

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

Revised February 2015



Electronic Filing

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Page 1 of 58

COVER PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
Rep Anne Hughes CT				☒ Candidate Committee ☐ Exploratory Committee	
3. TREASURER NAME					
First	MI	Last		Suffix	
Nathaniel	S	Yordon			
4. TREASURER ADDRESS					
Street Address	City	State	Zip Code		
67 North St	Easton	CT	06612		
5. ELECTION DATE	6. OFFICE SOUGHT (Complete only if Candidate Committee)			7. DISTRICT NUMBER (if applicable)	
11/03/2026	State Representative			R135	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First	MI	Last		Suffix	
Anne	M	Hughes			
9. TYPE OF REPORT					
April 10 Filing - Amendment					
10. PERIOD COVERED					
Beginning Date Ending Date					
01/09/2026 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		Nathaniel Yordon		07/08/2026 12:26:21PM	
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	
Rep Anne Hughes CT	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)	\$6,820.00	\$6,820.00
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)	\$6,820.00	\$6,820.00
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$6,820.00	\$6,820.00
20. Expenses Paid by Committee (Section N)	\$390.03	\$390.03
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	\$6,429.97	\$6,429.97
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	
Rep Anne Hughes CT		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 Yordon		First Nathaniel		MI	Contribution ID # 0167
Residential Street Address 67 North St		City Easton		State CT	Zip Code 06612
Principal Occupation CPA		Name of Employer Capossela, Cohen LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/21/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Caplan		First Chloe		MI	Contribution ID # 0141
Residential Street Address 12 Maple St		City Weston		State CT	Zip Code 06883
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 01/27/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Hughes		First Thomas		MI	Contribution ID # 0140
Residential Street Address 67 North St		City Easton		State CT	Zip Code 06612
Principal Occupation Camp Director		Name of Employer SNEUCC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/29/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rep Anne Hughes CT	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Blanchard		First Robert		MI	Contribution ID # 0139
Residential Street Address 1401 Kings Hwy		City Fairfield		State CT	Zip Code 06824
Principal Occupation Director of Communications		Name of Employer State of CT - Office of the Governor			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/30/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Brannelly		First John		MI	Contribution ID # 0138
Residential Street Address 1475 Burr St		City Fairfield		State CT	Zip Code 06824
Principal Occupation Executive Director		Name of Employer Fairfield County Medical Association			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/30/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Chase		First Andrea		MI	Contribution ID # 0137
Residential Street Address 18 High Acre Rd		City Weston		State CT	Zip Code 06883-2721
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/30/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Gabriele		First Timothy		MI	Contribution ID # 0136
Residential Street Address 18 Renee Ln		City North Haven		State CT	Zip Code 06473
Principal Occupation Recruiting Coordinator		Name of Employer Yale University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/30/2026	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
Rep Anne Hughes CT	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Duffy	First Carole Lynn	MI	Contribution ID # 0135
Residential Street Address 45 Essex Ave	City Montclair	State NJ	Zip Code 07042
Principal Occupation Consultant	Name of Employer Accenture		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	Date Received 01/30/2026	Aggregate Contributions \$100.00
Amount of Contribution \$100.00			

Last Name Lancaster	First Mary Dale	MI	Contribution ID # 0134
Residential Street Address 15 Mine Hill Rd	City Redding	State CT	Zip Code 06896
Principal Occupation attorney	Name of Employer Mary Dale Lancaster 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	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	Date Received 01/30/2026	Aggregate Contributions \$100.00
Amount of Contribution \$100.00			

Last Name Hernandez	First Edgar	MI	Contribution ID # 0133
Residential Street Address 118 North St	City Easton	State CT	Zip Code 06612
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	
Is this contribution associated with an 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
Amount of Contribution \$50.00			

Last Name MarkAnthony	First Victoria	MI	Contribution ID # 0132
Residential Street Address 10 Marsh Rd .	City Easton	State CT	Zip Code 06612
Principal Occupation Retired	Name of Employer No 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	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	Date Received 01/30/2026	Aggregate Contributions \$25.00
Amount of Contribution \$25.00			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rep Anne Hughes CT	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Poole		First Sharon		MI	Contribution ID # 0131
Residential Street Address 71 Sherwood Dr		City Easton		State CT	Zip Code 06612
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/30/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Wood		First Adam		MI	Contribution ID # 0130
Residential Street Address 260 France St		City Rocky Hill		State CT	Zip Code 06067
Principal Occupation Public Affairs		Name of Employer City & State, 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	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/30/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Feroletto		First Caroline		MI	Contribution ID # 0129
Residential Street Address 35 Kellers Farm Rd		City Easton		State CT	Zip Code 06612
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/30/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Partridge		First Anne		MI	Contribution ID # 0128
Residential Street Address 200 N Park Ave		City Easton		State CT	Zip Code 06612-1421
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/30/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rep Anne Hughes CT	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Harrison		First Caroline		MI	Contribution ID # 0127
Residential Street Address 65 Norton Rd		City Easton		State CT	Zip Code 06612
Principal Occupation Regional sales manager		Name of Employer USAI Lighting			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$200.00	\$200.00

Last Name Ekstrom		First Joanne		MI	Contribution ID # 0126
Residential Street Address 220 Todd St		City Hamden		State CT	Zip Code 06518
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/30/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Brodlie		First Lisa		MI	Contribution ID # 0125
Residential Street Address 41 Birch Hill Rd		City Weston		State CT	Zip Code 06883
Principal Occupation retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/30/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Jones		First James		MI	Contribution ID # 0124
Residential Street Address 510 Meridian St .		City Falls Church		State VA	Zip Code 22046
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/30/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rep Anne Hughes CT	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Camuto		First Pat		MI	Contribution ID # 0123
Residential Street Address 30 Fawn Rd		City Easton		State CT	Zip Code 06612
Principal Occupation Physician		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/30/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Cobb		First Celeste		MI	Contribution ID # 0122
Residential Street Address 10 Tunxis Trl		City Redding		State CT	Zip Code 06896
Principal Occupation Founder		Name of Employer Insurance Marketing Solutions, LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/30/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Mazzone		First Anne		MI	Contribution ID # 0121
Residential Street Address 199 Center Rd		City Easton		State CT	Zip Code 06612
Principal Occupation Library Assistant		Name of Employer Westport Library			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/30/2026	Aggregate Contributions \$25.00	\$25.00

Last Name O'Dell		First Kristen		MI	Contribution ID # 0120
Residential Street Address 41 Whippoorwill Rd		City Bethel		State CT	Zip Code 06801
Principal Occupation Administrative Assistant		Name of Employer Redding School 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	
Is this contribution associated with an 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 \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rep Anne Hughes CT	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Bromer		First Jim		MI	Contribution ID # 0119
Residential Street Address 128 Center Rd		City Easton		State CT	Zip Code 06612-1353
Principal Occupation Assistant		Name of Employer Town of Easton, Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/31/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Hawkey		First Sarah		MI	Contribution ID # 0118
Residential Street Address 3 Gallows Hill Road Ext		City Redding		State CT	Zip Code 06896
Principal Occupation Soprano & Voice Teacher		Name of Employer Blossom Vocal Arts			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/31/2026	Aggregate Contributions \$15.00	\$15.00

Last Name Caffrey		First Karen		MI	Contribution ID # 0117
Residential Street Address 30 Jenny Cliff Rd		City Manchester		State CT	Zip Code 06040
Principal Occupation Psychotherapist		Name of Employer Karen Caffrey LPC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/31/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Tutson		First Donald		MI	Contribution ID # 0116
Residential Street Address 67 North St		City Easton		State CT	Zip Code 06612
Principal Occupation Attorney		Name of Employer Connecticut Veterans Legal Center, Inc			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/31/2026	Aggregate Contributions \$250.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rep Anne Hughes CT	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name DiMichale		First Frank		MI	Contribution ID # 0115
Residential Street Address 3131 E Legacy Dr Unit 2088		City Phoenix		State AZ	Zip Code 85042
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/31/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Lindoefer		First Paul		MI	Contribution ID # 0114
Residential Street Address 318 Sport Hill Rd		City Easton		State CT	Zip Code 06612
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/31/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Glick		First Leeann		MI	Contribution ID # 0113
Residential Street Address 10574 E George Brookbank Pl		City Tucson		State AZ	Zip Code 85747
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/31/2026	Aggregate Contributions \$100.00	\$100.00

Last Name D'Addario		First Nicholas		MI	Contribution ID # 0112
Residential Street Address 65 Norton Rd		City Easton		State CT	Zip Code 06612
Principal Occupation President		Name of Employer Hi-Ho Energy Services			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rep Anne Hughes CT	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Andrasko		First Joseph		MI	Contribution ID # 0111
Residential Street Address 28 Dock Rd		City Norwalk		State CT	Zip Code 06854
Principal Occupation Banking		Name of Employer 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	
Is this contribution associated with an 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	\$25.00

Last Name Yordon		First Mary		MI	Contribution ID # 0110
Residential Street Address 67 North St		City Easton		State CT	Zip Code 06612
Principal Occupation Teacher		Name of Employer 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	
Is this contribution associated with an 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 \$25.00	\$25.00

Last Name Dewester		First Nanette		MI C	Contribution ID # 0183
Residential Street Address 690 Sport Hill Rd		City Easton		State CT	Zip Code 06612
Principal Occupation Communications Consultant		Name of Employer The Dewester 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 02/03/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Martin		First Raymond		MI J	Contribution ID # 0182
Residential Street Address 39 Deerfield Dr		City Easton		State CT	Zip Code 06612
Principal Occupation Busser		Name of Employer Riverview Bistro			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rep Anne Hughes CT	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Lessler		First Robert		MI H	Contribution ID # 0181
Residential Street Address 55 Gate Ridge Rd		City Easton		State CT	Zip Code 06612
Principal Occupation Non-profit manager		Name of Employer Children in Placement			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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	\$5.00

Last Name Robison		First Brian		MI	Contribution ID # 0109
Residential Street Address 21 Miller St		City Wallingford		State CT	Zip Code 06492
Principal Occupation Software Developer		Name of Employer Beyond Limited Thinking			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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	\$50.00

Last Name Howard		First Gail		MI	Contribution ID # 0108
Residential Street Address 9 Old Redding Rd		City Redding		State CT	Zip Code 06896
Principal Occupation writer		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/04/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Peters		First Katherine		MI	Contribution ID # 0107
Residential Street Address 131 Sport Hill Rd		City Easton		State CT	Zip Code 06612-2229
Principal Occupation Client Services		Name of Employer Qualified Digital			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rep Anne Hughes CT	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Yigit		First Nilgun		MI	Contribution ID # 0106
Residential Street Address 95 Church Rd		City Easton		State CT	Zip Code 06612
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/04/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Massini		First Nicole		MI	Contribution ID # 0105
Residential Street Address 405 Rock House Rd		City Easton		State CT	Zip Code 06612
Principal Occupation Underwriter		Name of Employer Gen Re Corp			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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	\$25.00

Last Name Palascak		First John		MI	Contribution ID # 0104
Residential Street Address 405 Rock House Rd		City Easton		State CT	Zip Code 06612
Principal Occupation Actuary		Name of Employer Health care services Corp			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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	\$25.00

Last Name Moy		First Helen		MI	Contribution ID # 0103
Residential Street Address 63 Ferndale Dr		City Easton		State CT	Zip Code 06612
Principal Occupation Marketing		Name of Employer MBI Inc			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/05/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rep Anne Hughes CT	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Smith		First Susanne		MI	Contribution ID # 0102
Residential Street Address 48 Woodland Dr		City Easton		State CT	Zip Code 06612
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/05/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Nicholas		First Patricia		MI	Contribution ID # 0101
Residential Street Address 6 Lamplighter Ln		City New Milford		State CT	Zip Code 06776
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/05/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Bartolomeo		First Riley		MI	Contribution ID # 0100
Residential Street Address 167 Reynolds Dr		City Meriden		State CT	Zip Code 06450
Principal Occupation Film and TV Producer		Name of Employer Riley Bartolomeo			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$50.00	\$50.00

Last Name Fleurette		First Lise		MI	Contribution ID # 0099
Residential Street Address 88 Beers Rd		City Easton		State CT	Zip Code 06612
Principal Occupation Pursuit Manager		Name of Employer Aon Consulting			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rep Anne Hughes CT	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Raposo		First Kim		MI	Contribution ID # 0098
Residential Street Address 55 Buck Hill Rd		City Easton		State CT	Zip Code 06612
Principal Occupation HR Manager		Name of Employer First Round Collective LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/05/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Papps		First Sheila		MI	Contribution ID # 0097
Residential Street Address 70 Blanchard Rd		City Easton		State CT	Zip Code 06612
Principal Occupation Marketing Professional		Name of Employer Evernorth Health Services			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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	\$5.00

Last Name Sylvestro		First Eleanor		MI	Contribution ID # 0096
Residential Street Address 224 Beers Rd		City Easton		State CT	Zip Code 06612
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/05/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Burke		First Adrienne		MI	Contribution ID # 0095
Residential Street Address 291 N Park Ave		City Easton		State CT	Zip Code 06612
Principal Occupation retail shop owner		Name of Employer Greisers LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/06/2026	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
Rep Anne Hughes CT	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Bindelglass		First David		MI	Contribution ID # 0094
Residential Street Address 26 Drewbarrie Ln		City Easton		State CT	Zip Code 06612
Principal Occupation retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/06/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Bindelglass		First Gloria		MI	Contribution ID # 0093
Residential Street Address 26 Drewbarrie Ln		City Easton		State CT	Zip Code 06612
Principal Occupation retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/06/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Katz		First David		MI	Contribution ID # 0092
Residential Street Address 5 Lantern Hill Rd		City Easton		State CT	Zip Code 06612
Principal Occupation Insurance sales		Name of Employer David Katz Insurance Sales			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/06/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Thorsen		First Karen		MI	Contribution ID # 0091
Residential Street Address 289 Wilson Rd		City Easton		State CT	Zip Code 06612
Principal Occupation writer/filmmaker		Name of Employer self-employed, James Baldwin Project			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rep Anne Hughes CT	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Wallen-Friedman		First Leny		MI	Contribution ID # 0090
Residential Street Address 288 Maple Rd		City Easton		State CT	Zip Code 06612
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/06/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Caffrey		First Karen		MI	Contribution ID # 0089
Residential Street Address 30 Jenny Clfs		City Manchester		State CT	Zip Code 06040
Principal Occupation Psychotherapist		Name of Employer Karen Caffrey LPC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$20.00	\$20.00

Last Name Webster		First Jonathan		MI	Contribution ID # 0088
Residential Street Address 6 Manor Ln		City Easton		State CT	Zip Code 06612
Principal Occupation Capital Markets Operations		Name of Employer Yale New Haven Health System			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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	\$25.00

Last Name Francois		First Renard		MI	Contribution ID # 0087
Residential Street Address 73 Kellogg Hill Rd		City Weston		State CT	Zip Code 06883
Principal Occupation Managing Director		Name of Employer JPMorgan Chase			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rep Anne Hughes CT	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Francois		First Mary		MI	Contribution ID # 0086
Residential Street Address 73 Kellogg Hill Rd		City Weston		State CT	Zip Code 06883
Principal Occupation Political Consultant			Name of Employer 818 Political		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an 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	\$25.00

Last Name Bilinski		First Douglas		MI	Contribution ID # 0085
Residential Street Address 30 Fawn Rd		City Easton		State CT	Zip Code 06612
Principal Occupation Physician			Name of Employer Dermatology Physicians of CT		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #		Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/09/2026	
				Aggregate Contributions \$25.00	\$25.00

Last Name Fligelman		First Jeffery		MI	Contribution ID # 0084
Residential Street Address 72 Pocahontas Rd		City Redding		State CT	Zip Code 06896
Principal Occupation Writer			Name of Employer Jeff Fligelman		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #		Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/11/2026	
				Aggregate Contributions \$50.00	\$50.00

Last Name Kaplan		First Ira		MI	Contribution ID # 0083
Residential Street Address 14 Morning Glory Dr		City Easton		State CT	Zip Code 06612
Principal Occupation Grandpa			Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #		Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/12/2026	
				Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rep Anne Hughes CT	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Christensen		First Gus		MI	Contribution ID # 0082
Residential Street Address 65 Norfield Rd		City Weston		State CT	Zip Code 06883
Principal Occupation Financial Consultant		Name of Employer Aenor LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/14/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Alfandre		First Victor		MI	Contribution ID # 0081
Residential Street Address 125 Deerfield Dr .		City Easton		State CT	Zip Code 06612
Principal Occupation Teacher		Name of Employer Monroe BOE			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/14/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Alfandre		First Cathy		MI	Contribution ID # 0080
Residential Street Address 125 Deerfield Dr		City Easton		State CT	Zip Code 06612
Principal Occupation Career coach		Name of Employer Catherine A Alfandre LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/14/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Carlino		First Diana		MI	Contribution ID # 0079
Residential Street Address 23 Huckleberry Rd		City Redding		State CT	Zip Code 06896
Principal Occupation Attorney		Name of Employer Newfield, Biondo & Carlino LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/14/2026	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
Rep Anne Hughes CT	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Coffey		First Andrew		MI	Contribution ID # 0078
Residential Street Address 23 Huckleberry Rd		City Redding		State CT	Zip Code 06896
Principal Occupation Finance		Name of Employer Victorionox			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/14/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Heiss		First Laurie		MI	Contribution ID # 0077
Residential Street Address 105 Cross Hwy		City Redding		State CT	Zip Code 06896
Principal Occupation Writer, farmer, Gemologist		Name of Employer Crossfield Concepts			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/14/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Van Ausdal		First Roger		MI	Contribution ID # 0076
Residential Street Address 21 Orchard Dr		City Redding		State CT	Zip Code 06896-2911
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/14/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Korsh		First Sally		MI	Contribution ID # 0075
Residential Street Address 9 Great Hill Rd		City Weston		State CT	Zip Code 06883
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/14/2026	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
Rep Anne Hughes CT	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Imber		First Michael		MI	Contribution ID # 0074
Residential Street Address 6 Glenwood Rd		City Weston		State CT	Zip Code 06883
Principal Occupation Business development		Name of Employer Epiq			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$100.00	\$100.00

Last Name Coogan		First Chris		MI	Contribution ID # 0073
Residential Street Address 367 Good Hill Rd .		City Weston		State CT	Zip Code 06883
Principal Occupation Musician		Name of Employer Inamis Inc			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/14/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Cook Broderick		First Whendi		MI	Contribution ID # 0072
Residential Street Address 560 Judd Rd		City Easton		State CA	Zip Code 06612
Principal Occupation Paralegal		Name of Employer Connecticut Veterans Legal Center, Inc			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/15/2026	Aggregate Contributions \$150.00	\$150.00

Last Name Broderick		First Daniel		MI	Contribution ID # 0071
Residential Street Address 560 Judd Rd		City Easton		State CT	Zip Code 06612
Principal Occupation IT		Name of Employer BuildingLink.com			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$150.00	\$150.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rep Anne Hughes CT	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Newman		First Jeanne		MI	Contribution ID # 0070
Residential Street Address 140 Banks Rd		City Easton		State CT	Zip Code 06612
Principal Occupation Photographer		Name of Employer The Well Dressed Snapshot			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$100.00	\$100.00

Last Name Poppy		First Jeffery		MI	Contribution ID # 0069
Residential Street Address 230 Weston Rd		City Weston		State CT	Zip Code 06883
Principal Occupation CPA		Name of Employer Capossela, Cohen LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/16/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Cliff		First Elizabeth		MI	Contribution ID # 0068
Residential Street Address 35 Wedgewood Dr		City Easton		State CT	Zip Code 06612
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/16/2026	Aggregate Contributions \$175.00	\$175.00

Last Name Cliff		First David		MI	Contribution ID # 0067
Residential Street Address 35 Wedgewood Dr		City Easton		State CT	Zip Code 06612
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/16/2026	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
Rep Anne Hughes CT	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name D'Agostino		First Mike		MI	Contribution ID # 0066
Residential Street Address 18 Glen Hill Rd		City Redding		State CT	Zip Code 06896
Principal Occupation Director of Facilities and Operations		Name of Employer ER9 Boards of Education			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/17/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Derven		First Marjorie		MI	Contribution ID # 0065
Residential Street Address 28 Cross Hwy		City Redding		State CT	Zip Code 06896
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/18/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Rhodes		First Phyllis		MI	Contribution ID # 0064
Residential Street Address 116 Gallows Hill Rd		City Redding		State CT	Zip Code 06896
Principal Occupation Director of Sales		Name of Employer Parallel Works Inc			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/18/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Tyson		First Jess		MI	Contribution ID # 0063
Residential Street Address 12 Little Boston Ln		City Redding		State CT	Zip Code 06896
Principal Occupation CEO		Name of Employer Don't Panic Management			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/19/2026	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
Rep Anne Hughes CT	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Cesareo		First Denise		MI	Contribution ID # 0166
Residential Street Address 430 Black Rock Tpke		City Redding		State CT	Zip Code 06896
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/20/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Stacey		First Brian		MI	Contribution ID # 0165
Residential Street Address 430 Black Rock Tpke		City Redding		State CT	Zip Code 06896
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/20/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Lancaster		First Mary Dale		MI	Contribution ID # 0062
Residential Street Address 15 Mine Hill Rd		City Redding		State CT	Zip Code 06896
Principal Occupation attorney		Name of Employer Mary Dale Lancaster LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/22/2026	Aggregate Contributions \$200.00	\$100.00

Last Name Pessin		First Ewnww		MI	Contribution ID # 0061
Residential Street Address 148 Limekiln Rd		City Redding		State CT	Zip Code 06896
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/22/2026	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
Rep Anne Hughes CT	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Armster		First Heidi		MI	Contribution ID # 0060
Residential Street Address 551 Judd Rd		City Easton		State CT	Zip Code 06612
Principal Occupation Designer-Maker		Name of Employer Heidi Taschen (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 02/22/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Stiskal		First Michael		MI	Contribution ID # 0059
Residential Street Address 690 Sport Hill Rd		City Easton		State CT	Zip Code 06612
Principal Occupation Manager		Name of Employer Wilton Hardware			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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	\$5.00

Last Name Quimi		First Kerry		MI	Contribution ID # 0058
Residential Street Address 9 Calvin Rd		City Weston		State CT	Zip Code 06883-1531
Principal Occupation School Psychologist		Name of Employer 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	
Is this contribution associated with an 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 \$25.00	\$25.00

Last Name Atamian		First Amy		MI	Contribution ID # 0057
Residential Street Address 60 Seventy Acre Rd		City Redding		State CT	Zip Code 06896
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/23/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rep Anne Hughes CT	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name McKenzie		First Cheri		MI	Contribution ID # 0056
Residential Street Address 85 Newtown Tpke		City Weston		State CT	Zip Code 06883
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/23/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Sobel		First Richard		MI	Contribution ID # 0055
Residential Street Address 7 Deer Path Rd		City Weston		State CT	Zip Code 06883
Principal Occupation Venture Investor		Name of Employer Altai Capital LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/23/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Potter		First James		MI	Contribution ID # 0054
Residential Street Address 1111 Red Feather Rd		City Cotopaxi		State CO	Zip Code 81223
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/24/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Dolan		First Karen		MI	Contribution ID # 0053
Residential Street Address 2 Windy Hill Rd		City Redding		State CT	Zip Code 06896
Principal Occupation Store Manager		Name of Employer Raymour & Flanigan			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rep Anne Hughes CT	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Cohen		First David		MI	Contribution ID # 0052
Residential Street Address 46 North St		City Easton		State CT	Zip Code 06612
Principal Occupation Teacher		Name of Employer Cooperative Educational Services			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/01/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Madeo		First Jill		MI	Contribution ID # 0051
Residential Street Address 82 Pond Rd		City Easton		State CT	Zip Code 06612
Principal Occupation Marketing manager		Name of Employer BakerHostetler			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/01/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Silverman		First Irving		MI	Contribution ID # 0050
Residential Street Address 36 Center Rd		City Easton		State CT	Zip Code 06612
Principal Occupation Farmer		Name of Employer Silverman's Farm			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/01/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Zimmerman		First Kathryn		MI	Contribution ID # 0049
Residential Street Address 72 Pocahontas Rd		City Redding		State CT	Zip Code 06896
Principal Occupation Librarian		Name of Employer Mark Twain library			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/01/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rep Anne Hughes CT	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Weaver		First Sheila		MI	Contribution ID # 0048
Residential Street Address 88 Buck Hill Rd		City Easton		State CT	Zip Code 06612
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 03/01/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Weaver		First Richard		MI	Contribution ID # 0047
Residential Street Address 88 Buck Hill Rd .		City Easton		State CT	Zip Code 06612
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 03/01/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Zamore		First Peggy		MI	Contribution ID # 0046
Residential Street Address 5 Kimberly Dr		City Redding		State CT	Zip Code 06896
Principal Occupation Nutritionist		Name of Employer Peggy Zamore			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/01/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Kant		First Joanne		MI	Contribution ID # 0045
Residential Street Address 50 Laurel Dr		City Easton		State CT	Zip Code 06612
Principal Occupation Retired		Name of Employer Physician			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/02/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rep Anne Hughes CT	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Traggianese		First Amy		MI	Contribution ID # 0044
Residential Street Address 14 Westwood Dr		City Easton		State CT	Zip Code 06612
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/02/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Bryant		First Christopher		MI	Contribution ID # 0043
Residential Street Address 24 Ledgewood Dr		City Weston		State CT	Zip Code 06883
Principal Occupation Entrepreneur		Name of Employer CT Innovates, 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 03/03/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Hill		First Carolyn		MI	Contribution ID # 0042
Residential Street Address 155 Weston Rd		City Weston		State CT	Zip Code 06883
Principal Occupation Film producer		Name of Employer Carolyn's Commercial Representation, 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 03/03/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Lang		First James		MI	Contribution ID # 0041
Residential Street Address 1421 Meadow Rdg		City Redding		State CT	Zip Code 06896
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 03/03/2026	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
Rep Anne Hughes CT	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Ervin		First Cynthia		MI S	Contribution ID # 0148
Residential Street Address 3271 Meadow Rdg		City Redding		State CT	Zip Code 06896
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 03/03/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Dobkowski		First Janina		MI CT	Contribution ID # 0146
Residential Street Address 25 Vista Dr		City Easton		State CT	Zip Code 06612
Principal Occupation Former Public School Teacher		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/03/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Lacey		First Joanne		MI T	Contribution ID # 0145
Residential Street Address 2136 Meadow Rdg		City Redding		State CT	Zip Code 06896
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 03/03/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Clough		First Peter		MI N	Contribution ID # 0157
Residential Street Address 100 Redding Rd		City Redding		State CT	Zip Code 06896
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 03/04/2026	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
Rep Anne Hughes CT	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Cullman		First Donald		MI	Contribution ID # 0160
Residential Street Address 3487 Meadow Rdg		City Redding		State CT	Zip Code 06896
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 03/04/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Cullman		First Joan		MI V	Contribution ID # 0159
Residential Street Address 3487 Meadow Rdg		City Redding		State CT	Zip Code 06896
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 03/04/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Green		First Marion		MI V	Contribution ID # 0151
Residential Street Address 100 Redding Rd		City Redding		State CT	Zip Code 06896
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 03/04/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Morton		First Robert		MI	Contribution ID # 0040
Residential Street Address 1401 Meadow Rdg		City Redding		State CT	Zip Code 06896
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 03/04/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT

Rep Anne Hughes CT

April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Dawson		First Douglas		MI C	Contribution ID # 0150
Residential Street Address 3162 Meadow Rdg		City Redding		State CT	Zip Code 06896
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 03/05/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Paget		First Nancy		MI 	Contribution ID # 0156
Residential Street Address 1407 Meadow Rdg		City Redding		State CT	Zip Code 06896
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 03/05/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Morgan		First Carol		MI S	Contribution ID # 0155
Residential Street Address 3279 Meadow Rdg		City Redding		State CT	Zip Code 06896
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 03/05/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Silbersher		First Howard		MI 	Contribution ID # 0154
Residential Street Address 1425 Meadow Rdg		City Redding		State CT	Zip Code 06896
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 03/05/2026	Aggregate Contributions \$15.00	\$15.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rep Anne Hughes CT	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Noordsij		First Katherine		MI M	Contribution ID # 0153
Residential Street Address Meadow Ridge		City Redding		State CT	Zip Code 06896
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 03/05/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Francois		First Doris		MI W	Contribution ID # 0152
Residential Street Address 2306 Meadow Rdg		City Redding		State CT	Zip Code 06896
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 03/05/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Clizbe		First Rebecca		MI	Contribution ID # 0162
Residential Street Address 3481 Meadow Rdg		City Redding		State CT	Zip Code 06896
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 03/05/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Silver		First Elisabeth		MI	Contribution ID # 0161
Residential Street Address 2221 Meadow Rdg		City Redding		State CT	Zip Code 06896
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 03/06/2026	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
Rep Anne Hughes CT	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name McCaffrey		First Jane		MI R	Contribution ID # 0149
Residential Street Address 3362 Meadow Rdg		City Redding		State CT	Zip Code 06896
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 03/06/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Clough		First Jane		MI C	Contribution ID # 0158
Residential Street Address 100 Redding Rd		City Redding		State CT	Zip Code 06896
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 03/06/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Friedlander		First Stanley		MI	Contribution ID # 0147
Residential Street Address 3125 Meadow Rdg		City Redding		State CT	Zip Code 06896
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 03/06/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Scott		First John		MI	Contribution ID # 0163
Residential Street Address 2130 Meadow Rdg		City Redding		State CT	Zip Code 06896
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 03/06/2026	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
Rep Anne Hughes CT	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Parkin		First Chris		MI	Contribution ID # 0039
Residential Street Address 19 Indian Hill Rd		City Redding		State CT	Zip Code 06896-2718
Principal Occupation Attorney		Name of Employer Buzzi Parkinf 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 03/07/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Moe		First Ingrid		MI	Contribution ID # 0143
Residential Street Address 94 North St		City Easton		State CT	Zip Code 06612
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Moe		First Douglas		MI W	Contribution ID # 0142
Residential Street Address 94 North St		City Easton		State CT	Zip Code 06612
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Sewell		First Judi		MI	Contribution ID # 0038
Residential Street Address 1126 Meadow Rdg		City Redding		State CT	Zip Code 06896
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rep Anne Hughes CT	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Lester		First Pam		MI	Contribution ID # 0037
Residential Street Address 20 Cross Hwy		City Redding		State CT	Zip Code 06896
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Smith		First David		MI	Contribution ID # 0036
Residential Street Address 48 Woodland Dr		City Easton		State CT	Zip Code 06612
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Snover		First Gerard		MI	Contribution ID # 0035
Residential Street Address 95 Church Rd		City Easton		State CT	Zip Code 06612
Principal Occupation Trusts & Estates		Name of Employer Fifth Third 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 03/10/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Howard		First Gail		MI	Contribution ID # 0034
Residential Street Address 9 Old Redding Rd		City Redding		State CT	Zip Code 06896
Principal Occupation Writer		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$30.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rep Anne Hughes CT	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Traggianese		First John		MI	Contribution ID # 0033
Residential Street Address 14 Westwood Dr		City Easton		State CT	Zip Code 06612
Principal Occupation Retired		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 03/10/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Low		First Jim		MI	Contribution ID # 0032
Residential Street Address 30 Old Farm Rd		City Weston		State CT	Zip Code 06883
Principal Occupation Lawyer		Name of Employer James Low - Attorney			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Low		First Gabriela		MI	Contribution ID # 0031
Residential Street Address 30 Old Farm Rd		City Weston		State CT	Zip Code 06883
Principal Occupation Teacher for after-school enrichment programs		Name of Employer Gabriela Low - 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	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Doran		First Deirdre		MI	Contribution ID # 0030
Residential Street Address 60 Old Farm Rd		City Weston		State CT	Zip Code 06883
Principal Occupation Tutor/writer		Name of Employer The Write Mentor			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rep Anne Hughes CT	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Scarborough		First Donald		MI	Contribution ID # 0029
Residential Street Address 223 Good Hill Rd		City Weston		State CT	Zip Code 06883
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Weisberg		First Stewart		MI	Contribution ID # 0028
Residential Street Address 41 Silver Ridge Cmn .		City Weston		State CT	Zip Code 06883
Principal Occupation retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Naughton		First James		MI	Contribution ID # 0027
Residential Street Address 127 Valley Forge Rd		City Weston		State CT	Zip Code 06883
Principal Occupation actor		Name of Employer James Naughton			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Scarborough		First Bonnie		MI	Contribution ID # 0026
Residential Street Address 223 Good Hill Rd		City Weston		State CT	Zip Code 06883
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rep Anne Hughes CT	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Sposta		First Kate		MI	Contribution ID # 0025
Residential Street Address 52 Park Ave		City Port Chester		State NY	Zip Code 10573
Principal Occupation Artist		Name of Employer Bishop and Moon			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Bodurtha		First Alan		MI	Contribution ID # 0024
Residential Street Address 52 Pine Mountain Rd		City Redding		State CT	Zip Code 06896-2716
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Brown		First Margaret		MI	Contribution ID # 0023
Residential Street Address 2336 Meadow Rdg		City Redding		State CT	Zip Code 06896
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Brown		First William		MI	Contribution ID # 0022
Residential Street Address 2336 Meadow Rdg		City Redding		State CT	Zip Code 06896
Principal Occupation Consultant		Name of Employer WNB Consulting LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rep Anne Hughes CT	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Renfield-Miller		First Jean		MI	Contribution ID # 0021
Residential Street Address 191 Lonetown Rd		City Redding		State CT	Zip Code 06896
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Hajek		First George		MI	Contribution ID # 0020
Residential Street Address 265 Everett Rd		City Easton		State CT	Zip Code 06612
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Karpen		First Terry		MI	Contribution ID # 0019
Residential Street Address 69 Dayton Rd		City Redding		State CT	Zip Code 06896
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Enos		First Leann		MI	Contribution ID # 0018
Residential Street Address 402 N Park Ave		City Easton		State CT	Zip Code 06612
Principal Occupation Riding instructor		Name of Employer Serendipity Stable			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rep Anne Hughes CT	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Reilly		First Beth		MI	Contribution ID # 0017
Residential Street Address 25 Palmer Pl		City Easton		State CT	Zip Code 06612
Principal Occupation Accountant		Name of Employer Wakeman Memorial Assn 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 03/11/2026	Aggregate Contributions \$5.00	\$5.00

Last Name PESSIN		First Jeffrey		MI	Contribution ID # 0016
Residential Street Address 148 Limekiln Rd		City Redding		State CT	Zip Code 06896
Principal Occupation Professor		Name of Employer Albert Einstein College of Medicine			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/11/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Repole		First Kathleen		MI	Contribution ID # 0015
Residential Street Address 106 Sport Hill Rd		City Redding		State CT	Zip Code 06896
Principal Occupation psychotherapist		Name of Employer Kathleen Repole, LCSW			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/11/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Wendt		First Kelly		MI	Contribution ID # 0014
Residential Street Address 11 Westwood Dr		City Easton		State CT	Zip Code 06612
Principal Occupation Supply chain manager		Name of Employer L'Oreal USA			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/11/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rep Anne Hughes CT	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Butts		First Andrew		MI	Contribution ID # 0013
Residential Street Address 25 Old Stonewall Rd		City Easton		State CT	Zip Code 06612
Principal Occupation Homemaker		Name of Employer Homemaker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/11/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Hayman		First Janet		MI	Contribution ID # 0012
Residential Street Address 93 Fire Hill Rd		City Redding		State CT	Zip Code 06896
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/11/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Pemberton		First Alexandra		MI	Contribution ID # 0011
Residential Street Address 159 Umpawaug Rd		City Redding		State CT	Zip Code 06896
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 03/11/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Rexford		First Jean		MI	Contribution ID # 0010
Residential Street Address 580 Redding Rd		City Redding		State CT	Zip Code 06896
Principal Occupation retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/11/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rep Anne Hughes CT	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Hunsucker		First Sara		MI	Contribution ID # 0009
Residential Street Address 25 Elm Dr		City Easton		State CT	Zip Code 06612
Principal Occupation Assitant Teacher		Name of Employer Fraser Woods Montessori			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/12/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Dworet		First Felice		MI	Contribution ID # 0008
Residential Street Address 215 Bailey Rd		City Fairfield		State CT	Zip Code 06825
Principal Occupation Homemaker		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 03/12/2026	Aggregate Contributions \$5.00	\$5.00

Last Name McKenzie		First Cheri		MI	Contribution ID # 0007
Residential Street Address 85 Newtown Tpke		City Weston		State CT	Zip Code 06883
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/12/2026	Aggregate Contributions \$30.00	\$5.00

Last Name O'Dell		First Mark		MI	Contribution ID # 0006
Residential Street Address 41 Whippoorwill Rd .		City Bethel		State CT	Zip Code 06801
Principal Occupation Nurse		Name of Employer Nuvance Health, Danbury Hospital			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/12/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rep Anne Hughes CT	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Pampel		First Mary Lee		MI	Contribution ID # 0005
Residential Street Address 83 Sport Hill Rd		City Redding		State CT	Zip Code 06896
Principal Occupation Educator		Name of Employer New Pond Farm Education Center			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/12/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Hawkey		First Sarah		MI	Contribution ID # 0004
Residential Street Address 3 Gallows Hill Road Ext		City Redding		State CT	Zip Code 06896
Principal Occupation Musician		Name of Employer Blossom Vocal Arts			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/14/2026	Aggregate Contributions \$20.00	\$5.00

Last Name Ponte		First Natalie		MI	Contribution ID # 0003
Residential Street Address 6 Willow Rd		City Weston		State CT	Zip Code 06883
Principal Occupation Business Development		Name of Employer Libro.fm			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/17/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Binder		First Deborah		MI	Contribution ID # 0144
Residential Street Address 180 North St		City Easton		State CT	Zip Code 06612
Principal Occupation Architect		Name of Employer Atmosphere Design 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 03/27/2026	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
Rep Anne Hughes CT	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Gordon		First Scott		MI	Contribution ID # 0002
Residential Street Address 180 North St		City Easton		State CT	Zip Code 06612
Principal Occupation Architecture		Name of Employer Alignment Development Services, 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 03/28/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Smith		First Alice		MI	Contribution ID # 0001
Residential Street Address 305 Sport Hill Rd		City Easton		State CT	Zip Code 06612
Principal Occupation Graphic Artist/Designer		Name of Employer Ask Alice Smith			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/30/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Pryor		First Holly		MI	Contribution ID # 0164
Residential Street Address 117 Everett Rd		City Easton		State CT	Zip Code 06612
Principal Occupation Running a Farm		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 \$25.00	\$25.00

Total of Section B					\$6,820.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Total on Line 14, Column A of Summary Page)					\$6,820.00

I. MONETARY RECEIPTS (Section A-I)

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

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
Rep Anne Hughes CT			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
Rep Anne Hughes CT	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
Rep Anne Hughes CT	April 10 Filing - Amendment

K. In-Kind Contributions

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

Total of Section K

III. Non Monetary Receipts (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rep Anne Hughes CT	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
Rep Anne Hughes CT	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot Inc		Date of Payment 01/31/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit WEB	Description			Amount \$87.50
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 Manufacturers and Traders Trust Company		Date of Payment 02/11/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 850 Main St		City Bridgeport	State CT	Zip Code 06604
Purpose of Expendit BNK	Description			Amount \$3.00
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 Mary Dale Lancaster		Date of Payment 02/24/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 15 Mine Hill Rd		City Redding	State CT	Zip Code 06896
Purpose of Expendit REF	Description			Amount \$100.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rep Anne Hughes CT	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot Inc		Date of Payment 02/28/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St Ste 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit WEB	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$129.60

Name of Payee Anedot Inc		Date of Payment 02/28/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St Ste 1770		City New Orleans		State LA
Zip Code 70112				
Purpose of Expendit WEB	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$133.50

Name of Payee Manufacturers and Traders Trust Company		Date of Payment 03/09/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 850 Main St		City Bridgeport		State CT
Zip Code 06604				
Purpose of Expendit BNK	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$2.53

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rep Anne Hughes CT	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 1340 Poydras St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit WEB	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$67.40

Total of Section N**\$390.03****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	
Rep Anne Hughes CT				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	
Rep Anne Hughes CT				April 10 Filing - Amendment	
Q. Expenses Incurred By Committee but Not Paid During this Period					
Name of Creditor				Date Incurred	
Street Address			City		State Zip Code
Purpose of Expenditure (by code)	Description				Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No		Expenditure # (if applicable)	Event #		
If yes, assign an Expenditure # and completes Itemization in Addendum Q					
Total of Section Q					

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rep Anne Hughes CT	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
Rep Anne Hughes CT	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