SEEC FORM 30
Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised February 2015

Electronic Filing

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COVER PAGE

1.NAME OF COMMITTEE	2. TYPE OF COMMITTEE
Lucy 2026	[x] Candidate Committee [ ] Exploratory Committee

3. TREASURER NAME

First	MI	Last	Suffix
Angela		**Jameson**	

4. TREASURER ADDRESS

Street Address	City	State	Zip Code
1370 Ponus Ridge Rd	**New Canaan**	**CT**	**06840**

5. ELECTION DATE	6. OFFICE SOUGHT *(Complete only if Candidate Committee)*	7. DISTRICT NUMBER *(if applicable)*
11/03/2026	**State Representative**	**R142**

8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)

First	MI	Last	Suffix
Lucia "Lucy"	**S**	**Dathan**	

9. TYPE OF REPORT

April 10 Filing - Amendment

10. PERIOD COVERED

Beginning Date		Ending Date
01/06/2026	thru	**03/31/2026**

11. CERTIFICATION

[x] 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	**Angela Jameson**	**07/05/2026 4:18:07PM**
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	
Lucy 2026	April 10 Filing - Amendment	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		**$0.00**
13. Balance on hand at the beginning of Reporting Period	**$0.00**	
14. Contributions received from Individuals (Section A and B)	**$6,490.00**	**$6,490.00**
15. Receipts from Other Committees (Sections C1 and C2)	**$0.00**	**$0.00**
16. Other Monetary Receipts (Section D through I)	**$0.00**	**$0.00**
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	**$0.00**	**$0.00**
18. Total Monetary Receipts (add totals for lines 14 through 17)	**$6,490.00**	**$6,490.00**
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	**$6,490.00**	**$6,490.00**
20. Expenses Paid by Committee (Section N)	**$5,738.27**	**$5,738.27**
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	**$751.73**	**$751.73**
22. In-Kind Donations not Considered Contributions Received (Section J3)	**$0.00**	**$0.00**
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	**$0.00**	**$0.00**
24. In-Kind Contributions Received (Section K)	**$0.00**	**$0.00**
25. Refundable Deposit to Telephone Company (Section L)	**$0.00**	**$0.00**
26. Beginning Loan Balance	**$0.00**	
26a. + Loans Received (Section D)	**$0.00**	**$0.00**
26b. + Interest and Penalties on Loan(s)	**$0.00**	**$0.00**
26c. - Payments on Loan(s)	**$0.00**	**$0.00**
26d. Total Outstanding Loan Amount	**$0.00**	
27. Campaign Expenses Paid By Candidate (Section O)	**$0.00**	**$0.00**
28. Expenses Incurred on Committee Credit Card (Section P)	**$0.00**	**$0.00**
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	**$0.00**	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	**$0.00**	

I. MONETARY RECEIPTS (Section A-I)

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

A. Total Contributions from Small Contributors-Received this Period ONLY — For Nonparticipating Candidates ONLY: **$0.00**

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Jameson	Angela		0162

Residential Street Address	City	State	Zip Code
1370 Ponus Ridge Rd	New Canaan	CT	06840

Principal Occupation	Name of Employer
Retired	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: $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: 01/23/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Edmands	Susan	B	0002

Residential Street Address	City	State	Zip Code
4 Mead St	New Canaan	CT	06840

Principal Occupation	Name of Employer
consultant	BST America 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: $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: 01/28/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Willett	Karen		0001

Residential Street Address	City	State	Zip Code
60 Spring Water Ln	New Canaan	CT	06840

Principal Occupation	Name of Employer
Homemaker	NA

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $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: 01/28/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lucy 2026

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Hosten	Colin		0003

Residential Street Address	City	State	Zip Code
28 Dock Rd	Norwalk	CT	06854

Principal Occupation	Name of Employer
Lecturer	Fairfield University

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

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: 01/30/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
MacKenzie	Alyssa		0006

Residential Street Address	City	State	Zip Code
80 Forest St	New Canaan	CT	06840

Principal Occupation	Name of Employer
Peer support provider	Mae lemonade with lupus

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: 02/01/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Kantor	Lauren		0005

Residential Street Address	City	State	Zip Code
25 Hawthorne Dr	Norwalk	CT	06851

Principal Occupation	Name of Employer
Teacher	Wilton

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No

Amount of Contribution: $20.00

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: 02/01/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Kantor	Nicholas		0004

Residential Street Address	City	State	Zip Code
25 Hawthorne Dr	Norwalk	CT	06851

Principal Occupation	Name of Employer
Advocate	Pro-Homes CT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No

Amount of Contribution: $20.00

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: 02/01/2026

Aggregate Contributions: $20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lucy 2026

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Wennerstrand	Anne		0019

Residential Street Address	City	State	Zip Code
17 Rome St	Norwalk	CT	06851

Principal Occupation	Name of Employer
Clinical Social Worker	Integrated Psychotherapy LCSW PC

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $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: 02/01/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Harris	Tracey		0018

Residential Street Address	City	State	Zip Code
236 S Bald Hill Rd	New Canaan	CT	06840

Principal Occupation	Name of Employer
CFO	The Southport 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: $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: 02/01/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Woods Matthews	Michelle	R	0017

Residential Street Address	City	State	Zip Code
51 Myrtle Street Ext	Norwalk	CT	06855

Principal Occupation	Name of Employer
Communications	Town of Stratford CT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 02/01/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Seaman	Deborah	A	0016

Residential Street Address	City	State	Zip Code
8 Old Saugatuck Rd	Norwalk	CT	06855

Principal Occupation	Name of Employer
Substitute teacher	Self as sub teacher

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

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: 02/01/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lucy 2026

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Turrentine	Toddy	T	0015

Residential Street Address	City	State	Zip Code
79 Greenley Rd .	New Canaan	CT	06840

Principal Occupation	Name of Employer
Retired	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: $50.00

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	Aggregate Contributions
02/01/2026	$50.00

Last Name	First	MI	Contribution ID #
Bermudez Hallstrom	Andres	J	0014

Residential Street Address	City	State	Zip Code
158 Perry Ave	Norwalk	CT	06850

Principal Occupation	Name of Employer
Attorney	CT Division of Criminal Justice

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $20.00

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	Aggregate Contributions
02/01/2026	$20.00

Last Name	First	MI	Contribution ID #
Cheung	Emma		0013

Residential Street Address	City	State	Zip Code
152 Hoyt Farm Rd	New Canaan	CT	06840

Principal Occupation	Name of Employer
Student	NA

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $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	Aggregate Contributions
02/01/2026	$340.00

Last Name	First	MI	Contribution ID #
Fagerstal	Christina	T	0012

Residential Street Address	City	State	Zip Code
289 Weed St	New Canaan	CT	06840

Principal Occupation	Name of Employer
Retired	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: $25.00

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	Aggregate Contributions
02/01/2026	$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lucy 2026

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Englund	Sven	R	0011

Residential Street Address	City	State	Zip Code
9 Fairty Dr	New Canaan	CT	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: $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: 02/01/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Himmel	Jane		0010

Residential Street Address	City	State	Zip Code
50 Braeburn Dr	New Canaan	CT	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: $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: 02/01/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Boris	Jamie		0009

Residential Street Address	City	State	Zip Code
22 Crystal St	New Canaan	CT	06840

Principal Occupation: Manager

Name of Employer: ABC 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: $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: 02/01/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
rama	Sandy		0008

Residential Street Address	City	State	Zip Code
300 Glover Ave	Norwalk	CT	06850

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: $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: 02/01/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lucy 2026

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Hannich	Lisa		0007

Residential Street Address	City	State	Zip Code
90 Kimberly Pl	New Canaan	CT	06840

Principal Occupation	Name of Employer
Unemployed	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: $25.00

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: 02/01/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Jones	Elizabeth	A	0163

Residential Street Address	City	State	Zip Code
101 Harrison Ave	New Canaan	CT	06840

Principal Occupation	Name of Employer
Gardener	Elizabeth Jones

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 02/01/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Bennett	Jason	J	0037

Residential Street Address	City	State	Zip Code
12 Olmstead Ct	New Canaan	CT	06840

Principal Occupation	Name of Employer
CTO	Circular Services, 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: $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: 02/02/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Rilling	Lucia	C	0036

Residential Street Address	City	State	Zip Code
98 Gillies Ln	Norwalk	CT	06854

Principal Occupation	Name of Employer
Real Estate Agent	William Raveis

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: 02/02/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lucy 2026

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
DeVito	David		0035

Residential Street Address	City	State	Zip Code
263 S Bald Hill Rd	New Canaan	CT	06840

Principal Occupation	Name of Employer
Realtor	Self employed independent contractor

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $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: 02/02/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Andrasko	Joseph	D	0034

Residential Street Address	City	State	Zip Code
28 Dock Rd	Norwalk	CT	06854

Principal Occupation	Name of Employer
Banking	Synchrony

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

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: 02/02/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Lee	Alison	V	0033

Residential Street Address	City	State	Zip Code
407 Newtown Ave	Norwalk	CT	06851

Principal Occupation	Name of Employer
digital content creator	Craftcast Productions, 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: $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: 02/02/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
DEGENSHEIN	JAN	S	0032

Residential Street Address	City	State	Zip Code
407 Newtown Ave	Norwalk	CT	06851

Principal Occupation	Name of Employer
Architect - Planner	Degenshein Architects

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: 02/02/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lucy 2026

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Tobitsch	Meredith		0031

Residential Street Address	City	State	Zip Code
203 Putnam Rd	New Canaan	CT	06840

Principal Occupation	Name of Employer
Homemaker	Meredith Tobitsch

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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	Aggregate Contributions
02/02/2026	$5.00

Last Name	First	MI	Contribution ID #
Stonehill	Elisabeth		0030

Residential Street Address	City	State	Zip Code
7 Ravenwood Rd	Norwalk	CT	06850

Principal Occupation	Name of Employer
Software Engineet	EDKS Associates

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

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	Aggregate Contributions
02/02/2026	$25.00

Last Name	First	MI	Contribution ID #
Goldstein	Josh		0029

Residential Street Address	City	State	Zip Code
22 Princes Pine Rd	Norwalk	CT	06850

Principal Occupation	Name of Employer
Attorney	Adelman Connors & Krevolin, 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: $25.00

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	Aggregate Contributions
02/02/2026	$25.00

Last Name	First	MI	Contribution ID #
Clancy	Louise		0028

Residential Street Address	City	State	Zip Code
126 Woodland Rd	New Canaan	CT	06840

Principal Occupation	Name of Employer
Homemaker	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: $25.00

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	Aggregate Contributions
02/02/2026	$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lucy 2026

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
matley	justin		0027

Residential Street Address	City	State	Zip Code
4 Cindy Ln	Norwalk	CT	06851

Principal Occupation	Name of Employer
audio producer	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: $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: 02/02/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Lee	Lina		0026

Residential Street Address	City	State	Zip Code
160 Ferris Hill Rd	New Canaan	CT	06840

Principal Occupation	Name of Employer
Attorney	CBA

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

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: 02/02/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
feral	priscilla		0025

Residential Street Address	City	State	Zip Code
5 McKinley St	Rowayton	CT	06853

Principal Occupation	Name of Employer
president of Friends of Animals	Friends of Animals

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

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: 02/02/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Westmoreland	David	G	0024

Residential Street Address	City	State	Zip Code
50 Elmwood Ave	Norwalk	CT	06854

Principal Occupation	Name of Employer
Landscape Architect	Tuliptree Site Design 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: $50.00

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: 02/02/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lucy 2026

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Fields	Mary	C	0023

Residential Street Address	City	State	Zip Code
280 Silvermine Ave	Norwalk	CT	06850

Principal Occupation	Name of Employer
Retired	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: $50.00

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	Aggregate Contributions
02/02/2026	$50.00

Last Name	First	MI	Contribution ID #
Davis	Michael		0022

Residential Street Address	City	State	Zip Code
200 Glover Ave	Norwalk	CT	06850

Principal Occupation	Name of Employer
Retired	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: $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	Aggregate Contributions
02/02/2026	$100.00

Last Name	First	MI	Contribution ID #
Niedzielski-Eichner	Nora		0021

Residential Street Address	City	State	Zip Code
7 Outer Rd	Norwalk	CT	06854

Principal Occupation	Name of Employer
Attorney	Clarick Gueron Reisbaum

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

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	Aggregate Contributions
02/02/2026	$50.00

Last Name	First	MI	Contribution ID #
Washer	Louise		0020

Residential Street Address	City	State	Zip Code
280 Silvermine Ave	Norwalk	CT	06850

Principal Occupation	Name of Employer
Retired	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: $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	Aggregate Contributions
02/02/2026	$340.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lucy 2026

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Leija-Wheeler	Tiffany		0040

Residential Street Address	City	State	Zip Code
134 Millport Ave	New Canaan	CT	06840

Principal Occupation	Name of Employer
School Psychologist	Stamford Public Schools

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $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: 02/03/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Martin	Rebecca	B	0039

Residential Street Address	City	State	Zip Code
185 North Ave	Westport	CT	06880

Principal Occupation	Name of Employer
Associate Director of Development	Reproductive Equity Now

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 02/03/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Smyth	Barbara		0038

Residential Street Address	City	State	Zip Code
4 Brookhill Ln	Norwalk	CT	06851

Principal Occupation	Name of Employer
Mayor	City of Norwalk

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

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: 02/03/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Fasciolo	Adam		0043

Residential Street Address	City	State	Zip Code
29 Marlborough Rd	Norwalk	CT	06851

Principal Occupation	Name of Employer
Retired	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: $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: 02/04/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lucy 2026

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Garfunkel	Andy		0042

Residential Street Address	City	State	Zip Code
41 Beau St	Norwalk	CT	06850

Principal Occupation	Name of Employer
Retired	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: $50.00

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: 02/04/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Lauricella	Diane		0041

Residential Street Address	City	State	Zip Code
21 Little Fox Ln	Norwalk	CT	06850

Principal Occupation	Name of Employer
Retired	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: $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: 02/04/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Cohler	Luke		0046

Residential Street Address	City	State	Zip Code
375 Canoe Hill Rd	New Canaan	CT	06840

Principal Occupation	Name of Employer
Headhunter	Human Capitalist 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: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 02/05/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Dorfsman	Michael	J	0045

Residential Street Address	City	State	Zip Code
172 Putnam Rd	New Canaan	CT	06840

Principal Occupation	Name of Employer
Retired	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: $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: 02/05/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lucy 2026

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Levine	Eva	S	0044

Residential Street Address	City	State	Zip Code
240 Davenport Ridge Rd	New Canaan	CT	06840

Principal Occupation	Name of Employer
Retired	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: $25.00

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: 02/05/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Rodgers	Rachel		0047

Residential Street Address	City	State	Zip Code
237 S Bald Hill Rd	New Canaan	CT	06840

Principal Occupation	Name of Employer
Management Exec	Ipsos

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: 02/06/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
MARSHOCK	PATRICIA		0051

Residential Street Address	City	State	Zip Code
12 Edith Ln	Norwalk	CT	06851

Principal Occupation	Name of Employer
Retired	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: $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: 02/06/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Schoen	Claire	C	0050

Residential Street Address	City	State	Zip Code
7 Studio Ln	Norwalk	CT	06850

Principal Occupation	Name of Employer
Retired	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: $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: 02/06/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lucy 2026

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Dellinger	Richard	N	0049

Residential Street Address	City	State	Zip Code
45 Purdy Rd E	Norwalk	CT	06850

Principal Occupation	Name of Employer
Retired	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: $50.00

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	Aggregate Contributions
02/06/2026	$50.00

Last Name	First	MI	Contribution ID #
Wieser Scott	Kirsten		0048

Residential Street Address	City	State	Zip Code
205 Silvermine Ave	Norwalk	CT	06850

Principal Occupation	Name of Employer
Caregiver	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: $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	Aggregate Contributions
02/06/2026	$5.00

Last Name	First	MI	Contribution ID #
Carroll	Heather		0062

Residential Street Address	City	State	Zip Code
118 Evergreen Rd	New Canaan	CT	06840

Principal Occupation	Name of Employer
Retail	ESB

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

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	Aggregate Contributions
02/07/2026	$50.00

Last Name	First	MI	Contribution ID #
West	Sheri & Brian		0061

Residential Street Address	City	State	Zip Code
255 W Hills Rd	New Canaan	CT	06840

Principal Occupation	Name of Employer
Nonprofit	LiveGirl

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

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	Aggregate Contributions
02/07/2026	$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lucy 2026

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Rothseid	Ruth		0060

Residential Street Address	City	State	Zip Code
205 Main St Apt 23	New Canaan	CT	06840

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 02/07/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Madigan	Geralyn		0059

Residential Street Address	City	State	Zip Code
347 Galloway Oaks Dr	Ballwin	MO	63021

Principal Occupation	Name of Employer
Retail	Painted Tree

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: 02/07/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Ridley-Kaye	Megan	E	0058

Residential Street Address	City	State	Zip Code
927 Silvermine Rd	New Canaan	CT	06840

Principal Occupation	Name of Employer
Attorney	Hogan Lovells

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

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: 02/07/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Kaye	Joshua	D	0057

Residential Street Address	City	State	Zip Code
927 Silvermine Rd	New Canaan	CT	06840

Principal Occupation	Name of Employer
Attorney	Arcadian Risk 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: $50.00

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: 02/07/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lucy 2026

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Gulyas	bryan		0056

Residential Street Address	City	State	Zip Code
5 Cliffview	Norwalk	CT	06850

Principal Occupation	Name of Employer
Nope	Nope

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: 02/07/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Klimpl	Timothy	S	0055

Residential Street Address	City	State	Zip Code
109 Benedict Hill Rd	New Canaan	CT	06840

Principal Occupation	Name of Employer
Attorney	Klimpl Benefits Law PLLC

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

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: 02/07/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Williams	Brandalyn		0054

Residential Street Address	City	State	Zip Code
26 Belden Ave # 1449	Norwalk	CT	06850

Principal Occupation	Name of Employer
Policy & Communications Strategist	City of Norwalk

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: 02/07/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Cosker	Tom		0053

Residential Street Address	City	State	Zip Code
52 Tall Pines Ln	Rocky Hill	CT	06067

Principal Occupation	Name of Employer
Advocate	DRCT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

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: 02/07/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lucy 2026

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Hosten	Colin		0052

Residential Street Address	City	State	Zip Code
71 Aiken St # A14	Norwalk	CT	06851

Principal Occupation	Name of Employer
Lecturer	Fairfield University

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

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: 02/07/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Ault	Andrew		0088

Residential Street Address	City	State	Zip Code
308 Greenley Rd	New Canaan	CT	06840

Principal Occupation	Name of Employer
Advertising	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: $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: 02/08/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Duplock	Sophie		0087

Residential Street Address	City	State	Zip Code
2 Silvermine Rdg	Norwalk	CT	06850

Principal Occupation	Name of Employer
Paraeducator	New Canaan Public Schools

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $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: 02/08/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Kinsella	Katy		0086

Residential Street Address	City	State	Zip Code
34 Channel Ave	Norwalk	CT	06854

Principal Occupation	Name of Employer
Sales	1000

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: 02/08/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lucy 2026

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Reed	Kristin	T	0085

Residential Street Address	City	State	Zip Code
824 N Wilton Rd	New Canaan	CT	06840

Principal Occupation	Name of Employer
Retired	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: $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: 02/08/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Goldstein	Elizabeth		0084

Residential Street Address	City	State	Zip Code
22 Princes Pine Rd	Norwalk	CT	06850

Principal Occupation	Name of Employer
Sales	Datadog

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: 02/08/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Lurie	Richard	C	0083

Residential Street Address	City	State	Zip Code
341 Jelliff Mill Rd	New Canaan	CT	06840

Principal Occupation	Name of Employer
Retired	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: $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: 02/08/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Tepas	Kevin	M	0082

Residential Street Address	City	State	Zip Code
7 Barnfield Rd	Norwalk	CT	06853

Principal Occupation	Name of Employer
Retired	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: $50.00

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: 02/08/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lucy 2026

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Stewart	Julia		0081

Residential Street Address	City	State	Zip Code
433 Old Stamford Rd	New Canaan	CT	06840

Principal Occupation	Name of Employer
Social Media	Walter Stewarts Co

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

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: 02/08/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
DArinzo	Debra		0080

Residential Street Address	City	State	Zip Code
28 Morehouse Ln	Norwalk	CT	06850

Principal Occupation	Name of Employer
Retired	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: $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: 02/08/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Bennett	Jo		0079

Residential Street Address	City	State	Zip Code
8 Silver Ledge Rd	Norwalk	CT	06850

Principal Occupation	Name of Employer
Volunteer & communications manager	Malta House

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: 02/08/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
D'Arinzo	Ken		0078

Residential Street Address	City	State	Zip Code
28 Morehouse Ln	Norwalk	CT	06850

Principal Occupation	Name of Employer
Realtor	Ken D'Arinzo 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: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 02/08/2026

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lucy 2026

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Shonfield	Lise		0077

Residential Street Address	City	State	Zip Code
34 Bayberry Rd	New Canaan	CT	06840

Principal Occupation	Name of Employer
Consultant	True North College Advisors

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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	Aggregate Contributions
02/08/2026	$5.00

Last Name	First	MI	Contribution ID #
Ault	Laura	M	0076

Residential Street Address	City	State	Zip Code
308 Greenley Rd	New Canaan	CT	06840

Principal Occupation	Name of Employer
Writer	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: $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	Aggregate Contributions
02/08/2026	$5.00

Last Name	First	MI	Contribution ID #
Schilo	Kristen		0075

Residential Street Address	City	State	Zip Code
18 Seminary St	New Canaan	CT	06840

Principal Occupation	Name of Employer
Dog care	New Canaan Dogs

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

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	Aggregate Contributions
02/08/2026	$25.00

Last Name	First	MI	Contribution ID #
Pavia	Jack	T	0074

Residential Street Address	City	State	Zip Code
32 Vanderbilt Ave	Norwalk	CT	06854

Principal Occupation	Name of Employer
Intern	Norwalk Transit District

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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	Aggregate Contributions
02/08/2026	$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lucy 2026

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Okeefe	Dan		0073

Residential Street Address	City	State	Zip Code
21 Brooks Rd	New Canaan	CT	06840

Principal Occupation	Name of Employer
State commissioner	State of CT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $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	Aggregate Contributions
02/08/2026	$5.00

Last Name	First	MI	Contribution ID #
Major	Luella		0072

Residential Street Address	City	State	Zip Code
9 Glenwood Ave Unit 13	Norwalk	CT	06854

Principal Occupation	Name of Employer
Nanny	Ellen De Moll

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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	Aggregate Contributions
02/08/2026	$5.00

Last Name	First	MI	Contribution ID #
Lloyd	Elaine		0071

Residential Street Address	City	State	Zip Code
3 Holmewood Ln	New Canaan	CT	06840

Principal Occupation	Name of Employer
Retired	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: $25.00

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	Aggregate Contributions
02/08/2026	$25.00

Last Name	First	MI	Contribution ID #
Hott	Terri		0070

Residential Street Address	City	State	Zip Code
145 Orchard Dr	New Canaan	CT	06840

Principal Occupation	Name of Employer
Retired	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: $50.00

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	Aggregate Contributions
02/08/2026	$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lucy 2026

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Barksdale	Russell		0069

Residential Street Address	City	State	Zip Code
249 Old Stamford Rd	New Canaan	CT	06840

Principal Occupation	Name of Employer
Retired	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: $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: 02/08/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Leung	Janet		0068

Residential Street Address	City	State	Zip Code
90 South Ave	New Canaan	CT	06840

Principal Occupation	Name of Employer
Retired	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: $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: 02/08/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Cullen	Y		0067

Residential Street Address	City	State	Zip Code
40 Pond View Ln	New Canaan	CT	06840

Principal Occupation	Name of Employer
Homemaker	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: $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: 02/08/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Hladick	Jennifer		0066

Residential Street Address	City	State	Zip Code
77 Knollwood Ln	New Canaan	CT	06840

Principal Occupation	Name of Employer
Homemaker	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: $50.00

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: 02/08/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lucy 2026

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Bettino	Rita		0065

Residential Street Address	City	State	Zip Code
94 Field Crest Rd	New Canaan	CT	06840

Principal Occupation	Name of Employer
CMO	Global Orange Development

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

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: 02/08/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Mitrakis	Nick		0064

Residential Street Address	City	State	Zip Code
201 Mill Rd	New Canaan	CT	06840

Principal Occupation	Name of Employer
SVP Corporate Controller	WSP

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

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: 02/08/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Chapman-Bakal	Kathy		0063

Residential Street Address	City	State	Zip Code
107 Pocconock Trl	New Canaan	CT	06840

Principal Occupation	Name of Employer
Real estate appraiser	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: $50.00

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: 02/08/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Moore	Lynne		0096

Residential Street Address	City	State	Zip Code
813 Foxboro Dr	Norwalk	CT	06851

Principal Occupation	Name of Employer
Educator	Norwalk Public Schools

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $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: 02/09/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lucy 2026

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
DRUCKER	RACHEL	D	0095

Residential Street Address	City	State	Zip Code
108 New Canaan Ave	Norwalk	CT	06850

Principal Occupation	Name of Employer
Retired	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: $50.00

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	Aggregate Contributions
02/09/2026	$50.00

Last Name	First	MI	Contribution ID #
Sead	Jalin		0094

Residential Street Address	City	State	Zip Code
140 Main St	Norwalk	CT	06851

Principal Occupation	Name of Employer
Transportation Manager	Star 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: $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	Aggregate Contributions
02/09/2026	$5.00

Last Name	First	MI	Contribution ID #
Wells	Sonja		0093

Residential Street Address	City	State	Zip Code
71 Haviland Rd	Stamford	CT	06903

Principal Occupation	Name of Employer
Homemaker	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: $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	Aggregate Contributions
02/09/2026	$5.00

Last Name	First	MI	Contribution ID #
Yordon	Mary	X	0092

Residential Street Address	City	State	Zip Code
67 North St	Easton	CT	06612

Principal Occupation	Name of Employer
Teacher	Norwalk Public Schools

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

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	Aggregate Contributions
02/09/2026	$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lucy 2026

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Jellerette	Diane		0091

Residential Street Address	City	State	Zip Code
25 Ellen St	Norwalk	CT	06851

Principal Occupation	Name of Employer
Museum Director	Norwalk Historical Society

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

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: 02/09/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Buccolo	Jesse		0090

Residential Street Address	City	State	Zip Code
5 Alden Ave	Norwalk	CT	06855

Principal Occupation	Name of Employer
Deputy director	Norwalk acts

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

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: 02/09/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Rucci	Barbara	B	0089

Residential Street Address	City	State	Zip Code
697 Valley Rd	New Canaan	CT	06840

Principal Occupation	Name of Employer
Arts Educator	B. Rucci Studio

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

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: 02/09/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Mitchell	Julia	K	0164

Residential Street Address	City	State	Zip Code
923 Sturbridge Hill Rd	New Canaan	CT	06840

Principal Occupation	Name of Employer
AIRBNB Host Mother	Julia Mitchell

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: 02/09/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lucy 2026

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Vollmer	Edward	C	0165

Residential Street Address	City	State	Zip Code
377 Main St Unit 13	New Canaan	CT	06840

Principal Occupation	Name of Employer
Retrired	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: $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: 02/10/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Heuvelman	David		0119

Residential Street Address	City	State	Zip Code
10 Buckingham Pl	Norwalk	CT	06851

Principal Occupation	Name of Employer
Attorney	DBH Legal 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: $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: 02/10/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Wells	Robin		0118

Residential Street Address	City	State	Zip Code
71 Haviland Rd	Stamford	CT	06903

Principal Occupation	Name of Employer
Wealth Manager	Growe Capital Advisors

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

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: 02/10/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Keefe	Diane	M	0117

Residential Street Address	City	State	Zip Code
249 Chestnut Hill Rd	Norwalk	CT	06851

Principal Occupation	Name of Employer
Retired	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: $50.00

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: 02/10/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lucy 2026

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Deal	Ryan		0116

Residential Street Address	City	State	Zip Code
141 Rowayton Woods Dr	Norwalk	CT	06854

Principal Occupation	Name of Employer
Nonprofit	Fairfield County's Community Foundatiom

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: 02/10/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Siegelbaum	Beth		0115

Residential Street Address	City	State	Zip Code
57 Russell St	Norwalk	CT	06855

Principal Occupation	Name of Employer
Retired	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: $25.00

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: 02/10/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Livingston	Thomas	P	0114

Residential Street Address	City	State	Zip Code
23 Crockett St	Norwalk	CT	06853

Principal Occupation	Name of Employer
Retired	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: $50.00

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: 02/10/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Byron	Jacquen	J	0113

Residential Street Address	City	State	Zip Code
100 San Vincenzo Pl Unit 5	Norwalk	CT	06854

Principal Occupation	Name of Employer
Accounting Clerk	Charter Brokerage 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: $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: 02/10/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lucy 2026

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Duryea	Tina		0112

Residential Street Address	City	State	Zip Code
6 Deane Ct	Norwalk	CT	06853

Principal Occupation	Name of Employer
Artist	TL Duryea

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $15.00

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: 02/10/2026

Aggregate Contributions: $15.00

Last Name	First	MI	Contribution ID #
Stonehill	David		0111

Residential Street Address	City	State	Zip Code
7 Ravenwood Rd	Norwalk	CT	06850

Principal Occupation	Name of Employer
CTO	EDKS Associates 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: $25.00

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: 02/10/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Sullivan	Kathryn		0110

Residential Street Address	City	State	Zip Code
1 Red Barn Ln	Norwalk	CT	06850

Principal Occupation	Name of Employer
Office manager	Private family

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

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: 02/10/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Wells	Stuart	W	0109

Residential Street Address	City	State	Zip Code
224 W Norwalk Rd	Norwalk	CT	06850

Principal Occupation	Name of Employer
Registrar of Voters	City of Norwallk2038669045

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: 02/10/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lucy 2026

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Wells	Galen	W	0108

Residential Street Address	City	State	Zip Code
224 W Norwalk Rd	Norwalk	CT	06850

Principal Occupation	Name of Employer
Retired	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: $200.00

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	Aggregate Contributions
02/10/2026	$200.00

Last Name	First	MI	Contribution ID #
Watford	benita		0107

Residential Street Address	City	State	Zip Code
107 Maywood Rd	Norwalk	CT	06850

Principal Occupation	Name of Employer
rug hooking teacher	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: $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	Aggregate Contributions
02/10/2026	$5.00

Last Name	First	MI	Contribution ID #
Prescott	Jennifer		0106

Residential Street Address	City	State	Zip Code
5 Libby Rd	Norwalk	CT	06850

Principal Occupation	Name of Employer
Marketing Director	Consortium for School Networking

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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	Aggregate Contributions
02/10/2026	$5.00

Last Name	First	MI	Contribution ID #
Davidson	David	S	0105

Residential Street Address	City	State	Zip Code
16 Betmarlea Rd .	Norwalk	CT	06850

Principal Occupation	Name of Employer
Retired	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: $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	Aggregate Contributions
02/10/2026	$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lucy 2026

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Rende	Diane	K	0104

Residential Street Address	City	State	Zip Code
115 N Seir Hill Rd	Norwalk	CT	06850

Principal Occupation	Name of Employer
Accounting	Allen Management 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: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 02/10/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Orteig	Elizabeth		0103

Residential Street Address	City	State	Zip Code
108 Bayberry Rd	New Canaan	CT	06840

Principal Occupation	Name of Employer
Antique Restorer	Elizabeth Orteig antique restoration

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

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: 02/10/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Baker	Bonnie		0102

Residential Street Address	City	State	Zip Code
925 New Norwalk Rd	New Canaan	CT	06840

Principal Occupation	Name of Employer
Management consulting	The Change Collective

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

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: 02/10/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Wexler	Adam		0101

Residential Street Address	City	State	Zip Code
84 Rilling Rdg	New Canaan	CT	06840

Principal Occupation	Name of Employer
Attorney	Take-Two Interactive

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

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: 02/10/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lucy 2026

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Kimmich	Scott		0100

Residential Street Address	City	State	Zip Code
186 Gillies Ln	Norwalk	CT	06854

Principal Occupation	Name of Employer
Retired	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: $25.00

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: 02/10/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Tepper	Kathleen		0099

Residential Street Address	City	State	Zip Code
186 Gillies Ln	Norwalk	CT	06854

Principal Occupation	Name of Employer
Retired	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: $25.00

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: 02/10/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Lopez	Johan		0098

Residential Street Address	City	State	Zip Code
41 Fairfield Ave	Norwalk	CT	06854

Principal Occupation	Name of Employer
Analyst	World Bank

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

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: 02/10/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Eaddy	Nicolé		0097

Residential Street Address	City	State	Zip Code
230 East Ave Apt C208	Norwalk	CT	06855

Principal Occupation	Name of Employer
Finance	GameChange Solar

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: 02/10/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lucy 2026

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Bergman	Meredith		0122

Residential Street Address	City	State	Zip Code
183 Smith Ridge Rd	New Canaan	CT	06840

Principal Occupation	Name of Employer
student	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: $20.00

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: 02/11/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Meyer	Alicia	C	0121

Residential Street Address	City	State	Zip Code
21 Maple St	New Canaan	CT	06840

Principal Occupation	Name of Employer
Retired	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: $50.00

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: 02/11/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Nussbaum	Lauren		0120

Residential Street Address	City	State	Zip Code
65 Whiffle Tree Ln	New Canaan	CT	06840

Principal Occupation	Name of Employer
Homemaker	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: $25.00

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: 02/11/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Dathan	James	H	0168

Residential Street Address	City	State	Zip Code
950 Silvermine Rd	New Canaan	CT	06840

Principal Occupation	Name of Employer
Student	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: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 02/12/2026

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lucy 2026

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Dathan	Charles	E	0167

Residential Street Address	City	State	Zip Code
950 Silvermine Rd	New Canaan	CT	06840

Principal Occupation	Name of Employer
Student	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: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 02/12/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Dathan	Jacqueline	A	0166

Residential Street Address	City	State	Zip Code
950 Silvermine Rd	New Canaan	CT	06840

Principal Occupation	Name of Employer
Student	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: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 02/12/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Penn-Williams	Brenda		0125

Residential Street Address	City	State	Zip Code
21 Karen Dr	Norwalk	CT	06851

Principal Occupation	Name of Employer
Retired	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: $25.00

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: 02/13/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Brotherton	Sue		0124

Residential Street Address	City	State	Zip Code
45 Weed Ave .	Norwalk	CT	06850

Principal Occupation	Name of Employer
Chiropractic assistant	Chiropractic Associates

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

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: 02/13/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lucy 2026

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Roen	Renee		0123

Residential Street Address	City	State	Zip Code
723 Silvermine Rd	New Canaan	CT	06840

Principal Occupation	Name of Employer
Strategt	The Estée Lauder companies 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: 02/13/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
E Bernier	Andrea		0126

Residential Street Address	City	State	Zip Code
232 W Norwalk Rd	Norwalk	CT	06850

Principal Occupation	Name of Employer
Retired	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: $50.00

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: 02/14/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Chadwick	Jennifer		0127

Residential Street Address	City	State	Zip Code
33 Geneva Rd	Norwalk	CT	06850

Principal Occupation	Name of Employer
Banker	Wells Fargo

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

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: 02/15/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Obuchowski	Elsa	P	0169

Residential Street Address	City	State	Zip Code
41 East Ave	Norwalk	CT	06851

Principal Occupation	Name of Employer
Editor Writer	Elsa Peterson Ltd

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $20.00

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: 02/15/2026

Aggregate Contributions: $20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lucy 2026

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Johnson	Linda	K	0130

Residential Street Address	City	State	Zip Code
36 Fawn Ridge Ln	Wilton	CT	06897

Principal Occupation	Name of Employer
Realtor	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: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 02/16/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Bernier	Robert	E	0129

Residential Street Address	City	State	Zip Code
232 W Norwalk Rd	Norwalk	CT	06850

Principal Occupation	Name of Employer
Retired	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: $50.00

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: 02/16/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Flaherty-Ludwig	Mary Ellen		0128

Residential Street Address	City	State	Zip Code
89 Soundview Ave	Norwalk	CT	06854

Principal Occupation	Name of Employer
Retired	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: $25.00

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: 02/16/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Silber	Matthew		0132

Residential Street Address	City	State	Zip Code
230 East Ave	Norwalk	CT	06855

Principal Occupation	Name of Employer
Teacher	Norwalk Public Schools

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $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: 02/17/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lucy 2026

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Orteig	Steve		0131

Residential Street Address	City	State	Zip Code
108 Bayberry Rd .	New Canaan	CT	06840

Principal Occupation	Name of Employer
Retired	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: $25.00

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: 02/17/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
O'Connell	Pia	G	0170

Residential Street Address	City	State	Zip Code
12 Coachmans Ct	Norwalk	CT	06840

Principal Occupation	Name of Employer
Retired	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: $25.00

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: 02/17/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
MacKenzie	Addi		0134

Residential Street Address	City	State	Zip Code
174 Gerdes Rd	New Canaan	CT	06840

Principal Occupation	Name of Employer
Teacher Assistant	Thistle Waithe Learning Center

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

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: 02/19/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
MacKenzie	Tess		0133

Residential Street Address	City	State	Zip Code
174 Gerdes Rd	New Canaan	CT	06840

Principal Occupation	Name of Employer
Self employed	Me

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: 02/19/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Murphy	Mary	A	0136

Residential Street Address	City	State	Zip Code
43 Chichester Rd	New Canaan	CT	06840

Principal Occupation	Name of Employer
Selectman	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: $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: 02/20/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Baanante	Sharon	R	0135

Residential Street Address	City	State	Zip Code
64 Comstock Hill Ave	Norwalk	CT	06850

Principal Occupation	Name of Employer
Relationship Management	Morgan Stanley

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: 02/20/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
RAMIREZ	ADAM	R	0137

Residential Street Address	City	State	Zip Code
40 Shady Knoll Ln	New Canaan	CT	06840

Principal Occupation	Name of Employer
Chief Risk Officer	Tokyo Century (USA) 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: 02/21/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Hannich	Charlotte	R	0172

Residential Street Address	City	State	Zip Code
90 Kimberly Pl	New Canaan	CT	06840

Principal Occupation	Name of Employer
Student	Student

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 02/21/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lucy 2026

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Hannich	Ivy	G	0171

Residential Street Address	City	State	Zip Code
90 Kimberly Pl	New Canaan	CT	06840

Principal Occupation	Name of Employer
Student	Student

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 02/21/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Whitcher	Joanna	M	0173

Residential Street Address	City	State	Zip Code
1108 Inverness Pl	San Luis Obispo	CA	93401

Principal Occupation	Name of Employer
Real Estate Management	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: $50.00

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: 02/22/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Gulyas	Ashley	S	0140

Residential Street Address	City	State	Zip Code
5 Cliffview Dr	Norwalk	CT	06850

Principal Occupation	Name of Employer
music teacher	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: $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: 02/22/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Murray	Melissa		0139

Residential Street Address	City	State	Zip Code
8 Norden Pl Apt 222	Norwalk	CT	06855

Principal Occupation	Name of Employer
Homemaker	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: $50.00

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: 02/22/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lucy 2026

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Hannich	Ulrich		0138

Residential Street Address	City	State	Zip Code
90 Kimberly Pl	New Canaan	CT	06840

Principal Occupation	Name of Employer
Attorney	UBS

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: 02/22/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
McMurrer	Jenn		0141

Residential Street Address	City	State	Zip Code
71 Gregory Blvd	Norwalk	CT	06855

Principal Occupation	Name of Employer
Communications Director	City of Norwalk

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: 02/23/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Golden	Elizabeth		0149

Residential Street Address	City	State	Zip Code
22 Sunrise Hill Rd	Norwalk	CT	06851

Principal Occupation	Name of Employer
Retired	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: $20.00

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: 02/24/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Landers	Danika		0148

Residential Street Address	City	State	Zip Code
77 Grove St	New Canaan	CT	06840

Principal Occupation	Name of Employer
Product Designer	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: $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: 02/24/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lucy 2026

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Ormond	Hilary		0147

Residential Street Address	City	State	Zip Code
36 Brushy Ridge Rd	New Canaan	CT	06840

Principal Occupation	Name of Employer
Retired	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: $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: 02/24/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Duff	Joanne	J	0146

Residential Street Address	City	State	Zip Code
2 Red Barn Ln	Norwalk	CT	06850

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 02/24/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
lmsilver@gmail.com	Lisa	S	0145

Residential Street Address	City	State	Zip Code
181 Benedict Hill Rd	New Canaan	CT	06840

Principal Occupation	Name of Employer
Homemaker	NA

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $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: 02/24/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Smyth	Peter		0144

Residential Street Address	City	State	Zip Code
4 Brookhill Ln	Norwalk	CT	06851

Principal Occupation	Name of Employer
Graphic Designer	BrandSmyth 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: $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: 02/24/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lucy 2026

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Badanes	Alan		0143

Residential Street Address	City	State	Zip Code
175 Hickok Rd	New Canaan	CT	06840

Principal Occupation	Name of Employer
Retired	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: $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: 02/24/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Badanes	Jillian		0142

Residential Street Address	City	State	Zip Code
36 Mead St	New Canaan	CT	06840

Principal Occupation	Name of Employer
Reinsurance manager	Swiss Re

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

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: 02/24/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Berliet	Jean Pierre		0174

Residential Street Address	City	State	Zip Code
166 Ferris Hill Rd	New Canaan	CT	06840

Principal Occupation	Name of Employer
Retired	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: $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: 02/24/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Howard	Parisa		0151

Residential Street Address	City	State	Zip Code
52 Adams Ln	New Canaan	CT	06840

Principal Occupation	Name of Employer
Marketing	Momentum Worldwide

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

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: 02/26/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lucy 2026

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
HECKERLING	Jessica		0150

Residential Street Address	City	State	Zip Code
123 Colonial Rd	New Canaan	CT	06840

Principal Occupation	Name of Employer
Owner	Face Communications

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

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	Aggregate Contributions	Amount of Contribution
02/26/2026	$100.00	$100.00

Last Name	First	MI	Contribution ID #
Compton	Stephanie		0153

Residential Street Address	City	State	Zip Code
928 Amarillo	Palo Alto	CA	94303

Principal Occupation	Name of Employer
Teachers aide	Pausd

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

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	Aggregate Contributions	Amount of Contribution
02/28/2026	$50.00	$50.00

Last Name	First	MI	Contribution ID #
Harris	Mark	R	0152

Residential Street Address	City	State	Zip Code
236 S Bald Hill Rd .	New Canaan	CT	06840

Principal Occupation	Name of Employer
CFO	FGS Gobal

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

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	Aggregate Contributions	Amount of Contribution
02/28/2026	$340.00	$340.00

Last Name	First	MI	Contribution ID #
Bussmann	Mary	R	0154

Residential Street Address	City	State	Zip Code
354 Seale Ave	Palo Alto	CA	94301

Principal Occupation	Name of Employer
Retired	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

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received	Aggregate Contributions	Amount of Contribution
03/01/2026	$200.00	$200.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lucy 2026

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Segalas	Francesca	F	0176

Residential Street Address	City	State	Zip Code
48 Old Norwalk Rd	New Canaan	CT	06840

Principal Occupation	Name of Employer
Dog Care	Francesca Segalas

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/02/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Berliet	Martine	C	0175

Residential Street Address	City	State	Zip Code
166 Ferris Hill Rd	New Canaan	CT	06840

Principal Occupation	Name of Employer
Retired	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: $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: 03/02/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Constantine	Savet		0156

Residential Street Address	City	State	Zip Code
135 Whipstick Rd	Wilton	CT	06897

Principal Occupation	Name of Employer
State Legislator	Ct General Assembly

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches 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: 03/03/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Beall	James		0155

Residential Street Address	City	State	Zip Code
34 Scofield Ln	New Canaan	CT	06840

Principal Occupation	Name of Employer
Retired	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: $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: 03/03/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lucy 2026

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Foley	Jim		0157

Residential Street Address	City	State	Zip Code
4 Ravenwood Rd	Norwalk	CT	06850

Principal Occupation	Name of Employer
Construction Estimating	A. Pappajohn Company

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

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: $50.00

Last Name	First	MI	Contribution ID #
Hampton	Nicole		0159

Residential Street Address	City	State	Zip Code
8 Norden Pl	Norwalk	CT	06855

Principal Occupation	Name of Employer
Unemployed	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: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/05/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Walker	Douglas	P	0158

Residential Street Address	City	State	Zip Code
4 Mead St	New Canaan	CT	06840

Principal Occupation	Name of Employer
Retired	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: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/05/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Dannemann	Eric	W	0161

Residential Street Address	City	State	Zip Code
71 Brushy Ridge Rd	New Canaan	CT	06840

Principal Occupation	Name of Employer
Retired	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: $50.00

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: 03/07/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Dannemann	Margaret	a	0160

Residential Street Address	City	State	Zip Code
71 Brushy Ridge Rd	New Canaan	CT	06840

Principal Occupation	Name of Employer
Educator (part-time)	National Trust for Historic Preservation

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

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: 03/07/2026

Aggregate Contributions: $50.00

Total of Section B	**$6,490.00**
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Total on Line 14, Column A of Summary Page)*	**$6,490.00**

I. MONETARY RECEIPTS (Section A-I)

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

C1. Contributions from Other Committees

Name of Committee	Name of Treasurer

Address	Is this contribution associated with an event reported in Section J1? Yes No If yes, list Event #	Amount of Contribution

City	State	Zip Code	Date Received	Aggregate Contributions

Total of Section C1	

I. MONETARY RECEIPTS (Section A-I)

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

C2. Reimbursements or Surplus Distributions from other Committees

Name of Committee			Name of Treasurer	
Address			Date Received	Amount of Receipt
City	State	Zip Code	Payment Type Reimbursement for shared expense Surplus distribution from exploratory committee	
Expenditure #	Description			
			Total of Section C2	

I. MONETARY RECEIPTS (Section A-I)

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

D. Loans Received this Period

Name of Lender		Source of Loan: Bank Candidate Individual Other		Date of Receipt
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
Lucy 2026	April 10 Filing - Amendment

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

Date of Receipt	Method of Payment	Amount
	Cash Personal Check Credit/Debit Card	
	Total of Section E	

I. Monetary Receipts (Section A-I)

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

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

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

I. MONETARY RECEIPTS (Section A-I)

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

I. Miscellaneous Monetary Receipts not Considered Contributions

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

II. EVENT ACTIVITY (Sections J1 - J4)

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

J1. Event Information

Event # / Date of Event / Letter	Description	Was this a fundraising event? Yes / No
Location: Street Address	City	State / Zip Code

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

Total of Section J1	

II.EVENT ACTIVITY (Sections J1 - J4)

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

J3. In-Kind Donations Not Considered Contributions

Name of the Donor			
Street Address	City	State	Zip Code

Donation Given by:	Description of Donation			Fair Market Value of Donation
Individual				
Business Entity	Date Received	Event #	Aggregate value for this event	
Sole Proprietorship				

Total of Section J3	

II.EVENT ACTIVITY (Sections J1 - J4)

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

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

Name of Host	Is this event supporting more than one candidate? Yes No If yes, complete Itemization in Addendum J4		
Street Address	City	State	Zip Code

Description of Donation			Fair Market Value of Donation
Event #	Aggregate value of this Event - all hosts	Aggregate value of all Events - this host/candidate	

Total of Section J4	

III. NONMONETARY RECEIPTS (Sections K - L)

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

K. In-Kind Contributions

Name

Street Address | City | State | Zip Code

Is this contribution associated with an event reported in Section J1? Yes / No

If yes, list Event#

Description of In-Kind Contribution

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
Lucy 2026	April 10 Filing - Amendment

L. Refundable Deposit to Telephone Company

Last Name of Individual | First Name | MI | Date Deposit Made

Residential Street Address | City | State | Zip Code | Amount of Deposit

Name of Telephone company

Street Address | City | State | Zip Code

Total of Section L

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Day Campaign	02/02/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
112 Bloomfield Ave	Windsor	CT	06095

Purpose of Expendit	Description	Amount
WEB	Online Donation Setup Fee (Auto Pay)	$200.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
~~Day Campaign~~	~~03/24/2026~~	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
~~112 Bloomfied Ave~~	~~Windsor~~	~~CT~~	~~06095~~

Purpose of Expendit	Description	Amount
~~BNK~~	~~Fee for Partial Refund of Online Contributions~~	~~$309.40~~

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
~~Day Campaign~~	**~~03/24/2026~~**	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
~~112 Bloomfied Ave~~	**~~Windsor~~**	**~~CT~~**	**~~06095~~**

Purpose of Expendit	Description	Amount
~~BNK~~	**~~Fee for Partial Refund of Online Contributions~~**	**~~$386.70~~**

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Day Campaign	**03/24/2026**	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
112 Bloomfied Ave	**Windsor**	**CT**	**06095**

Purpose of Expendit	Description	Amount
BNK	**Fee for Partial Refund of Online Contributions**	**$386.70**

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Katy Kinsella	**03/29/2026**	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
34 Channel Ave	**Norwalk**	**CT**	**06854**

Purpose of Expendit	Description	Amount
REF	**Partial refund of contribution_less Credit Card fees**	**$82.00**

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Andrew Ault	**03/29/2026**	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
308 Greenley Road 308 Greenley Rd	**New Canaan**	**CT**	**06840**

Purpose of Expendit	Description	Amount
REF	**Partial refund of contribution_less Credit Card fees**	**$4.20**

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Alyssa MacKenzie	**03/29/2026**	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
80 Forest St # B	**New Canaan**	**CT**	**06840**

Purpose of Expendit	Description	Amount
REF	**Partial refund of contribution_less Credit Card fees**	**$4.20**

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Emma Cheung	**03/29/2026**	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
152 Hoyt Farm Rd	**New Canaan**	**CT**	**06840**

Purpose of Expendit	Description	Amount
REF	**Partial refund of contribution_less Credit Card fees**	**$285.60**

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Louise Washer	**03/29/2026**	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
280 Silvermine Ave	**Norwalk**	**CT**	**06850**

Purpose of Expendit	Description	Amount
REF	**Partial refund of contribution_less Credit Card fees**	**$285.60**

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Michael Davis	**03/29/2026**	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
200 Glover Ave Apt 260	**Norwalk**	**CT**	**06850**

Purpose of Expendit	Description	Amount
REF	**Partial refund of contribution_less Credit Card fees**	**$82.00**

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Alison Lee	**03/29/2026**	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
407 Newtown Av 407 Newtown Ave	**Norwalk**	**CT**	**06851**

Purpose of Expendit	Description	Amount
REF	**Partial refund of contribution_less Credit Card fees**	**$4.20**

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Adam Fasciolo	**03/29/2026**	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
29 Marlborough Rd	**Norwalk**	**CT**	**06851**

Purpose of Expendit	Description	Amount
REF	**Partial refund of contribution_less Credit Card fees**	**$4.20**

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Rachel Rodgers	**03/29/2026**	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
237 S Bald Hill Rd	**New Canaan**	**CT**	**06840**

Purpose of Expendit	Description	Amount
REF	**Partial refund of contribution_less Credit Card fees**	**$82.00**

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Brandalyn Williams	**03/29/2026**	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
26 Belden Ave # 1449	**Norwalk**	**CT**	**06850**

Purpose of Expendit	Description	Amount
REF	**Partial refund of contribution_less Credit Card fees**	**$4.20**

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Russell Barksdale	**03/29/2026**	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
249 Old Stamford Rd # 249 Old Stamford Road	**New Canaan**	**CT**	**06840**

Purpose of Expendit	Description	Amount
REF	**Partial refund of contribution_less Credit Card fees**	**$82.00**

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Kristin Reed	**03/29/2026**	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
824 N Wilton Rd	**New Canaan**	**CT**	**06840**

Purpose of Expendit	Description	Amount
REF	**Partial refund of contribution_less Credit Card fees**	**$82.00**

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
benita Watford	**03/29/2026**	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
107 Maywood Rd	**Norwalk**	**CT**	**06850**

Purpose of Expendit	Description	Amount
REF	**Partial refund of contribution_less Credit Card fees**	**$4.20**

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Galen Wells	**03/29/2026**	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
224 W Norwalk Rd	**Norwalk**	**CT**	**06850**

Purpose of Expendit	Description	Amount
REF	**Partial refund of contribution_less Credit Card fees**	**$168.00**

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Renee Roen	**03/29/2026**	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
723 Silvermine Rd	**New Canaan**	**CT**	**06840**

Purpose of Expendit	Description	Amount
REF	**Partial refund of contribution_less Credit Card fees**	**$82.00**

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Ashley Gulyas	**03/29/2026**	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
5 Cliffview Drive 5 Cliffview Dr	**Norwalk**	**CT**	**06850**

Purpose of Expendit	Description	Amount
REF	**Partial refund of contribution_less Credit Card fees**	**$4.20**

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Alan Badanes	**03/29/2026**	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
175 Hickok Road 175 Hickok Rd	**New Canaan**	**CT**	**06840**

Purpose of Expendit	Description	Amount
REF	**Partial refund of contribution_less Credit Card fees**	**$4.20**

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Mark Harris	**03/29/2026**	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
236 S Bald Hill Rd .	**New Canaan**	**CT**	**06840**

Purpose of Expendit	Description	Amount
REF	**Partial refund of contribution_less Credit Card fees**	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			**$285.00**

Name of Payee	Date of Payment	Method of Payment
Mary Bussmann	**03/29/2026**	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
354 Seale Ave	**Palo Alto**	**CA**	**94301**

Purpose of Expendit	Description	Amount
REF	**Partial refund of contribution_less Credit Card fees**	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			**$168.00**

Name of Payee	Date of Payment	Method of Payment
Karen Willett	03/29/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
60 Spring Water Ln	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$3.70

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Susan Edmands	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
4 Mead St	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$3.70

Name of Payee	Date of Payment	Method of Payment
Colin Hosten	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
28 Dock Rd	Norwalk	CT	06854

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$39.98

Name of Payee	Date of Payment	Method of Payment
Nicholas Kantor	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
25 Hawthorne Dr	Norwalk	CT	06851

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$15.79

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Lauren Kantor	03/29/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
25 Hawthorne Dr	Norwalk	CT	06851

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	$15.79

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
~~Alyssa MacKenzie~~	~~03/29/2026~~	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
~~80 Forest St # B~~	~~New Canaan~~	~~CT~~	~~06840~~

Purpose of Expendit	Description	Amount
~~REF~~	~~Partial refund of contribution_less Credit Card fees~~	~~$3.70~~

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Lisa Hannich	03/29/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
90 Kimberly Pl	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	$19.82

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Sandy rama	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
300 Glover Ave	Norwalk	CT	06850

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$3.70

Name of Payee	Date of Payment	Method of Payment
Jamie Boris	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
22 Crystal St	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$3.70

Name of Payee	Date of Payment	Method of Payment
Jane Himmel	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
50 Braeburn Dr	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$80.30

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Sven Englund	03/29/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
9 Fairty Dr	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$80.30

Name of Payee	Date of Payment	Method of Payment
Christina Fagerstal	03/29/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
289 Weed St 289 Weed St	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$19.82

Name of Payee	Date of Payment	Method of Payment
~~Emma Cheung~~	~~03/29/2026~~	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
~~152 Hoyt Farm Rd~~	~~New Canaan~~	~~CT~~	~~06840~~

Purpose of Expendit	Description	Amount
~~REF~~	~~Partial refund of contribution_less Credit Card fees~~	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			~~$273.84~~

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Andres Bermudez Hallstrom	03/29/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
158 Perry Ave	Norwalk	CT	06850

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$15.79

Name of Payee	Date of Payment	Method of Payment
Toddy Turrentine	03/29/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
79 Greenley Rd .	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$39.98

Name of Payee	Date of Payment	Method of Payment
Deborah Seaman	03/29/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
8 Old Saugatuck Rd	Norwalk	CT	06855

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$39.98

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Michelle Woods Matthews	03/29/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
51 Myrtle Street Ext 51 Myrtle Street Ext , 5169658058	Norwalk	CT	06855

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$7.73

Name of Payee	Date of Payment	Method of Payment
Tracey Harris	03/29/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
236 S Bald Hill Rd	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$80.30

Name of Payee	Date of Payment	Method of Payment
Anne Wennerstrand	03/29/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
17 Rome St	Norwalk	CT	06851

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$80.30

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
~~Louise Washer~~	~~03/29/2026~~	☐ Check # ☒ ~~X~~ Debit Card ☐ EFT

Street Address	City	State	Zip Code
~~280 Silvermine Ave~~	~~Norwalk~~	~~CT~~	~~06850~~

Purpose of Expendit	Description	Amount
~~REF~~	~~Partial refund of contribution_less Credit Card fees~~	

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N	Expenditure # (if applicable)	Event #	Amount
			~~$273.84~~

Name of Payee	Date of Payment	Method of Payment
Nora Niedzielski-Eichner	03/29/2026	☐ Check # ☒ X Debit Card ☐ EFT

Street Address	City	State	Zip Code
7 Outer Rd	Norwalk	CT	06854

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N	Expenditure # (if applicable)	Event #	Amount
			$39.98

Name of Payee	Date of Payment	Method of Payment
~~Michael Davis~~	~~03/29/2026~~	☐ Check # ☒ ~~X~~ Debit Card ☐ EFT

Street Address	City	State	Zip Code
~~200 Glover Ave Apt 260~~	~~Norwalk~~	~~CT~~	~~06850~~

Purpose of Expendit	Description	Amount
~~REF~~	~~Partial refund of contribution_less Credit Card fees~~	

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N	Expenditure # (if applicable)	Event #	Amount
			~~$80.30~~

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Mary Fields	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
280 Silvermine Ave	Norwalk	CT	06850

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$39.98

Name of Payee	Date of Payment	Method of Payment
David Westmoreland	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
50 Elmwood Ave	Norwalk	CT	06854

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$39.98

Name of Payee	Date of Payment	Method of Payment
priscilla feral	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
5 McKinley Street 5 McKinley St	Rowayton	CT	06853

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$19.82

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Lina Lee	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
160 Ferris Hill Road 160 Ferris Hill Rd	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	$39.98

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
justin matley	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
4 Cindy Ln	Norwalk	CT	06851

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	$3.70

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Louise Clancy	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
126 Woodland Rd	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	$19.82

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N		

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Josh Goldstein	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
22 Princes Pine Rd	Norwalk	CT	06850

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$19.82

Name of Payee	Date of Payment	Method of Payment
Elisabeth Stonehill	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
7 Ravenwood Rd	Norwalk	CT	06850

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$19.82

Name of Payee	Date of Payment	Method of Payment
Meredith Tobitsch	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
203 Putnam Rd	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$3.70

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
JAN DEGENSHEIN	03/29/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
407 Newtown Avenue 407 Newtown Ave	Norwalk	CT	06851

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	$3.70

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
~~Alison Lee~~	~~03/29/2026~~	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
~~407 Newtown Av 407 Newtown Ave~~	~~Norwalk~~	~~CT~~	~~06851~~

Purpose of Expendit	Description	Amount
~~REF~~	~~Partial refund of contribution_less Credit Card fees~~	~~$3.70~~

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Joseph Andrasko	03/29/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
28 Dock Rd	Norwalk	CT	06854

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	$19.82

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
David DeVito	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
263 S Bald Hill Rd	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$3.70

Name of Payee	Date of Payment	Method of Payment
Lucia Rilling	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
98 Gillies Ln	Norwalk	CT	06854

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$3.70

Name of Payee	Date of Payment	Method of Payment
Jason Bennett	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
12 Olmstead Ct	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$3.70

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Barbara Smyth	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
4 Brookhill Ln	Norwalk	CT	06851

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$39.98

Name of Payee	Date of Payment	Method of Payment
Rebecca Martin	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
185 N Avenue 185 North Ave	Westport	CT	06880

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$7.73

Name of Payee	Date of Payment	Method of Payment
Tiffany Leija-Wheeler	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
134 Millport Ave	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$80.30

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Diane Lauricella	03/29/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
21 Little Fox Ln	Norwalk	CT	06850

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$3.70

Name of Payee	Date of Payment	Method of Payment
Andy Garfunkel	03/29/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
41 Beau St	Norwalk	CT	06850

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$39.98

Name of Payee	Date of Payment	Method of Payment
~~Adam Fasciolo~~	~~03/29/2026~~	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
~~29 Marlborough Rd~~	~~Norwalk~~	~~CT~~	~~06851~~

Purpose of Expendit	Description	Amount
~~REF~~	~~Partial refund of contribution_less Credit Card fees~~	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			~~$3.70~~

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Eva Levine	03/29/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
240 Davenport Ridge Road 240 Davenport Ridge Rd	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	$19.82

Is this expenditure coordinated with 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	Date of Payment	Method of Payment
Michael Dorfsman	03/29/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
172 Putnam Rd	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	$3.70

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Luke Cohler	03/29/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
375 Canoe Hill Rd	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	$7.73

Is this expenditure coordinated with 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
Lucy 2026	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
~~Rachel Rodgers~~	~~03/29/2026~~	☐ Check # ☒ ~~X~~ Debit Card ☐ EFT

Street Address	City	State	Zip Code
~~237 S Bald Hill Rd~~	~~New Canaan~~	~~CT~~	~~06840~~

Purpose of Expendit	Description	Amount
~~REF~~	~~Partial refund of contribution_less Credit Card fees~~	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			~~$80.30~~

Name of Payee	Date of Payment	Method of Payment
Kirsten Wieser Scott	03/29/2026	☐ Check # ☒ X Debit Card ☐ EFT

Street Address	City	State	Zip Code
205 Silvermine Ave	Norwalk	CT	06850

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$3.70

Name of Payee	Date of Payment	Method of Payment
Richard Dellinger	03/29/2026	☐ Check # ☒ X Debit Card ☐ EFT

Street Address	City	State	Zip Code
45 Purdy Rd E # 45 Purdy Road East	Norwalk	CT	06850

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$39.98

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Claire Schoen	03/29/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
7 Studio Ln 7 Studio Ln	Norwalk	CT	06850

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	$80.30

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
PATRICIA MARSHOCK	03/29/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
12 Edith Ln	Norwalk	CT	06851

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	$3.70

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Colin Hosten	03/29/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
71 Aiken St # A14	Norwalk	CT	06851

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	$19.82

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Tom Cosker	03/29/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
52 Tall Pines Ln	Rocky Hill	CT	06067

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	$19.82

Is this expenditure coordinated with 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	Date of Payment	Method of Payment
~~Brandalyn Williams~~	~~03/29/2026~~	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
~~26 Belden Ave # 1449~~	~~Norwalk~~	~~CT~~	~~06850~~

Purpose of Expendit	Description	Amount
~~REF~~	~~Partial refund of contribution_less Credit Card fees~~	~~$3.70~~

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Timothy Klimpl	03/29/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
109 Benedict Hill Rd	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	$19.82

Is this expenditure coordinated with 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
Lucy 2026	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
bryan Gulyas	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
5 Cliffview	Norwalk	CT	06850

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$3.70

Name of Payee	Date of Payment	Method of Payment
Joshua Kaye	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
927 Silvermine Road 927 Silvermine Rd	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$39.98

Name of Payee	Date of Payment	Method of Payment
Megan Ridley-Kaye	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
927 Silvermine Rd	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$39.98

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Geralyn Madigan	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
347 Galloway Oaks Dr	Ballwin	MO	63021

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$3.70

Name of Payee	Date of Payment	Method of Payment
Ruth Rothseid	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
205 Main St Apt 23	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$7.73

Name of Payee	Date of Payment	Method of Payment
Sheri & Brian West	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
255 W Hills Rd	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$39.98

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Heather Carroll	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
118 Evergreen Rd	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$39.98

Name of Payee	Date of Payment	Method of Payment
Kathy Chapman-Bakal	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
107 Pocconock Trl	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$39.98

Name of Payee	Date of Payment	Method of Payment
Nick Mitrakis	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
201 Mill Rd	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$39.98

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Rita Bettino	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
94 Field Crest Rd	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$19.82

Name of Payee	Date of Payment	Method of Payment
Jennifer Hladick	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
77 Knollwood Ln	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$39.98

Name of Payee	Date of Payment	Method of Payment
Y Cullen	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
40 Pond View Ln	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$3.70

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Janet Leung	03/29/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
90 South Ave	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$3.70

Name of Payee	Date of Payment	Method of Payment
~~Russell Barksdale~~	~~03/29/2026~~	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
~~249 Old Stamford Rd # 249 Old Stamford Road~~	~~New Canaan~~	~~CT~~	~~06840~~

Purpose of Expendit	Description	Amount
~~REF~~	~~Partial refund of contribution_less Credit Card fees~~	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			~~$80.30~~

Name of Payee	Date of Payment	Method of Payment
Terri Hott	03/29/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
145 Orchard Dr	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$39.98

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Elaine Lloyd	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
3 Holmewood Ln	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$19.82

Name of Payee	Date of Payment	Method of Payment
Luella Major	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
9 Glenwood Ave Unit 13	Norwalk	CT	06854

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$3.70

Name of Payee	Date of Payment	Method of Payment
Dan Okeefe	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
21 Brooks Rd	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$3.70

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Jack Pavia	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
32 Vanderbilt Ave	Norwalk	CT	06854

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	$3.70

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [ ] No
If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Kristen Schilo	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
18 Seminary St	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	$19.82

Is this expenditure coordinated with 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	Date of Payment	Method of Payment
Laura Ault	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
308 Greenley Rd	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	$3.70

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [ ] No
If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Lise Shonfield	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
34 Bayberry Rd 34 Bayberry Rd	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	$3.70

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [ ] No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Ken D'Arinzo	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
28 Morehouse Ln	Norwalk	CT	06850

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	$7.73

Is this expenditure coordinated with 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	Date of Payment	Method of Payment
Jo Bennett	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
8 Silver Ledge Rd # 8 Silver Ledge road	Norwalk	CT	06850

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	$3.70

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [ ] No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Debra DArinzo	03/29/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
28 Morehouse Ln	Norwalk	CT	06850

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$3.70

Name of Payee	Date of Payment	Method of Payment
Julia Stewart	03/29/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
433 Old Stamford Rd	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$19.82

Name of Payee	Date of Payment	Method of Payment
Kevin Tepas	03/29/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
7 Barnfield Rd	Norwalk	CT	06853

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$39.98

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Richard Lurie	03/29/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
341 Jelliff Mill Rd	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$3.70

Name of Payee	Date of Payment	Method of Payment
Elizabeth Goldstein	03/29/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
22 Princes Pine Rd	Norwalk	CT	06850

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$3.70

Name of Payee	Date of Payment	Method of Payment
~~Kristin Reed~~	~~03/29/2026~~	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
~~824 N Wilton Rd~~	~~New Canaan~~	~~CT~~	~~06840~~

Purpose of Expendit	Description	Amount
~~REF~~	~~Partial refund of contribution_less Credit Card fees~~	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			~~$80.30~~

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
~~Katy Kinsella~~	~~03/29/2026~~	☐ Check # ☒ ~~X~~ Debit Card ☐ EFT

Street Address	City	State	Zip Code
~~34 Channel Ave~~	~~Norwalk~~	~~CT~~	~~06854~~

Purpose of Expendit	Description	Amount
~~REF~~	~~Partial refund of contribution_less Credit Card fees~~	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			~~$80.30~~

Name of Payee	Date of Payment	Method of Payment
Sophie Duplock	03/29/2026	☐ Check # ☒ X Debit Card ☐ EFT

Street Address	City	State	Zip Code
2 Silvermine Rdg	Norwalk	CT	06850

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$3.70

Name of Payee	Date of Payment	Method of Payment
~~Andrew Ault~~	~~03/29/2026~~	☐ Check # ☒ ~~X~~ Debit Card ☐ EFT

Street Address	City	State	Zip Code
~~308 Greenley Road 308 Greenley Rd~~	~~New Canaan~~	~~CT~~	~~06840~~

Purpose of Expendit	Description	Amount
~~REF~~	~~Partial refund of contribution_less Credit Card fees~~	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			~~$3.70~~

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Barbara Rucci	03/29/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
697 Valley Rd	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$19.82

Name of Payee	Date of Payment	Method of Payment
Jesse Buccolo	03/29/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
5 Alden Ave	Norwalk	CT	06855

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$19.82

Name of Payee	Date of Payment	Method of Payment
Diane Jellerette	03/29/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
25 Ellen St	Norwalk	CT	06851

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$19.82

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Mary Yordon	03/29/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
67 North St	Easton	CT	06612

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	$19.82

Is this expenditure coordinated with 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	Date of Payment	Method of Payment
Sonja Wells	03/29/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
71 Haviland Rd	Stamford	CT	06903

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	$3.70

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Jalin Sead	03/29/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
140 Main St Unit 10	Norwalk	CT	06851

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	$3.70

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
RACHEL DRUCKER	03/29/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
108 New Canaan Ave Unit 320	Norwalk	CT	06850

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	$39.98

Is this expenditure coordinated with 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	Date of Payment	Method of Payment
Lynne Moore	03/29/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
813 Foxboro Dr	Norwalk	CT	06851

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	$3.70

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Nicolé Eaddy	03/29/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
230 East Ave Apt C208	Norwalk	CT	06855

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	$3.70

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Johan Lopez	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
41 Fairfield Avenue 6 Hendricks Ave	Norwalk	CT	06854

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	$19.82

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Kathleen Tepper	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
186 Gillies Ln	Norwalk	CT	06854

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	$19.82

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Scott Kimmich	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
186 Gillies Ln	Norwalk	CT	06854

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	$19.82

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N		

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Adam Wexler	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
84 Rilling Rdg	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$19.82

Name of Payee	Date of Payment	Method of Payment
Bonnie Baker	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
925 New Norwalk Rd	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$39.98

Name of Payee	Date of Payment	Method of Payment
Elizabeth Orteig	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
108 Bayberry Rd	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$39.98

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Diane Rende	03/29/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
115 N Seir Hill Rd	Norwalk	CT	06850

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$7.73

Name of Payee	Date of Payment	Method of Payment
David Davidson	03/29/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
16 Betmarlea Rd .	Norwalk	CT	06850

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$3.70

Name of Payee	Date of Payment	Method of Payment
Jennifer Prescott	03/29/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
5 Libby Rd	Norwalk	CT	06850

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$3.70

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
~~benita Watford~~	~~03/29/2026~~	☐ Check # ☒ ~~X~~ Debit Card ☐ EFT

Street Address	City	State	Zip Code
~~107 Maywood Rd~~	~~Norwalk~~	~~CT~~	~~06850~~

Purpose of Expendit	Description	Amount
~~REF~~	~~Partial refund of contribution_less Credit Card fees~~	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			~~$3.70~~

Name of Payee	Date of Payment	Method of Payment
~~Galen Wells~~	~~03/29/2026~~	☐ Check # ☒ ~~X~~ Debit Card ☐ EFT

Street Address	City	State	Zip Code
~~224 W Norwalk Rd~~	~~Norwalk~~	~~CT~~	~~06850~~

Purpose of Expendit	Description	Amount
~~REF~~	~~Partial refund of contribution_less Credit Card fees~~	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			~~$160.94~~

Name of Payee	Date of Payment	Method of Payment
Stuart Wells	03/29/2026	☐ Check # ☒ X Debit Card ☐ EFT

Street Address	City	State	Zip Code
224 W Norwalk Rd	Norwalk	CT	06850

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$3.70

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Kathryn Sullivan	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1 Red Barn Ln	Norwalk	CT	06850

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$19.82

Name of Payee	Date of Payment	Method of Payment
David Stonehill	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
7 Ravenwood Rd	Norwalk	CT	06850

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$19.82

Name of Payee	Date of Payment	Method of Payment
Tina Duryea	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
6 Deane Ct	Norwalk	CT	06853

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$11.76

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Jacquen Byron	03/29/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
100 San Vincenzo Pl Unit 5	Norwalk	CT	06854

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	$3.70

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Thomas Livingston	03/29/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
23 Crockett St	Norwalk	CT	06853

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	$39.98

Is this expenditure coordinated with 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	Date of Payment	Method of Payment
Beth Siegelbaum	03/29/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
57 Russell St 57 Russell St	Norwalk	CT	06855

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	$19.82

Is this expenditure coordinated with 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
Lucy 2026	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Ryan Deal	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
141 Rowayton Woods Dr	Norwalk	CT	06854

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	$3.70

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [ ] No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Diane Keefe	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
249 Chestnut Hill Rd 249 Chestnut Hill Rd	Norwalk	CT	06851

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	$39.98

Is this expenditure coordinated with 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	Date of Payment	Method of Payment
Robin Wells	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
71 Haviland Rd	Stamford	CT	06903

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	$19.82

Is this expenditure coordinated with 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
Lucy 2026	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
David Heuvelman	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
10 Buckingham Pl	Norwalk	CT	06851

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$3.70

Name of Payee	Date of Payment	Method of Payment
Lauren Nussbaum	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
65 Whiffle Tree Ln	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$19.82

Name of Payee	Date of Payment	Method of Payment
Alicia Meyer	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
21 Maple St Apt 102	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$39.98

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Meredith Bergman	03/29/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
183 Smith Ridge Road 183 Smith Ridge Rd	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	$15.79

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
~~Renee Roen~~	~~03/29/2026~~	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
~~723 Silvermine Rd~~	~~New Canaan~~	~~CT~~	~~06840~~

Purpose of Expendit	Description	Amount
~~REF~~	~~Partial refund of contribution_less Credit Card fees~~	~~$80.30~~

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Sue Brotherton	03/29/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
45 Weed Ave .	Norwalk	CT	06850

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	$39.98

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Brenda Penn-Williams	03/29/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
21 Karen Drive 21 Karen Dr	Norwalk	CT	06851

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	$19.82

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Andrea E Bernier	03/29/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
232 W Norwalk Rd	Norwalk	CT	06850

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	$39.98

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Jennifer Chadwick	03/29/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
33 Geneva Rd	Norwalk	CT	06850

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	$19.82

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Mary Ellen Flaherty-Ludwig	03/29/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
89 Soundview Ave	Norwalk	CT	06854

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$19.82

Name of Payee	Date of Payment	Method of Payment
Robert Bernier	03/29/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
232 W Norwalk Rd	Norwalk	CT	06850

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$39.98

Name of Payee	Date of Payment	Method of Payment
Linda Johnson	03/29/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
36 Fawn Ridge Lane 36 Fawn Ridge Ln	Wilton	CT	06897

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$7.73

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Steve Orteig	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
108 Bayberry Rd .	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$19.82

Name of Payee	Date of Payment	Method of Payment
Matthew Silber	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
230 East Ave	Norwalk	CT	06855

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$3.70

Name of Payee	Date of Payment	Method of Payment
Tess MacKenzie	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
174 Gerdes Rd	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$3.70

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Addi MacKenzie	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
174 Gerdes Rd	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$19.82

Name of Payee	Date of Payment	Method of Payment
Sharon Baanante	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
64 Comstock Hill Ave	Norwalk	CT	06850

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$80.30

Name of Payee	Date of Payment	Method of Payment
Mary Murphy	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
43 Chichester Rd	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$3.70

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
ADAM RAMIREZ	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
40 Shady Knoll Ln	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	$80.30

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [ ] No
If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Ulrich Hannich	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
90 Kimberly Pl	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	$3.70

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [ ] No
If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Melissa Murray	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
8 Norden Pl Apt 222	Norwalk	CT	06855

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	$39.98

Is this expenditure coordinated with 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
Lucy 2026	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
~~Ashley Gulyas~~	~~03/29/2026~~	☐ Check # ☒ ~~X~~ Debit Card ☐ EFT

Street Address	City	State	Zip Code
~~5 Cliffview Drive 5 Cliffview Dr~~	~~Norwalk~~	~~CT~~	~~06850~~

Purpose of Expendit	Description	Amount
~~REF~~	~~Partial refund of contribution_less Credit Card fees~~	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			~~$3.70~~

Name of Payee	Date of Payment	Method of Payment
Jenn McMurrer	03/29/2026	☐ Check # ☒ X Debit Card ☐ EFT

Street Address	City	State	Zip Code
71 Gregory Blvd 71 Gregory Blvd	Norwalk	CT	06855

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$3.70

Name of Payee	Date of Payment	Method of Payment
Jillian Badanes	03/29/2026	☐ Check # ☒ X Debit Card ☐ EFT

Street Address	City	State	Zip Code
36 Mead St Unit 6	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$19.82

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
~~Alan Badanes~~	~~03/29/2026~~	☐ Check # ☒ ~~X~~ Debit Card ☐ EFT

Street Address	City	State	Zip Code
~~175 Hickok Road 175 Hickok Rd~~	~~New Canaan~~	~~CT~~	~~06840~~

Purpose of Expendit	Description	Amount
~~REF~~	~~Partial refund of contribution_less Credit Card fees~~	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			~~$3.70~~

Name of Payee	Date of Payment	Method of Payment
Peter Smyth	03/29/2026	☐ Check # ☒ X Debit Card ☐ EFT

Street Address	City	State	Zip Code
4 Brookhill Ln	Norwalk	CT	06851

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$3.70

Name of Payee	Date of Payment	Method of Payment
Lisa Silver	03/29/2026	☐ Check # ☒ X Debit Card ☐ EFT

Street Address	City	State	Zip Code
181 Benedict Hill Road 181 Benedict Hill Rd	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$3.69

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Joanne Duff	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
2 Red Barn Ln	Norwalk	CT	06850

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$7.73

Name of Payee	Date of Payment	Method of Payment
Hilary Ormond	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
36 Brushy Ridge Rd	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$3.70

Name of Payee	Date of Payment	Method of Payment
Danika Landers	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
77 Grove St Unit B	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$3.70

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Elizabeth Golden	03/29/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
22 Sunrise Hill Rd	Norwalk	CT	06851

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$15.79

Name of Payee	Date of Payment	Method of Payment
Jessica HECKERLING	03/29/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
123 Colonial Road 123 Colonial Rd	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$80.30

Name of Payee	Date of Payment	Method of Payment
Parisa Howard	03/29/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
52 Adams Ln	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$19.82

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
~~Mark Harris~~	~~03/29/2026~~	☐ Check # ☒ ~~X~~ Debit Card ☐ EFT

Street Address	City	State	Zip Code
~~236 S Bald Hill Rd .~~	~~New Canaan~~	~~CT~~	~~06840~~

Purpose of Expendit	Description	Amount
~~REF~~	~~Partial refund of contribution_less Credit Card fees~~	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			~~$273.84~~

Name of Payee	Date of Payment	Method of Payment
Stephanie Compton	03/29/2026	☐ Check # ☒ X Debit Card ☐ EFT

Street Address	City	State	Zip Code
928 Amarillo	Palo Alto	CA	94303

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$39.98

Name of Payee	Date of Payment	Method of Payment
~~Mary Bussmann~~	~~03/29/2026~~	☐ Check # ☒ ~~X~~ Debit Card ☐ EFT

Street Address	City	State	Zip Code
~~354 Seale Ave~~	~~Palo Alto~~	~~CA~~	~~94301~~

Purpose of Expendit	Description	Amount
~~REF~~	~~Partial refund of contribution_less Credit Card fees~~	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			~~$160.94~~

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
James Beall	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
34 Scofield Ln	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$80.30

Name of Payee	Date of Payment	Method of Payment
Savet Constantine	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
135 Whipstick Rd	Wilton	CT	06897

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$80.30

Name of Payee	Date of Payment	Method of Payment
Jim Foley	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
4 Ravenwood Rd	Norwalk	CT	06850

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$39.98

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Douglas Walker	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
4 Mead St	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$3.70

Name of Payee	Date of Payment	Method of Payment
Nicole Hampton	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
8 Norden Pl Apt 453	Norwalk	CT	06855

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$3.70

Name of Payee	Date of Payment	Method of Payment
Margaret Dannemann	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
71 Brushy Ridge Rd	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$39.98

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Eric Dannemann	03/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
71 Brushy Ridge Rd	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Partial refund of contribution_less Credit Card fees	$39.98

Is this expenditure coordinated with 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	Date of Payment	Method of Payment
~~Angela Jameson~~	~~03/30/2026~~	[X] Check # ~~102~~ [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
~~1370 Ponus Ridge Rd~~	~~New Canaan~~	~~CT~~	~~06840~~

Purpose of Expendit	Description	Amount
~~REF~~	~~Return of contribution net of expenses~~	~~$84.00~~

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Elizabeth Jones	03/30/2026	[X] Check # 103 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
101 Harrison Ave	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Return of contribution net of expenses	$8.40

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] 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
Lucy 2026	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Julia Mitchell	03/30/2026	[X] Check # 104 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
92 Sturbridge Hill Rd	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Return of contribution net of expenses	$4.20

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Edward Vollmer	03/30/2026	[X] Check # 105 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
377 Main St Unit 13	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Return of contribution net of expenses	$4.20

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
~~Jacqueline Dathan~~	~~03/30/2026~~	[~~X~~] Check # ~~106~~ [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
~~950 Silvermine Rd~~	~~New Canaan~~	~~CT~~	~~06840~~

Purpose of Expendit	Description	Amount
~~REF~~	~~Return of contribution net of expenses~~	~~$8.40~~

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [~~X~~] No If yes, assign an Expenditure # and complete Itemization in Addendum N		

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
~~Charles Dathan~~	~~03/30/2026~~	[x] Check # ~~107~~ [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
~~950 Silvermine Rd~~	~~New Canaan~~	~~CT~~	~~06840~~

Purpose of Expendit	Description	Amount
~~REF~~	~~Return of contribution net of expenses~~	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
[ ] Yes [x] No If yes, assign an Expenditure # and complete Itemization in Addendum N			~~$8.40~~

Name of Payee	Date of Payment	Method of Payment
~~James H W Dathan~~	~~03/30/2026~~	[x] Check # ~~108~~ [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
~~950 Silvermine Rd~~	~~New Canaan~~	~~CT~~	~~06840~~

Purpose of Expendit	Description	Amount
~~REF~~	~~Return of contribution net of expenses~~	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
[ ] Yes [x] No If yes, assign an Expenditure # and complete Itemization in Addendum N			~~$8.40~~

Name of Payee	Date of Payment	Method of Payment
Elsa Obuchowski	03/30/2026	[x] Check # 109 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
41 East Ave	Norwalk	CT	06851

Purpose of Expendit	Description	Amount
REF	Return of contribution net of expenses	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
[ ] Yes [x] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$16.80

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Pia O'Connell	03/30/2026	[X] Check # 110 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
12 Coachmans Ct	Norwalk	CT	06850

Purpose of Expendit	Description	Amount
REF	Return of contribution net of expenses	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$21.00

Name of Payee	Date of Payment	Method of Payment
Ivy Hannich	03/30/2026	[X] Check # 112 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
90 Kimberly Pl	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Return of contribution net of expenses	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$4.20

Name of Payee	Date of Payment	Method of Payment
Charlotte Hannich	03/30/2026	[X] Check # 111 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
90 Kimberly Pl	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Return of contribution net of expenses	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$4.20

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Joanna Whitcher	03/30/2026	[X] Check # 113 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1108 Inverness Pl	San Luis Obispo	CA	93401

Purpose of Expendit	Description	Amount
REF	Return of contribution net of expenses	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$42.00

Name of Payee	Date of Payment	Method of Payment
Jean Pierre Berliet	03/30/2026	[X] Check # 114 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
166 Ferris Hill Rd	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Return of contribution net of expenses	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$4.20

Name of Payee	Date of Payment	Method of Payment
Martine Berliet	03/30/2026	[X] Check # 115 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
166 Ferris Hill Rd	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Return of contribution net of expenses	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$84.00

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Francesca Segalas	03/30/2026	[X] Check # 116 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
48 Old Norwalk Rd	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
REF	Return of contribution net of expenses	$4.20

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Angela Jameson	03/30/2026	[X] Check # 117 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1370 Ponus Ridge Rd	New Canaan	CT	06840

Purpose of Expendit	Description	Amount
POST	Postage	$6.08

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Total of Section N	**$5,738.27**

IV. EXPENDITURES (Sections N - S)

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

O. Expenses Paid By Candidate

Name of Payee (Name of vendor who candidate paid directly)			Date of Payment	Is Reimbursement Claimed? Yes No
Street Address	City	State	Zip Code	**Amount**
Purpose of Expenditure (by code)	Description		Event #	

Total of Section O

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution		Type of Credit Card: Visa Master Card Discover American Express Other	
Name of Vendor			Date of Transaction
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No If yes, assign an Expenditure # and complete Itemization in Addendum P	Expenditure # (if applicable)	Event #	

Total of Section P

IV. EXPENDITURES (Sections N - S)

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

Q. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor			Date Incurred	
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description		Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes / No. If yes, assign an Expenditure # and completes Itemization in Addendum Q		Expenditure # (if applicable)	Event #	

Total of Section Q	

IV. EXPENDITURES (Sections N - S)

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

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N: Check # Debit Card EFT

Name of Vendor Paid by Committee Worker/Consultant

Street Address of Vendor	City	State	Zip Code

Purpose of Expenditure (by code)	Description

Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No If yes, assign an Expenditure # and completes Itemization in Addendum R	Expenditure # (if applicable)	Event #	Amount

Total of Section R	

IV. EXPENDITURES (Sectuibs N - S)

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

S. Surplus Distribution of Equipment and Furniture

Name of Recipient

Street Address	City	State	Zip Code	Original Purchase Amount of Item

Description of Item

Total of Section S	

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

Section 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