 1358 King St		City Greenwich		State CT	Zip Code 06831
Principal Occupation Mate		Name of Employer Military Sealift Command			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$50.00	\$50.00

Last Name Warren		First Rusty		MI	Contribution ID # 0035
Residential Street Address 11 Filed Point Dr		City Greenwich		State CT	Zip Code 06830
Principal Occupation Executive		Name of Employer Ivy Equities			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$340.00	\$340.00

Last Name Broadhurst		First Edward		MI	Contribution ID # 0034
Residential Street Address 9 Druid Ln		City Riverside		State CT	Zip Code 06878
Principal Occupation Realtor		Name of Employer Sotheby's International Realty			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Urso		First Dina		MI	Contribution ID # 0033
Residential Street Address 41 Pond Pl		City Cos Cob		State CT	Zip Code 06807
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 03/26/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Berkley		First Jennifer		MI	Contribution ID # 0032
Residential Street Address 600 Indian Field Rd		City Greenwich		State CT	Zip Code 06830
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 03/26/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Kittle		First Ralph		MI	Contribution ID # 0031
Residential Street Address 445 Round Hill Rd		City Greenwich		State CT	Zip Code 06831
Principal Occupation CEO		Name of Employer RenWave Kore			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$340.00	\$340.00

Last Name Hughes		First Virginia		MI A	Contribution ID # 0030
Residential Street Address 191 Overlook Dr		City Greenwich		State CT	Zip Code 06830
Principal Occupation Manager		Name of Employer KPV			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Hess		First Debra		MI	Contribution ID # 0029
Residential Street Address 4 Kensington Ct		City Old Greenwich		State CT	Zip Code 06870
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 \$25.00	\$25.00

Last Name Berenblum		First Ted		MI	Contribution ID # 0028
Residential Street Address 3 Pinetum Ln		City Cos Cob		State CT	Zip Code 06807
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 \$200.00	\$200.00

Last Name Kelly		First Joe		MI	Contribution ID # 0027
Residential Street Address 22 Sinaway Rd		City Cos Cob		State CT	Zip Code 06807
Principal Occupation Broker		Name of Employer Simpson Spense Young			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$340.00	\$340.00

Last Name Kittle		First Alexandra		MI	Contribution ID # 0026
Residential Street Address 445 Round Hill Rd		City Greenwich		State CT	Zip Code 06831
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 03/27/2026	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
Joe Kelly for Senate	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Sirignano		First Paula		MI	Contribution ID # 0025
Residential Street Address 347 Riversibille Rd		City Greenwich		State CT	Zip Code 06831
Principal Occupation Product Management		Name of Employer Mastercard			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$100.00	\$100.00

Last Name Shohet		First Zion		MI	Contribution ID # 0024
Residential Street Address 15 Windrose Way		City Greenwich		State CT	Zip Code 06830
Principal Occupation CEO		Name of Employer Elliot Investment Management			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$340.00	\$340.00

Last Name Jepsen		First Peter		MI	Contribution ID # 0023
Residential Street Address 14 Dawn Harbor Ln		City Riverside		State CT	Zip Code 06878
Principal Occupation Portfolio Manger		Name of Employer Exodus Point			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$340.00	\$340.00

Last Name Orbanowski		First Alex		MI	Contribution ID # 0022
Residential Street Address 10 Plow Ln		City Greenwich		State CT	Zip Code 06830
Principal Occupation General Manager		Name of Employer Old Greenwih Tennis 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 03/27/2026	Aggregate Contributions \$250.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Edmundson		First Lisa		MI	Contribution ID # 0021
Residential Street Address 16 Stanwich Ln		City Greenwich		State CT	Zip Code 06830
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 \$100.00	\$100.00

Last Name DeFelice		First Patricia		MI	Contribution ID # 0020
Residential Street Address 14 Cambridge Dr		City Greenwich		State CT	Zip Code 06831
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 03/28/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Stewart		First Joan		MI M	Contribution ID # 0066
Residential Street Address 1 Mallard Dr		City Greenwich		State CT	Zip Code 06830
Principal Occupation Joan Stewart		Name of Employer Syewart Pratt Partners			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$50.00	\$50.00

Last Name Pratt		First Lowell Tyler		MI	Contribution ID # 0065
Residential Street Address 1 Mallard Dr		City Greenwich		State CT	Zip Code 06830
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 03/28/2026	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
Joe Kelly for Senate	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name LeBeau		First Peter		MI	Contribution ID # 0064
Residential Street Address 1 Water Tower Ln		City Greenwich		State CT	Zip Code 06870
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 03/28/2026	Aggregate Contributions \$150.00	\$150.00

Last Name Albrizio		First Madeline		MI M	Contribution ID # 0068
Residential Street Address 8 Overlook Dr		City Greenwich		State CT	Zip Code 06830
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 03/28/2026	Aggregate Contributions \$10.00	\$10.00

Last Name DeLuca		First Dominic		MI	Contribution ID # 0019
Residential Street Address 67 Bible St		City Cos Cob		State CT	Zip Code 06807
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 03/30/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Haroche		First Andre		MI	Contribution ID # 0018
Residential Street Address 228 Round Hill Rd		City Greenwich		State CT	Zip Code 06831
Principal Occupation Investment Manager		Name of Employer Silverleaf Capital			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Agresta		First Thomas		MI	Contribution ID # 0017
Residential Street Address 674 River Rd		City Cos Cob		State CT	Zip Code 06807
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 03/30/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Feda		First Tom		MI	Contribution ID # 0016
Residential Street Address 63 Locust St		City Greenwich		State CT	Zip Code 06830
Principal Occupation Finance		Name of Employer Capitolis 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 03/30/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Fisher		First John		MI	Contribution ID # 0015
Residential Street Address 57 Richmond Dr		City Old Greenwich		State CT	Zip Code 06870
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 \$50.00	\$50.00

Last Name Schweinfurth		First Peter		MI	Contribution ID # 0014
Residential Street Address 40 Indian Head Rd		City Riverside		State CT	Zip Code 06878
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 \$6.83	\$6.83

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Malloy		First Richard		MI	Contribution ID # 0013
Residential Street Address 140 Field Point Rd		City Greenwich		State CT	Zip Code 06830
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 \$50.00	\$50.00

Last Name Jayaweera		First Eric		MI	Contribution ID # 0012
Residential Street Address 25 Windrose Way		City Greenwich		State CT	Zip Code 06830
Principal Occupation Portfolio Manger		Name of Employer Pharo Management			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$340.00	\$340.00

Last Name Eckert		First Elizabeth		MI	Contribution ID # 0011
Residential Street Address 110 Mead Ave		City Greenwich		State CT	Zip Code 06830
Principal Occupation Realtor		Name of Employer Raveis Real Estate			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$5.00	\$5.00

Last Name Eckert		First Thomas		MI	Contribution ID # 0010
Residential Street Address 110 Mead Ave		City Greenwich		State CT	Zip Code 06830
Principal Occupation Consultant		Name of Employer Phibro			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Duus		First Andreas		MI	Contribution ID # 0009
Residential Street Address 26 Cherry Tree Ln		City Riverside		State CT	Zip Code 06878
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 \$250.00	\$250.00

Last Name Budkins		First Jacqueline		MI	Contribution ID # 0008
Residential Street Address 56 Alexander St		City Greenwich		State CT	Zip Code 06830
Principal Occupation Town Clerk		Name of Employer Town of Greenwich			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 Flaherty		First Paula		MI	Contribution ID # 0007
Residential Street Address 146 Old Stone Bridge Rd		City Greenwich		State CT	Zip Code 06807
Principal Occupation Author		Name of Employer Paula Flaherty			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 Van Hoesen		First David		MI	Contribution ID # 0006
Residential Street Address 92 Brookside Dr		City Greenwich		State CT	Zip Code 06831
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 \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Hull		First Maureen		MI	Contribution ID # 0005
Residential Street Address 92 Brookside Dr		City Greenwich		State CT	Zip Code 06831
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 \$25.00	\$25.00

Last Name Tauber		First Marc		MI	Contribution ID # 0004
Residential Street Address 8 Rincard Ter		City Greenwich		State CT	Zip Code 06831
Principal Occupation Insurance Broker		Name of Employer NFP			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$100.00	\$100.00

Last Name O'Connor		First Mary		MI	Contribution ID # 0003
Residential Street Address 35 McArthur Dr		City Old Greenwich		State CT	Zip Code 06878
Principal Occupation Teacher		Name of Employer Town of Greenwich			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$5.00	\$5.00

Last Name McGuire		First Donald		MI	Contribution ID # 0002
Residential Street Address 23 Careton St		City Greenwich		State CT	Zip Code 06830
Principal Occupation Advisory		Name of Employer KDM Advisors, 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 \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Lombardo		First Thomas		MI	Contribution ID # 0001
Residential Street Address 65 Hickory Rd		City Stamford		State CT	Zip Code 06903
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 \$250.00	\$250.00

Last Name Cincotta		First Jerome		MI	Contribution ID # 0322
Residential Street Address 6 Willow Rd		City Riverside		State CT	Zip Code 06878
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 04/01/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Federici		First Joseph		MI	Contribution ID # 0321
Residential Street Address 42 Greenwich Hillrs		City Greenwich		State CT	Zip Code 06831
Principal Occupation Consulting		Name of Employer Potenza Consult			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/01/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Collins		First Tamra		MI	Contribution ID # 0320
Residential Street Address 69 Orchard Dr		City Greenwich		State CT	Zip Code 06830
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 04/01/2026	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
Joe Kelly for Senate	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Frumin		First Greg		MI	Contribution ID # 0319
Residential Street Address 22 Lenox Dr		City Greenwich		State CT	Zip Code 06830
Principal Occupation CEO		Name of Employer NACCA			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/01/2026	Aggregate Contributions \$25.00	\$25.00

Last Name O'Connor		First Frank		MI	Contribution ID # 0318
Residential Street Address 2 W Brother Dr		City Greenwich		State CT	Zip Code 06830
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 04/01/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Haslun		First William		MI	Contribution ID # 0317
Residential Street Address 18 Cottontail Rd		City Cos Cob		State CT	Zip Code 06807
Principal Occupation Attorney		Name of Employer Johnson Haslun & Hogeman 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 04/01/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Shamshoian		First Aaron		MI	Contribution ID # 0316
Residential Street Address 11 Sachem Rd		City Greenwich		State CT	Zip Code 06830
Principal Occupation Wealth Strategies Advisor		Name of Employer Bank of 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 04/01/2026	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

Joe Kelly for Senate

April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Zaminski		First Ann		MI	Contribution ID # 0315
Residential Street Address 219 Milbank Ave		City Greenwich		State CT	Zip Code 06830
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 04/01/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Hynes		First Jamed		MI	Contribution ID # 0314
Residential Street Address 41 Alpine Rd		City Greenwich		State CT	Zip Code 06830
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 04/01/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Cowie		First Stephanie		MI	Contribution ID # 0313
Residential Street Address 54 Valley Rd		City Cos Cob		State CT	Zip Code 06807
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 04/01/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Cowie		First Jim		MI	Contribution ID # 0312
Residential Street Address 54B Valley Rd		City Cos Cob		State CT	Zip Code 06807
Principal Occupation Sales Manager		Name of Employer Principal			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/01/2026	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
Joe Kelly for Senate	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Anderson		First Pepper		MI	Contribution ID # 0311
Residential Street Address 72 Perkins Rd		City Greenwich		State CT	Zip Code 06830
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 04/01/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Maloney		First Donna		MI	Contribution ID # 0310
Residential Street Address 19 Tamarack Pl		City Greenwich		State CT	Zip Code 06831
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 04/01/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Orbanowski		First Diane		MI	Contribution ID # 0309
Residential Street Address 10 Plane Ln		City Greenwich		State CT	Zip Code 06830
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 04/01/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Kral		First Richard		MI	Contribution ID # 0308
Residential Street Address 56 River Rd		City Cos Cob		State CT	Zip Code 06807
Principal Occupation President		Name of Employer Beacon Point Marine			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/02/2026	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
Joe Kelly for Senate	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Grund		First Mark		MI	Contribution ID # 0307
Residential Street Address 7 Ettl		City Greenwich		State CT	Zip Code 06831
Principal Occupation Sales		Name of Employer Matter			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/02/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Croughan		First Judy		MI	Contribution ID # 0306
Residential Street Address 51 Greenwich Hills Dr		City Greenwich		State CT	Zip Code 06831
Principal Occupation Realtor		Name of Employer William Pitt JBF Sothebys			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/02/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Seligman		First Stephanie		MI	Contribution ID # 0305
Residential Street Address 7 Hoover Rd		City Riverside		State CT	Zip Code 06878
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 04/02/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Hahn		First Michael		MI	Contribution ID # 0304
Residential Street Address 9 Anthony Pl		City Riverside		State CT	Zip Code 06878
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 04/02/2026	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
Joe Kelly for Senate	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Walko		First Stephen		MI	Contribution ID # 0303
Residential Street Address 8 E Lawn Ln		City Greenwich		State CT	Zip Code 06831
Principal Occupation Attorney		Name of Employer Mandelbaum Barret			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/02/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Finneran		First Brian		MI	Contribution ID # 0302
Residential Street Address 10 Brookside Dr		City Greenwich		State CT	Zip Code 06830
Principal Occupation Large Event Production		Name of Employer BMF Hospitality 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 04/02/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Crabtree McCauley		First Sarah		MI	Contribution ID # 0301
Residential Street Address 2 Old Church Rd		City Greenwich		State CT	Zip Code 06830
Principal Occupation Owner		Name of Employer Crabtree Motor 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 04/02/2026	Aggregate Contributions \$100.00	\$100.00

Last Name DeLuca		First Lawrence		MI	Contribution ID # 0300
Residential Street Address 67 Bible St		City Cos Cob		State CT	Zip Code 06807
Principal Occupation Construction		Name of Employer Katchko			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/02/2026	Aggregate Contributions \$300.00	\$300.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Wise		First Heather		MI	Contribution ID # 0299
Residential Street Address 120 Meadow Rd		City Riverside		State CT	Zip Code 06878
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 04/03/2026	Aggregate Contributions \$25.00	
					\$25.00

Last Name Bria		First Sandra		MI	Contribution ID # 0298
Residential Street Address 67 Bible St		City Cos Cob		State CT	Zip Code 06807
Principal Occupation Lunch Aid		Name of Employer Town Of Greenwich			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/03/2026	Aggregate Contributions \$300.00	
					\$300.00

Last Name Hatch		First Timothy		MI	Contribution ID # 0297
Residential Street Address 25 Flagler Dive		City Greenwich		State CT	Zip Code 06830
Principal Occupation Investment Banker		Name of Employer Memphre Investments			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/03/2026	Aggregate Contributions \$100.00	
					\$100.00

Last Name DeLuca		First Anthony		MI	Contribution ID # 0296
Residential Street Address 67 Bible St		City Cos Cob		State CT	Zip Code 06807
Principal Occupation Sales		Name of Employer Vanture Employer 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 04/03/2026	Aggregate Contributions \$300.00	
					\$300.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Kilgalien		First Clare		MI	Contribution ID # 0295
Residential Street Address 5 Hilltop Rd		City Greenwich		State CT	Zip Code 06830
Principal Occupation Substitute Teacher		Name of Employer Greenwich Public School			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/04/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Diddel		First G. Scott		MI	Contribution ID # 0294
Residential Street Address 52 Indian Field Rd		City Greenwich		State CT	Zip Code 06830
Principal Occupation Financial Coaching & Planning		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 04/04/2026	Aggregate Contributions \$200.00	\$200.00

Last Name Barhydt		First Elizabeth		MI	Contribution ID # 0293
Residential Street Address 69 Dearfield Dr		City Greenwich		State CT	Zip Code 06831
Principal Occupation Writer		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 04/04/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Cappiali		First Paul		MI	Contribution ID # 0292
Residential Street Address 29 Hartford		City Greenwich		State CT	Zip Code 06830
Principal Occupation Sales		Name of Employer Empire			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/04/2026	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
Joe Kelly for Senate	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Warzoha		First Stephen		MI	Contribution ID # 0291
Residential Street Address 933 King St		City Greenwich		State CT	Zip Code 06831
Principal Occupation Deputy Chief of Staff		Name of Employer Department 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 04/05/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Carlson		First Dionna		MI	Contribution ID # 0290
Residential Street Address 29 Fathers Peters Ln		City New Canaan		State CT	Zip Code 06840
Principal Occupation First Selectman		Name of Employer Town of New Canaan			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/05/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Carlson		First David		MI	Contribution ID # 0289
Residential Street Address 29 Father Peters Ln		City New Canaan		State CT	Zip Code 06840
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 04/05/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Kelly		First Brittani		MI	Contribution ID # 0288
Residential Street Address 1 Windrsoe Way		City Greenwich		State CT	Zip Code 06830
Principal Occupation Business owner		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 04/06/2026	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
Joe Kelly for Senate	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Drury		First Joan		MI	Contribution ID # 0287
Residential Street Address 514 W Lyon Farm Dr		City Greenwich		State CT	Zip Code 06831
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 04/06/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Lee		First Melissa		MI	Contribution ID # 0286
Residential Street Address 2437 Bedford St		City Stamford		State CT	Zip Code 06905
Principal Occupation Corporate Tax Attorney		Name of Employer N/A			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/06/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Wilson		First Eric		MI	Contribution ID # 0285
Residential Street Address 203 Overlook Dr		City Greenwich		State CT	Zip Code 06830
Principal Occupation Lawyer		Name of Employer Kelley Drye			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/06/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Mason		First Michael		MI	Contribution ID # 0284
Residential Street Address 40 Ridge St		City Cos Cob		State CT	Zip Code 06807
Principal Occupation Labor Relations		Name of Employer Michael Mason			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/06/2026	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
Joe Kelly for Senate	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Renz		First Jonathan		MI	Contribution ID # 0283
Residential Street Address 79 Circle Dr		City Greenwich		State CT	Zip Code 06830
Principal Occupation President			Name of Employer U.S. Polymers 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 \$100.00
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #		Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/06/2026	
				Aggregate Contributions \$100.00	

Last Name Camillo		First Alfred		MI	Contribution ID # 0282
Residential Street Address 35 Macarthur Dr		City Old Greenwich		State CT	Zip Code 06870
Principal Occupation First Selectman			Name of Employer Town of Greenwich		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches 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 04/06/2026	
				Aggregate Contributions \$5.00	

Total of Section B		\$19,241.83
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Total on Line 14, Column A of Summary Page)		\$19,241.83

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Kelly for Senate	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	
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I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Joe Kelly for Senate				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	
Joe Kelly for Senate				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

Joe Kelly for Senate

April 10 Filing - Amendment

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

Date of Receipt

Method of Payment

Cash

Personal Check

Credit/Debit Card

Amount

Total of Section E**I. Monetary Receipts (Section A-I)**

NAME OF COMMITTEE

TYPE OF REPORT

Joe Kelly for Senate

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

Joe Kelly for Senate

April 10 Filing - Amendment

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

Purpose of Grant:

Initial

Grant Adjustment

Supplemental/Post Election Deficit

Grant Cycle:

Primary

General Election

Special Election

Date Received

Amount

Total of Section H

I. MONETARY RECEIPTS (Section A-I)

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

II.EVENT ACTIVITY (Sections J1 - J4)

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

TYPE OF REPORT

Joe Kelly for Senate

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

Sole Proprietorship

Date Received

Event #

Aggregate value for this event

Total of Section J3**II.EVENT ACTIVITY (Sections J1 - J4)**

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

TYPE OF REPORT

Joe Kelly for Senate

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

Joe Kelly for Senate

April 10 Filing - Amendment

K. In-Kind Contributions

Name

Street Address

City

State

Zip Code

Is this contribution associated with an event reported in Section J1?

Yes

No

Description of In-Kind Contribution

If yes, list Event#

Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?

Yes

No

Is contributor a principal of a state contractor or prospective state contractor?

Yes

No

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

Executive

Legislative

Fair Market Value of this Contribution

Type of Contributor:

Individual

Committee

Sole Proprietorship

Date Received

Aggregate contributions

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

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

TYPE OF REPORT

Joe Kelly for Senate

April 10 Filing - Amendment

L. Refundable Deposit to Telephone Company

Last Name of Individual

First Name

MI

Date Deposit Made

Residential Street Address

City

State

Zip Code

Amount of Deposit

Name of Telephone company

Street Address

City

State

Zip Code

Total of Section L

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Kelly for Senate	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Joe Kelly		Date of Payment 03/03/2026	Method of Payment ☒ Check # ☐ Debit Card ☐ EFT
Street Address 1 Windrose Way	City Greenwich	State CT	Zip Code 06830
Purpose of Expendit RMB	Description Postage for State paperwork		Amount \$17.55
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☒ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) 1 Event #	

Name of Payee Joe Kelly		Date of Payment 03/03/2026	Method of Payment ☒ Check # ☐ Debit Card ☐ EFT
Street Address 1 Windrose Way	City Greenwich	State CT	Zip Code 06830
Purpose of Expendit RMB	Description Stickers For St. Patricks		Amount \$126.65
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☒ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) 3 Event #	

Name of Payee Spectrum Marketing Companies		Date of Payment 03/19/2026	Method of Payment ☒ Check # ☐ Debit Card ☐ EFT
Street Address 95 Eddy Rd Ste 101	City Manchester	State NH	Zip Code 03102
Purpose of Expendit Misc *	Description Yard signs		Amount \$538.23
Is this expenditure coordinated with 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
Joe Kelly for Senate	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Kelley DeLuca		Date of Payment 03/23/2026	Method of Payment ☒ Check # ☐ Debit Card ☐ EFT	
Street Address 67 Bible St		City Cos Cob	State CT	Zip Code 06807
Purpose of Expendit RMB	Description Stickers For Easter			Amount \$115.06
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☒ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) 2	Event #	

Name of Payee Anedot		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
Purpose of Expendit BNK	Description Fees			Amount \$545.27
Is this expenditure coordinated with 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 First Bank of Greenwich		Date of Payment 03/31/2026	Method of Payment ☒ Check # ☐ Debit Card ☐ EFT	
Street Address 444 E Putnam Ave		City Cos Cob	State CT	Zip Code 06807
Purpose of Expendit BNK	Description Bank Fees			Amount \$8.00
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
Joe Kelly for Senate	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee Kelley DeLuca		Date of Payment 03/31/2026	Method of Payment ☒ Check # ☐ Debit Card ☐ EFT	
Street Address 67 Bible St		City Cos Cob	State CT	Zip Code 06807
Purpose of Expendit WAGE	Description Treasurer			Amount \$2,000.00
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 N				

Total of Section N**\$3,350.76**

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Joe Kelly for Senate	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?	
Packages Plus N More Inc			03/03/2026		☒ Yes ☐ No	
Street Address		City		State	Zip Code	Amount
215 E Putnam Ave		Cos Cob		CT	06807	
Purpose of Expenditure (by code)	Description			Event #		
POST	Postage for State paperwork					\$17.55
Name of Payee (Name of vendor who candidate paid directly)			Date of Payment		Is Reimbursement Claimed?	
Make Stickers			03/03/2026		☒ Yes ☐ No	
Street Address		City		State	Zip Code	Amount
18621 81st Ave		Tinley Park		IL	60487	
Purpose of Expenditure (by code)	Description			Event #		
Misc *	Stickers for St Patricks Day					\$126.65
Total of Section O						\$144.20

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

IV. EXPENDITURES (Sections N - S)

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

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant DeLuca	First Kelley	MI A	Date of Payment to Vendor 03/23/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☐ Check # ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant Zazzle				
Street Address of Vendor 1200 Chestnut St		City Menlo Park	State CA	Zip Code 94025
Purpose of Expenditure (by code) Misc *	Description Stickers for Easter			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	Amount \$115.06
Total of Section R				\$115.06

IV. EXPENDITURES (Sectuibs N - S)

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

S. Surplus Distribution of Equipment and Furniture

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

Section J4. ADDENDUM

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

Section N. ADDENDUM

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

Section P. ADDENDUM

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

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

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