

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

Revised February 2015



Electronic Filing

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Page 1 of 42

COVER PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
Fritz for the 90th				☒ Candidate Committee ☐ Exploratory Committee	
3. TREASURER NAME					
First Kristi		MI J	Last Doerr		Suffix
4. TREASURER ADDRESS					
Street Address 12 Penny Ln		City Wallingford		State CT	Zip Code 06492
5. ELECTION DATE 11/03/2026		6. OFFICE SOUGHT (Complete only if Candidate Committee) State Representative			7. DISTRICT NUMBER (if applicable) R090
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First David		MI	Last Fritz		Suffix
9. TYPE OF REPORT April 10 Filing - Amendment					
10. PERIOD COVERED					
Beginning Date Ending Date 03/01/2026 thru 03/31/2026					
11. CERTIFICATION					
☒ I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.					
Electronic Filing SIGNATURE		Kristi Doerr PRINT NAME OF THE SIGNER		07/02/2026 6:09:17PM 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	
Fritz for the 90th	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)	\$2,685.00	\$2,685.00
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)	\$2,685.00	\$2,685.00
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$2,685.00	\$2,685.00
20. Expenses Paid by Committee (Section N)	\$445.70	\$445.70
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	\$2,239.30	\$2,239.30
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	
Fritz for the 90th		April 10 Filing - Amendment	
A. Total Contributions from Small Contributors-Received this Period ONLY		For Nonparticipating Candidates ONLY	
		\$0.00	
B. Itemized Contributions from Individuals			

Last Name Doerr		First Brian		MI	Contribution ID # 0050
Residential Street Address 12 Penny Ln		City Wallingford		State CT	Zip Code 06492
Principal Occupation Lab Manager		Name of Employer Thor Specialities			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/13/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Doerr		First Kristi		MI	Contribution ID # 0051
Residential Street Address 12 Penny Ln		City Wallingford		State CT	Zip Code 06492
Principal Occupation AVP Tax		Name of Employer Richemont North America, Inc.			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/13/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Doerr		First Kristi		MI	Contribution ID # 0182
Residential Street Address 12 Penny Ln		City Wallingford		State CT	Zip Code 06492
Principal Occupation AVP Tax		Name of Employer Richemont North America, Inc.			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/16/2026	Aggregate Contributions \$25.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fritz for the 90th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Cella		First Alida		MI	Contribution ID # 0041
Residential Street Address 172 N Whittlesey Ave		City Wallingford		State CT	Zip Code 06492
Principal Occupation Director of Project Funding		Name of Employer Greenskies Clean Energy LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/17/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Nastri		First Pasquale		MI	Contribution ID # 0040
Residential Street Address 3 Crystal Ln		City Wallingford		State CT	Zip Code 06492
Principal Occupation Unemployed		Name of Employer Unemployed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/18/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Mooney		First Whitney		MI	Contribution ID # 0039
Residential Street Address 1015 N Main Street Ext		City Wallingford		State CT	Zip Code 06492
Principal Occupation Director of Development		Name of Employer Middlesex United Way			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/18/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Wall		First Tim		MI	Contribution ID # 0047
Residential Street Address 386 Main St		City Wallingford		State CT	Zip Code 06492
Principal Occupation State Marshall		Name of Employer Timothy S Wall State Marshall			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/18/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fritz for the 90th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Wall		First Kate		MI	Contribution ID # 0046
Residential Street Address 34 Legius Rd		City Wallingford		State CT	Zip Code 06492
Principal Occupation Town Clerk		Name of Employer Town of Berlin			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/18/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Hutchinson		First Jeffrey		MI	Contribution ID # 0048
Residential Street Address 16 Carriage Dr		City Wallingford		State CT	Zip Code 06492
Principal Occupation RE		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/18/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Gomes		First Ray		MI	Contribution ID # 0044
Residential Street Address 26 Edgewood Dr		City Wallingford		State CT	Zip Code 06492
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/19/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Gomes		First Sue		MI	Contribution ID # 0043
Residential Street Address 26 Edgewood Dr		City Wallingford		State CT	Zip Code 06492
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/19/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fritz for the 90th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name LaFrance-Proscino		First Frances		MI	Contribution ID # 0038
Residential Street Address 14 Jackson Ave		City Wallingford		State CT	Zip Code 06492
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/23/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Verna		First Patricia		MI	Contribution ID # 0037
Residential Street Address 4 Laurelwood PO B0x 1867		City Wallingford		State CT	Zip Code 06492
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/25/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Benham		First Rich		MI	Contribution ID # 0036
Residential Street Address 41 S Main St		City Wallingford		State CT	Zip Code 06492
Principal Occupation retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/25/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Lazarus		First Steven		MI	Contribution ID # 0035
Residential Street Address 63 Curtis Ave		City Wallingford		State CT	Zip Code 06492
Principal Occupation Self employed architect		Name of Employer Steven Lazarus Architect			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/25/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fritz for the 90th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name DeFilio		First Rob		MI	Contribution ID # 0034
Residential Street Address 1 Silver Oak Cir		City Southington		State CT	Zip Code 06489
Principal Occupation CPA		Name of Employer Bowman, Black & DeFilio LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/25/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Verna		First Vincenzo		MI	Contribution ID # 0045
Residential Street Address 8650 S Ocean Dr # 603 Bldg 1		City Jensen Beach		State FL	Zip Code 34957
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/25/2026	Aggregate Contributions \$330.00	\$330.00

Last Name Verna		First Patricia		MI	Contribution ID # 0183
Residential Street Address 8650 S Ocean Dr Apt 603		City Jensen Beach		State FL	Zip Code 34957
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/25/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Morgenstein		First Laurence		MI	Contribution ID # 0033
Residential Street Address 177 S Main St		City Wallingford		State CT	Zip Code 06492
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/26/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fritz for the 90th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Kowerko		First Irene		MI	Contribution ID # 0032
Residential Street Address 75 Brentwood Dr		City Wallingford		State CT	Zip Code 06492
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/26/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Gorvine		First Tara		MI	Contribution ID # 0031
Residential Street Address 23 Elmwood Rd		City Wallingford		State CT	Zip Code 06492
Principal Occupation Unemployed		Name of Employer Unemployed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/27/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Storck		First Sandra		MI	Contribution ID # 0030
Residential Street Address 231 Highland Ave		City Wallingford		State CT	Zip Code 06492
Principal Occupation Clinical Site Coordinator		Name of Employer Yale University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/27/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Mushinsky		First Mary		MI	Contribution ID # 0029
Residential Street Address 188 S Cherry St .		City Wallingford		State CT	Zip Code 06492
Principal Occupation Legislator		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/27/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fritz for the 90th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Carter		First William		MI	Contribution ID # 0028
Residential Street Address 672 Brownstone Rdg		City Meriden		State CT	Zip Code 06451
Principal Occupation Growing food		Name of Employer Farmer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/27/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Quarello		First James		MI	Contribution ID # 0027
Residential Street Address 28 S Edgewood Rd		City Niantic		State CT	Zip Code 06357
Principal Occupation Home inspector		Name of Employer JRV Home Inspection Svcs., LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/27/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Cosgrove		First Jay		MI	Contribution ID # 0026
Residential Street Address 103 Colonial Hill Dr .		City Wallingford		State CT	Zip Code 06492
Principal Occupation Retired		Name of Employer CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/27/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Varrone-Lederle		First Anne		MI	Contribution ID # 0025
Residential Street Address 344 Main St		City Wallingford		State CT	Zip Code 06492
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/27/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fritz for the 90th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Reynolds		First Jesse		MI	Contribution ID # 0024
Residential Street Address 850 Old Durham Rd		City Wallingford		State CT	Zip Code 06492
Principal Occupation biostatistician		Name of Employer Yale University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/27/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Maghery		First Erin		MI	Contribution ID # 0023
Residential Street Address 48 Apple St		City Wallingford		State CT	Zip Code 06492
Principal Occupation PTA		Name of Employer HHC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/27/2026	Aggregate Contributions \$25.00	\$25.00

Last Name McIntyre		First Roxanne		MI	Contribution ID # 0022
Residential Street Address 420 Hope Hill Rd		City Wallingford		State CT	Zip Code 06492
Principal Occupation Financial Asst		Name of Employer Yale University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/27/2026	Aggregate Contributions \$5.00	\$5.00

Last Name DeFilio		First Gina		MI	Contribution ID # 0021
Residential Street Address 7 Platt Dr		City Wallingford		State CT	Zip Code 06492
Principal Occupation Deputy Finance Director		Name of Employer N/A			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/27/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fritz for the 90th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Curry		First Eric		MI CT	Contribution ID # 0020
Residential Street Address 816 Bardon Ct		City Cheshire		State CT	Zip Code 06410
Principal Occupation Commercial Banking		Name of Employer Westfield Bank			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/27/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Hinman		First Robert		MI CT	Contribution ID # 0019
Residential Street Address 16 Bracket Rd .,		City Wallingford		State CT	Zip Code 06492
Principal Occupation Retired telephone/communications		Name of Employer None			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/27/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Camire		First Casey		MI CT	Contribution ID # 0018
Residential Street Address 219 S Main St		City Wallingford		State CT	Zip Code 06492
Principal Occupation Engineer		Name of Employer Henkel Corporation			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/27/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Whitman		First Ann		MI CT	Contribution ID # 0017
Residential Street Address 28 Beechwood Dr		City Wallingford		State CT	Zip Code 06492
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/27/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fritz for the 90th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Bohen		First Kim		MI	Contribution ID # 0016
Residential Street Address 9 Self Ct		City Wallingford		State CT	Zip Code 06492
Principal Occupation Consultant		Name of Employer Self employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/27/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Carmen		First Denise		MI	Contribution ID # 0015
Residential Street Address 4 Dana Blvd		City Wallingford		State CT	Zip Code 06492
Principal Occupation SLP		Name of Employer North Haven Public Schools			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/27/2026	Aggregate Contributions \$5.00	\$5.00

Last Name DeFilio		First Patricia		MI	Contribution ID # 0014
Residential Street Address 51 Wooding Rd		City Wallingford		State CT	Zip Code 06492
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/27/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Wright Jr		First Philip A		MI	Contribution ID # 0013
Residential Street Address 612 Ward Street Ext		City Wallingford		State CT	Zip Code 06492
Principal Occupation attorney		Name of Employer NA			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/28/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fritz for the 90th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name STORCK		First EDWARD		MI	Contribution ID # 0012
Residential Street Address 231 Highland Ave		City Wallingford		State CT	Zip Code 06492
Principal Occupation Attorney		Name of Employer Freeman Mathis & Gary LLP			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/28/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Wright		First Suzanne		MI	Contribution ID # 0011
Residential Street Address 612 Ward Street Ext		City Wallingford		State CT	Zip Code 06492
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/28/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Depalma		First Klarn		MI	Contribution ID # 0010
Residential Street Address 9 Club House Ln		City Old Saybrook		State CT	Zip Code 06475
Principal Occupation sales		Name of Employer CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/28/2026	Aggregate Contributions \$680.00-	\$340.00-

Last Name Depalma		First Klarn		MI	Contribution ID # 0010
Residential Street Address 9 Club House Ln		City Old Saybrook		State CT	Zip Code 06475
Principal Occupation Manager of Group Sales		Name of Employer Next Star Media Group			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/28/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fritz for the 90th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Turano		First Jeffrey		MI	Contribution ID # 0009
Residential Street Address 215 Parker Farms Rd		City Wallingford		State CT	Zip Code 06492
Principal Occupation N/A		Name of Employer N/A			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/29/2026	Aggregate Contributions \$5.00	\$5.00

Last Name DeFilio		First Lorenzo		MI	Contribution ID # 0008
Residential Street Address 7 Platt Dr		City Wallingford		State CT	Zip Code 06492
Principal Occupation Student		Name of Employer Student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/29/2026	Aggregate Contributions \$5.00	\$5.00

Last Name McBlain		First Sharon		MI	Contribution ID # 0049
Residential Street Address 13 Forest Ct N .		City Hamden		State CT	Zip Code 06518
Principal Occupation Bookseller		Name of Employer McBlain Books			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/29/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Feeley		First Gregory		MI	Contribution ID # 0042
Residential Street Address 85 Jackson Rd		City Hamden		State CT	Zip Code 06492
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/29/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fritz for the 90th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Villone		First Craig		MI	Contribution ID # 0006
Residential Street Address 60 Elika Rd		City Wallingford		State CT	Zip Code 06492
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/30/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Cypress		First Tamara		MI	Contribution ID # 0007
Residential Street Address 162 B N Whittlesey Ave		City Wallingford		State CT	Zip Code 06492
Principal Occupation executive assistant		Name of Employer CT Dept. of Labor			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/30/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Fritz		First Olivia		MI	Contribution ID # 0005
Residential Street Address 3 Cliffside Dr		City Wallingford		State CT	Zip Code 06492
Principal Occupation Student		Name of Employer Student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Bourgault		First Kristen		MI	Contribution ID # 0004
Residential Street Address 837 Clintonville Rd		City Wallingford		State CT	Zip Code 06492
Principal Occupation College Professor		Name of Employer Quinnipiac University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$20.00	\$20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fritz for the 90th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Fritz		First Ariana		MI	Contribution ID # 0003
Residential Street Address 3 Cliffside Dr		City Wallingford		State CT	Zip Code 06492
Principal Occupation Teacher		Name of Employer Branford Board of Education			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Rivard		First Bryan		MI	Contribution ID # 0002
Residential Street Address 60 Mansion Rd		City Wallingford		State CT	Zip Code 06492
Principal Occupation Program Director		Name of Employer Pratt & Whitney an RTX Business			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Rossacci		First Melanie		MI	Contribution ID # 0001
Residential Street Address 9 Platt Dr		City Wallingford		State CT	Zip Code 06492
Principal Occupation Consiltant		Name of Employer Accenture			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$100.00	\$100.00

Total of Section B					\$2,685.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Total on Line 14, Column A of Summary Page)					\$2,685.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT	
Fritz for the 90th					April 10 Filing - Amendment	
C1. Contributions from Other Committees						
Name of Committee				Name of Treasurer		
Address				Is this contribution associated with an event reported in Section J1?		Amount of Contribution
				Yes No If yes, list Event #		
City	State	Zip Code	Date Received	Aggregate Contributions		
Total of Section C1						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE					TYPE OF REPORT	
Fritz for the 90th					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
Fritz for the 90th	April 10 Filing - Amendment

D. Loans Received this Period

Name of Lender		Source of Loan:				Date of Receipt	
		Bank	Candidate	Individual	Other		
Street Address	City	State		Zip Code	Is there a cosigner or Guarantor of this loan?		
					Yes No		
Name of Cosigner/Guarantor (if applicable)					Amount Received		
Street Address	City	Stat	Zip Code				
Total of Section D							

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Fritz for the 90th	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
Fritz for the 90th	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
Fritz for the 90th	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
Fritz for the 90th	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
Fritz for the 90th				April 10 Filing - Amendment
J1. Event Information				
Event #	Description			Was this a fundraising event?
Date of Event Letter				Yes No
Location: Street Address			City	State Zip Code
Was this event hosted at a personal residence?		Yes No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		Yes No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		Yes No	(If yes, enter Total Receipts here.)	
Total of Section J1				

II. EVENT ACTIVITY (Sections J1 - J4)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT
Fritz for the 90th				April 10 Filing - Amendment
J3. In-Kind Donations Not Considered Contributions				
Name of the Donor				
Street Address			City	State Zip Code
Donation Given by:	Description of Donation			Fair Market Value of Donation
Individual				
Business Entity				
Sole Proprietorship				
Total of Section J3				

II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fritz for the 90th	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
Fritz for the 90th	April 10 Filing - Amendment

K. In-Kind Contributions

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

Total of Section K

III. Non Monetary Receipts (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fritz for the 90th	April 10 Filing - Amendment
L. Refundable Deposit to Telephone Company	

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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fritz for the 90th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee Anedot, Inc.		Date of Payment 03/16/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Kristi Doerr		Date of Payment 03/16/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 12 Penny Ln		City Wallingford	State CT Zip Code 06492
Purpose of Expendit REF	Description Refund of 03/16/2026 \$5 Test Transaction		Amount \$5.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fritz for the 90th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 03/18/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$0.70
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/18/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fritz for the 90th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Patricia Verna		Date of Payment 03/25/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 8650 S Ocean Dr Apt 603		City Jensen Beach	State FL	Zip Code 34957
Purpose of Expendit REF	Description Refund of 03/25/2026 \$340 Donation			Amount \$340.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/25/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description			Amount \$13.90
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fritz for the 90th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 03/25/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$2.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/25/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$13.90
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/26/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fritz for the 90th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 03/26/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/26/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$13.90
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fritz for the 90th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

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

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

Name of Payee Anedot, Inc.		Date of Payment 03/27/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$2.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fritz for the 90th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

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

Name of Payee Anedot, Inc.		Date of Payment 03/27/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$2.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/27/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$4.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fritz for the 90th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 03/27/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$4.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

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

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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fritz for the 90th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

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

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

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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fritz for the 90th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

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

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

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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fritz for the 90th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

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

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

Name of Payee Anedot, Inc.		Date of Payment 03/28/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$13.90
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fritz for the 90th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 03/28/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/28/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$0.70
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/28/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fritz for the 90th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

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

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

Name of Payee Anedot, Inc.		Date of Payment 03/30/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$1.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fritz for the 90th	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 03/30/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$0.70
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/31/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$4.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fritz for the 90th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee Anedot, Inc.		Date of Payment 03/31/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/31/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$1.10
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/31/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX Zip Code 75206-5311
Purpose of Expendit WEB	Description		Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Total of Section N**\$445.70**

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	
Fritz for the 90th				April 10 Filing - Amendment	
P. Expenses Incurred on Committee Credit Card					
Name of Issuing Institution			Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☐ Other		
Name of Vendor				Date of Transaction	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description				Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Yes No	Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum P					
Total of Section P					

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Fritz for the 90th				April 10 Filing - Amendment	
Q. Expenses Incurred By Committee but Not Paid During this Period					
Name of Creditor				Date Incurred	
Street Address			City	State	Zip Code
Purpose of Expenditure (by code)	Description				Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No If yes, assign an Expenditure # and completes Itemization in Addendum Q				Expenditure # (if applicable)	
Total of Section Q					

IV. EXPENDITURES (Sections N - S)

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

TYPE OF REPORT

Fritz for the 90th

April 10 Filing - Amendment

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant

First

MI

Date of Payment to Vendor

Payment to Reimburse Committee
Worker/Consultant as reported in
Section N:

Check #

Debit Card

EFT

Name of Vendor Paid by Committee Worker/Consultant

Street Address of Vendor

City

State

Zip Code

Purpose of Expenditure
(by code)

Description

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

Yes

No

Expenditure #
(if applicable)

Event #

Amount

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

Total of Section R**IV. EXPENDITURES (Sectuibs N - S)**

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

TYPE OF REPORT

Fritz for the 90th

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