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

Electronic Filing

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COVER PAGE

1.NAME OF COMMITTEE	2. TYPE OF COMMITTEE
Mandato for the 34th	[x] Candidate Committee [ ] Exploratory Committee

3. TREASURER NAME

First	MI	Last	Suffix
Kristi	**J**	**Doerr**	

4. TREASURER ADDRESS

Street Address	City	State	Zip Code
12 Penny Ln	**Wallingford**	**CT**	**06492**

5. ELECTION DATE	6. OFFICE SOUGHT *(Complete only if Candidate Committee)*	7. DISTRICT NUMBER *(if applicable)*
11/03/2026	**State Senator**	**S034**

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

First	MI	Last	Suffix
Brandi	**A**	**Mandato**	

9. TYPE OF REPORT

April 10 Filing - Amendment

10. PERIOD COVERED

Beginning Date		Ending Date
01/05/2026	thru	**03/31/2026**

11. CERTIFICATION

[x] I hereby certify and state, under penalties of false statement, that all of the information set forth on this **Itemized Campaign Finance Disclosure Statement** for the period covered is true, accurate and complete.

Electronic Filing	**Kristi Doerr**	**07/08/2026 2:48:06PM**
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	
Mandato for the 34th	April 10 Filing - Amendment	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		**$0.00**
13. Balance on hand at the beginning of Reporting Period	**$0.00**	
14. Contributions received from Individuals (Section A and B)	**$13,085.00**	**$13,085.00**
15. Receipts from Other Committees (Sections C1 and C2)	**$0.00**	**$0.00**
16. Other Monetary Receipts (Section D through I)	**$0.00**	**$0.00**
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	**$0.00**	**$0.00**
18. Total Monetary Receipts (add totals for lines 14 through 17)	**$13,085.00**	**$13,085.00**
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	**$13,085.00**	**$13,085.00**
20. Expenses Paid by Committee (Section N)	**$721.14**	**$721.14**
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	**$12,363.86**	**$12,363.86**
22. In-Kind Donations not Considered Contributions Received (Section J3)	**$0.00**	**$0.00**
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	**$0.00**	**$0.00**
24. In-Kind Contributions Received (Section K)	**$0.00**	**$0.00**
25. Refundable Deposit to Telephone Company (Section L)	**$0.00**	**$0.00**
26. Beginning Loan Balance	**$0.00**	
26a. + Loans Received (Section D)	**$0.00**	**$0.00**
26b. + Interest and Penalties on Loan(s)	**$0.00**	**$0.00**
26c. - Payments on Loan(s)	**$0.00**	**$0.00**
26d. Total Outstanding Loan Amount	**$0.00**	
27. Campaign Expenses Paid By Candidate (Section O)	**$0.00**	**$0.00**
28. Expenses Incurred on Committee Credit Card (Section P)	**$0.00**	**$0.00**
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	**$248.20**	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	**$248.20**	

I. MONETARY RECEIPTS (Section A-I)

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

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Doerr	Kristi	J	0298

Residential Street Address	City	State	Zip Code
12 Penny Ln	Wallingford	CT	06460

Principal Occupation	Name of Employer
AVP Tax	Richemont North America, Inc.

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

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

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

Amount of Contribution: $340.00

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

If yes, list Event #

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

Date Received: 01/16/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Doerr	Brian		0250

Residential Street Address	City	State	Zip Code
12 Penny Ln	Wallingford	CT	06492

Principal Occupation	Name of Employer
Lab Manager	Thor Specialties

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 01/20/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Gabriele	Amanda		0249

Residential Street Address	City	State	Zip Code
18 Renee Ln	North Haven	CT	06473

Principal Occupation	Name of Employer
Director, Data	Mayo Clinic

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

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

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

Amount of Contribution: $340.00

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

If yes, list Event #

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

Date Received: 01/29/2026

Aggregate Contributions: $340.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Mandato for the 34th

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Friedman	Scott		0248

Residential Street Address	City	State	Zip Code
17 Cooper Rd	North Haven	CT	06473

Principal Occupation	Name of Employer
Data Analyst	Scott D Friedman Consulting LLC

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

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

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

Amount of Contribution: $340.00

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

If yes, list Event #:

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

Date Received: 01/29/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Friedman	Abby		0247

Residential Street Address	City	State	Zip Code
17 Cooper Rd	North Haven	CT	06473

Principal Occupation	Name of Employer
Associate Professor	Yale School of Public Health

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

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

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

Amount of Contribution: $340.00

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

If yes, list Event #:

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

Date Received: 01/29/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Gabriele	Timothy		0246

Residential Street Address	City	State	Zip Code
18 Renee Ln	North Haven	CT	06473

Principal Occupation	Name of Employer
Recruiting Coordinator	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: $340.00

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

If yes, list Event #:

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

Date Received: 01/29/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Hurt	Jacob		0245

Residential Street Address	City	State	Zip Code
6 Nugget Hill Dr	Gales Ferry	CT	06335

Principal Occupation	Name of Employer
Officer	US Navy

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 01/29/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Mandato for the 34th

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
stabbe	arlen		0244

Residential Street Address	City	State	Zip Code
8 Westerly Rd	North Haven	CT	06473

Principal Occupation	Name of Employer
SEVIS Manager	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: $11.00

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

If yes, list Event #:

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

Date Received: 01/29/2026

Aggregate Contributions: $11.00

Last Name	First	MI	Contribution ID #
Mushinsky	Mary		0243

Residential Street Address	City	State	Zip Code
188 S Cherry St .	Wallingford	CT	06492

Principal Occupation	Name of Employer
Legislator	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: $25.00

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

If yes, list Event #:

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

Date Received: 01/29/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Elliott	Josh		0242

Residential Street Address	City	State	Zip Code
28 Cobblestone Dr	Hamden	CT	06518

Principal Occupation	Name of Employer
Owner	Thyme and Season

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 01/29/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Sidlowski	Sara		0241

Residential Street Address	City	State	Zip Code
56 Robert Dr	East Haven	CT	06512

Principal Occupation	Name of Employer
Market research	Touchstone research

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 01/29/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Mandato for the 34th

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
O'Connell	Riley		0240

Residential Street Address	City	State	Zip Code
39 Edgerton Rd	Wallingford	CT	06492

Principal Occupation	Name of Employer
Civil Affairs Specialist	U.S. Army Reserves

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #

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

Date Received	Aggregate Contributions
01/29/2026	$10.00

Last Name	First	MI	Contribution ID #
Stabbe	Eileen		0239

Residential Street Address	City	State	Zip Code
8 Westerly Rd	North Haven	CT	06473

Principal Occupation	Name of Employer
Consultant	TNTP

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received	Aggregate Contributions
01/29/2026	$100.00

Last Name	First	MI	Contribution ID #
Cella	Alida		0238

Residential Street Address	City	State	Zip Code
172 N Whittlesey Ave	Wallingford	CT	06492

Principal Occupation	Name of Employer
Director of Project Funding	Greenskies Clean Energy LLC

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received	Aggregate Contributions
01/29/2026	$100.00

Last Name	First	MI	Contribution ID #
Oseni	Dipo		0237

Residential Street Address	City	State	Zip Code
35 Kensington Ct	Cheshire	CT	06410

Principal Occupation	Name of Employer
Director of Sales	Signify North America

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

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

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

Amount of Contribution: $200.00

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

If yes, list Event #

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

Date Received	Aggregate Contributions
01/29/2026	$200.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Mandato for the 34th

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Quinn	Michael		0236

Residential Street Address	City	State	Zip Code
47 Beth Ann Cir	Meriden	CT	06450

Principal Occupation	Name of Employer
Attorney	Mahon, Quinn & Mahon, PC

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 01/29/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Cohen	David		0235

Residential Street Address	City	State	Zip Code
55 Tokeneke Dr	North Haven	CT	06473

Principal Occupation	Name of Employer
Attorney	Amphenol Corporation

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

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

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

Amount of Contribution: $340.00

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

If yes, list Event #:

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

Date Received: 01/29/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Bernier	Rick		0234

Residential Street Address	City	State	Zip Code
1298 Hartford Tpke	North Haven	CT	06473

Principal Occupation	Name of Employer
Broadcast Audio Engineer	NBC Sports

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 01/29/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Bysiewicz	Susan		0233

Residential Street Address	City	State	Zip Code
15 Tall Timbers Rd	Middletown	CT	06457-7116

Principal Occupation	Name of Employer
Lt. Governor/attorney	State of Connecticut

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 01/29/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Casanova	Shannon		0232

Residential Street Address	City	State	Zip Code
17 Gerrish Ave	East Haven	CT	06512

Principal Occupation	Name of Employer
Admin	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: $25.00

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

If yes, list Event #

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

Date Received: 01/29/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Yaccarino	David		0231

Residential Street Address	City	State	Zip Code
56 Robert Dr	East Haven	CT	06512

Principal Occupation	Name of Employer
Staff Scientist	Thermo Fisher Scientific

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

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

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

Amount of Contribution: $27.00

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

If yes, list Event #

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

Date Received: 01/29/2026

Aggregate Contributions: $27.00

Last Name	First	MI	Contribution ID #
Sparago	Cynthia		0230

Residential Street Address	City	State	Zip Code
42 Caroline Rd	East Haven	CT	06512

Principal Occupation	Name of Employer
Deputy Registrar of Voters	Town of East Haven

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 01/29/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Rebeschi	Michael		0229

Residential Street Address	City	State	Zip Code
28 George St	East Haven	CT	06512

Principal Occupation	Name of Employer
Teacher	New Haven Public Schools

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 01/29/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Mandato for the 34th

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Ross	Barbara		0228

Residential Street Address	City	State	Zip Code
18 Watkins Dr	Sandy Hook	CT	06482

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 01/29/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Hulten	Julie		0227

Residential Street Address	City	State	Zip Code
39 Ashlar Village Dr	Wallingford	CT	06492

Principal Occupation	Name of Employer
retired teacher	retired

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 01/29/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Foscue	Kenneth		0226

Residential Street Address	City	State	Zip Code
195 Wayland St	North Haven	CT	06473

Principal Occupation	Name of Employer
retired	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: $25.00

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

If yes, list Event #

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

Date Received: 01/29/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Redman	Jim		0225

Residential Street Address	City	State	Zip Code
47 Pool Rd	North Haven	CT	06473

Principal Occupation	Name of Employer
Retired	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: $100.00

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

If yes, list Event #

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

Date Received: 01/29/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Sparago	Mike		0224

Residential Street Address	City	State	Zip Code
42 Caroline Rd	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 01/29/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Ganong	Sarah		0223

Residential Street Address	City	State	Zip Code
72 Hamilton St	Hartford	CT	06106

Principal Occupation	Name of Employer
State director	Working Families Party

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 01/29/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Meyerson	William		0222

Residential Street Address	City	State	Zip Code
13 Charlton Hill Rd	Hamden	CT	06518

Principal Occupation	Name of Employer
Part-time faculty	CSCU

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 01/29/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Gabriele	Alice		0221

Residential Street Address	City	State	Zip Code
18 Renee Ln	North Haven	CT	06473

Principal Occupation	Name of Employer
Iâ€™m a child	Iâ€™m a child

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

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

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

Amount of Contribution: $30.00

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

If yes, list Event #

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

Date Received: 01/29/2026

Aggregate Contributions: $30.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Mandato for the 34th

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Gabriele	Maureen		0220

Residential Street Address	City	State	Zip Code
9 Crescent Cir	Bluffton	SC	29910

Principal Occupation	Name of Employer
Retirred	Retired

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 01/29/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Loebick	Benjamin		0219

Residential Street Address	City	State	Zip Code
8 Forest Ave	North Haven	CT	06473

Principal Occupation	Name of Employer
Manager	United Illuminating

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 01/29/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Cupo	Ellen		0218

Residential Street Address	City	State	Zip Code
20 Brown St	New Haven	CT	06511

Principal Occupation	Name of Employer
Senior Administrative Assistant	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: $5.00

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

If yes, list Event #

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

Date Received: 01/29/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Pierson	Sue		0217

Residential Street Address	City	State	Zip Code
25 Mettler Dr	Wallingford	CT	06492

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 01/29/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Mandato for the 34th

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Gambardella	Rosalind		0216

Residential Street Address	City	State	Zip Code
1014 Hartford Tpke	North Haven	CT	06473

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 01/29/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Viscio	Emilio		0215

Residential Street Address	City	State	Zip Code
64 Crowell St	Haverhill	MA	01830

Principal Occupation	Name of Employer
Graphic Designer	MA

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 01/30/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Ingarra	James		0214

Residential Street Address	City	State	Zip Code
77 Merwin Cir	Cheshire	CT	06410

Principal Occupation	Name of Employer
Developer	YNHHS

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 01/30/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Olszyk	Pamela		0213

Residential Street Address	City	State	Zip Code
1954 Hartford Tpke	North Haven	CT	06473

Principal Occupation	Name of Employer
Fitness director	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: $25.00

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

If yes, list Event #:

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

Date Received: 01/30/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Mandato for the 34th

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Kozin	Jacqueline		0212

Residential Street Address	City	State	Zip Code
235 E River Dr	East Hartford	CT	06108

Principal Occupation	Name of Employer
Campaign Consultant	Jacqueline Kozin

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 01/30/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Labrador	Colette		0211

Residential Street Address	City	State	Zip Code
60 E 17th St	Brooklyn	NY	11218

Principal Occupation	Name of Employer
Administrator	Research Foundation of CUNY

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 01/30/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Grieveson	Alison		0209

Residential Street Address	City	State	Zip Code
35 Buell St	North Haven	CT	06473

Principal Occupation	Name of Employer
Design Director	Alphabet Academy

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 01/30/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Shoudy	Elizabeth		0208

Residential Street Address	City	State	Zip Code
36 Sycamore Dr	Durham	CT	06422

Principal Occupation	Name of Employer
Retired	None

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 01/30/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
McCormack	**Traci**		**0308**

Residential Street Address	City	State	Zip Code
18 Goodwill Rd	**North Haven**	**CT**	**06473**

Principal Occupation	Name of Employer
Claims processor	**Knights of Columbus**

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

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

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

Amount of Contribution: **$25.00**

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

If yes, list Event #

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

Date Received: **01/30/2026**

Aggregate Contributions: **$25.00**

Last Name	First	MI	Contribution ID #
Fontana	Stephen		0207

Residential Street Address	City	State	Zip Code
23 Angel Pl	North Haven	CT	06473

Principal Occupation	Name of Employer
Director of Economic Development	City of West Haven, CT

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

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

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

Amount of Contribution: $340.00

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

If yes, list Event #

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

Date Received: 01/31/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Caldwell	Chris		0206

Residential Street Address	City	State	Zip Code
105 Wallace Row	Wallingford	CT	06492-3138

Principal Occupation	Name of Employer
Actuary	Astrana Health

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 01/31/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Feinberg	Gerald		0205

Residential Street Address	City	State	Zip Code
34 Brockett Farm Rd	North Haven	CT	06473

Principal Occupation	Name of Employer
attorney	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: $25.00

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

If yes, list Event #

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

Date Received: 01/31/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Feinberg	Barbara		0204

Residential Street Address	City	State	Zip Code
34 Brockett Farm Rd	North Haven	CT	06473

Principal Occupation	Name of Employer
retired	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: $25.00

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

If yes, list Event #

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

Date Received: 01/31/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Muguerza	Renato		0203

Residential Street Address	City	State	Zip Code
27 Ellington St	Hartford	CT	06106

Principal Occupation	Name of Employer
Legislative aide	City of hartford

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 01/31/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Crotty	Michael		0202

Residential Street Address	City	State	Zip Code
802 Federal Rd	Brookfield	CT	06804

Principal Occupation	Name of Employer
Organizer	4Cs

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 01/31/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Imes	Kathryn		0201

Residential Street Address	City	State	Zip Code
10 Bishop St	North Haven	CT	06473

Principal Occupation	Name of Employer
Speech language pathologist	TheraCare

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 01/31/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Mandato for the 34th

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Guglielmo	Michele		0200

Residential Street Address	City	State	Zip Code
26 Curtis Ct	North Haven	CT	06473

Principal Occupation	Name of Employer
Teacher	NA

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 01/31/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
magnuson	Stephanie		0199

Residential Street Address	City	State	Zip Code
7 Manor Dr	North Haven	CT	06473

Principal Occupation	Name of Employer
Higher Education Administration	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: $200.00

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

If yes, list Event #

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

Date Received: 01/31/2026

Aggregate Contributions: $200.00

Last Name	First	MI	Contribution ID #
Cardillo	Chad		0198

Residential Street Address	City	State	Zip Code
158 Hillcrest Ter	Meriden	CT	06450

Principal Occupation	Name of Employer
Teacher	Meriden BOE

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 01/31/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Hickey	Kevin		0197

Residential Street Address	City	State	Zip Code
1805 San Jose Ave Apt 2	San Francisco	CA	94112

Principal Occupation	Name of Employer
Nonprofit manager	San Francisco State University

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 01/31/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Mandato for the 34th

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Villani	Jason		0196

Residential Street Address	City	State	Zip Code
47 Parker Farms Rd	Wallingford	CT	06492

Principal Occupation	Name of Employer
Librarian	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: $25.00

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

If yes, list Event #

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

Date Received: 02/01/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Fontaine	Daniel		0195

Residential Street Address	City	State	Zip Code
2 Martin Trl	Wallingford	CT	06492

Principal Occupation	Name of Employer
Software Developer	Catalyst Insight LLC

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

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

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

Amount of Contribution: $200.00

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

If yes, list Event #

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

Date Received: 02/01/2026

Aggregate Contributions: $200.00

Last Name	First	MI	Contribution ID #
Sargent	Brian		0194

Residential Street Address	City	State	Zip Code
43 Lexington Gdns	North Haven	CT	06473

Principal Occupation	Name of Employer
Professor	University of Massachusetts Amherst

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 02/01/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Cohen	Kim		0193

Residential Street Address	City	State	Zip Code
55 Tokeneke Dr	North Haven	CT	06473

Principal Occupation	Name of Employer
Teacher	New Haven Public Schools

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

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

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

Amount of Contribution: $340.00

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

If yes, list Event #

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

Date Received: 02/01/2026

Aggregate Contributions: $340.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Mandato for the 34th

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Grazioplene	Rachael		0192

Residential Street Address	City	State	Zip Code
171 Maple Ave	North Haven	CT	06473

Principal Occupation	Name of Employer
Research Scientist	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: $100.00

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

If yes, list Event #

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

Date Received: 02/01/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Beacom	Elizabeth		0191

Residential Street Address	City	State	Zip Code
27 Hartley St	North Haven	CT	06473

Principal Occupation	Name of Employer
writer	Southern CT State University

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 02/01/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Beacom	Matthew		0190

Residential Street Address	City	State	Zip Code
27 Hartley St	North Haven	CT	06473

Principal Occupation	Name of Employer
Librarian	Yale

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 02/01/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
DeChello	Kathy		0189

Residential Street Address	City	State	Zip Code
15 Oak Grove Rd	East Haven	CT	06512

Principal Occupation	Name of Employer
Radiologic Technologist	Yale New Haven Hospital

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 02/01/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Mandato for the 34th

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Hogarth	Pamela		0188

Residential Street Address	City	State	Zip Code
20 Bernadette Ln	Durham	CT	06422

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #

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

Date Received: 02/02/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Hogarth	John		0187

Residential Street Address	City	State	Zip Code
20 Bernadette Ln	Durham	CT	06422

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #

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

Date Received: 02/02/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
mooney	whitney		0186

Residential Street Address	City	State	Zip Code
1015 N Main Street Ext	Wallingford	CT	06492

Principal Occupation	Name of Employer
Director of development	Middlesex United way

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 02/04/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Balay	Christopher		0185

Residential Street Address	City	State	Zip Code
79 Middlefield Rd .	Durham	CT	06422

Principal Occupation	Name of Employer
Director of IT	PEZ Candy Inc.

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #

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

Date Received: 02/05/2026

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Gifford	Holly		0184

Residential Street Address	City	State	Zip Code
230 Clintonville Ln	North Haven	CT	06473

Principal Occupation	Name of Employer
Registered nurse	Bridgeport hospital

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 02/06/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Lendroth	Donna		0183

Residential Street Address	City	State	Zip Code
63 Augur Road Ext	Northford	CT	06472

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 02/06/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
olszyk	Adam		0182

Residential Street Address	City	State	Zip Code
42 King St	Wallingford	CT	06492

Principal Occupation	Name of Employer
Clinical supervisor	Apt foundation

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 02/11/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Nastri	Pasquale		0181

Residential Street Address	City	State	Zip Code
3 Crystal Ln	Wallingford	CT	06492-2165

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 02/11/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Mandato for the 34th

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Bannon	Judy		0180

Residential Street Address	City	State	Zip Code
28 Forest View Rd	Northford	CT	06472

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 02/11/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Gouin	Kristen		0179

Residential Street Address	City	State	Zip Code
20 Del Ave	North Haven	CT	06473

Principal Occupation	Name of Employer
Teacher	Meriden Board of Education

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 02/11/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Morgenstein	Larry		0178

Residential Street Address	City	State	Zip Code
177 S Main St	Wallingford	CT	06492-4207

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 02/11/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Cella	Lynn		0177

Residential Street Address	City	State	Zip Code
9 Lendler Ln	Wallingford	CT	06492

Principal Occupation	Name of Employer
Other	Retired

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 02/11/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Mandato for the 34th

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Martin	Karen		0176

Residential Street Address	City	State	Zip Code
15 Oak Grove Rd	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 02/12/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Rostkowski	Amanda		0175

Residential Street Address	City	State	Zip Code
130 Tokeneke Dr	North Haven	CT	06473

Principal Occupation	Name of Employer
Physician	Comprehensive GYN of CT

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

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

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

Amount of Contribution: $340.00

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

If yes, list Event #

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

Date Received: 02/12/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Reynolds	Christine		0174

Residential Street Address	City	State	Zip Code
850 Old Durham Rd	Wallingford	CT	06492

Principal Occupation	Name of Employer
Practice manager	Child & Family Psychotherapy Center

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 02/12/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Reynolds	Jesse		0173

Residential Street Address	City	State	Zip Code
850 Old Durham Rd	Wallingford	CT	06492

Principal Occupation	Name of Employer
Biostatistician	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: $5.00

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

If yes, list Event #

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

Date Received: 02/12/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Varrone-Lederle	Anne		0172

Residential Street Address	City	State	Zip Code
344 Main St	Wallingford	CT	06492

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 02/12/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Storck	Sandra		0171

Residential Street Address	City	State	Zip Code
231 Highland Ave	Wallingford	CT	06492

Principal Occupation	Name of Employer
clinical site coordinator	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: $25.00

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

If yes, list Event #

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

Date Received: 02/12/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Storck	Edward		0170

Residential Street Address	City	State	Zip Code
231 Highland Ave	Wallingford	CT	06492

Principal Occupation	Name of Employer
Attorney	Freeman Mathis & Gary, LLP

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 02/12/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Walker	Clint		0169

Residential Street Address	City	State	Zip Code
28 Robin Ct	North Haven	CT	06473

Principal Occupation	Name of Employer
IT/AV Technician	CT

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #

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

Date Received: 02/12/2026

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Mandato for the 34th

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Hoffman	Henry		0168

Residential Street Address	City	State	Zip Code
35 Carr St	Wallingford	CT	06492

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 02/12/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Bellmore	Lisa-Marie		0167

Residential Street Address	City	State	Zip Code
103 Staffordshire Commons Dr	Wallingford	CT	06492

Principal Occupation	Name of Employer
Advertising	CT

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 02/12/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Amore	Scott		0166

Residential Street Address	City	State	Zip Code
13 Jenna Rd	Wallingford	CT	06492

Principal Occupation	Name of Employer
Media Production	Scott N. Amore

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 02/12/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Villone	Craig		0165

Residential Street Address	City	State	Zip Code
60 Elika Rd	Wallingford	CT	06492

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $30.00

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

If yes, list Event #

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

Date Received: 02/12/2026

Aggregate Contributions: $30.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Simiola	Toni Ann		0164

Residential Street Address	City	State	Zip Code
112 Frank St	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	No

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 02/12/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Bourgault	Kristen		0163

Residential Street Address	City	State	Zip Code
837 Clintonville Rd	Wallingford	CT	06492

Principal Occupation	Name of Employer
College Professor	Quinnipiac University

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

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

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

Amount of Contribution: $20.00

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

If yes, list Event #

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

Date Received: 02/13/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Holcomb	Katherine		0162

Residential Street Address	City	State	Zip Code
10 Cannonball Rd	North Haven	CT	06473

Principal Occupation	Name of Employer
Retired	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: $50.00

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

If yes, list Event #

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

Date Received: 02/13/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Voss	Michele		0161

Residential Street Address	City	State	Zip Code
40 High St	Wallingford	CT	06492

Principal Occupation	Name of Employer
Clinical trial manager	Pfizer

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 02/13/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Mandato for the 34th

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
kirwan	amy		0160

Residential Street Address	City	State	Zip Code
481 N Main St	Wallingford	CT	06492

Principal Occupation: accountant

Name of Employer: Connecticut

Is contributor a principal of a state contractor or prospective state contractor? [ ] Yes [X] No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [X] No

Amount of Contribution: $5.00

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

If yes, list Event #:

Method of contribution: [ ] Cash [ ] Personal Check [ ] Money Order [X] Credit/Debit Card

Date Received: 02/13/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Reynolds	Deborah		0159

Residential Street Address	City	State	Zip Code
844 Old Durham Rd	Wallingford	CT	06492

Principal Occupation: Business data analyst

Name of Employer: Hartford insurance

Is contributor a principal of a state contractor or prospective state contractor? [ ] Yes [X] No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [X] No

Amount of Contribution: $5.00

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

If yes, list Event #:

Method of contribution: [ ] Cash [ ] Personal Check [ ] Money Order [X] Credit/Debit Card

Date Received: 02/13/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
bowers	Amy		0158

Residential Street Address	City	State	Zip Code
9 Collett St	North Haven	CT	06473

Principal Occupation: Teacher

Name of Employer: CT

Is contributor a principal of a state contractor or prospective state contractor? [ ] Yes [X] No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [X] No

Amount of Contribution: $5.00

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

If yes, list Event #:

Method of contribution: [ ] Cash [ ] Personal Check [ ] Money Order [X] Credit/Debit Card

Date Received: 02/14/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Johnson	Alex		0157

Residential Street Address	City	State	Zip Code
50 Fallon Dr	North Haven	CT	06473

Principal Occupation: Senior Aid, Dog Walker, Rideshare Driver

Name of Employer: Senior Helpers , Wag, Self Employed Dog Walker, Ub

Is contributor a principal of a state contractor or prospective state contractor? [ ] Yes [X] No

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [X] No

Amount of Contribution: $5.00

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

If yes, list Event #:

Method of contribution: [ ] Cash [ ] Personal Check [ ] Money Order [X] Credit/Debit Card

Date Received: 02/15/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Tolisano	Heather Tolisano		0156

Residential Street Address	City	State	Zip Code
68 Frost Dr	North Haven	CT	06473

Principal Occupation	Name of Employer
RN	YNHH

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 02/15/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Gill	Nicholas	A	0287

Residential Street Address	City	State	Zip Code
108 Grove Rd	North Haven	CT	06473

Principal Occupation	Name of Employer
Insurance Principal Examiner	State of CT Insurance Dept

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

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

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

Amount of Contribution: $20.00

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

If yes, list Event #:

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

Date Received: 02/16/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Pope	Jennifer		0155

Residential Street Address	City	State	Zip Code
37 Woodstock Rd	Hamden	CT	06517

Principal Occupation	Name of Employer
Clinical Research Manager	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: $25.00

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

If yes, list Event #:

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

Date Received: 02/17/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Gorvine	Tara		0154

Residential Street Address	City	State	Zip Code
23 Elmwood Rd	Wallingford	CT	06492

Principal Occupation	Name of Employer
Donor relations	Unemployeed

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 02/18/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Mandato for the 34th

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Kowerko	Irene		0153

Residential Street Address	City	State	Zip Code
75 Brentwood Dr	Wallingford	CT	06492

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 02/19/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
~~Bohen~~	~~Kim~~		~~0152~~

Residential Street Address	City	State	Zip Code
~~9 Self Ct~~	~~Wallingford~~	~~CT~~	~~06492~~

Principal Occupation	Name of Employer
~~nonprofit consulting~~	~~Self-employed consultant~~

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

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

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

Amount of Contribution: ~~$25.00~~

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

If yes, list Event #

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

Date Received: ~~02/19/2026~~

Aggregate Contributions: ~~$50.00~~

Last Name	First	MI	Contribution ID #
Greco	Stephen		0151

Residential Street Address	City	State	Zip Code
56 South Ave	North Haven	CT	06473

Principal Occupation	Name of Employer
Manager	Adobe

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 02/19/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Olszyk	Peter		0150

Residential Street Address	City	State	Zip Code
1979 Hartford Tpke	North Haven	CT	06473

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 02/19/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Mandato for the 34th

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Olszyk	Deborah		0149

Residential Street Address	City	State	Zip Code
1979 Hartford Tpke	North Haven	CT	06473

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 02/19/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Bohen	**Kim**		**0152**

Residential Street Address	City	State	Zip Code
9 Self Ct	**Wallingford**	**CT**	**06492**

Principal Occupation	Name of Employer
nonprofit consulting	**Thinking Caps 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: **$25.00**

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

If yes, list Event #:

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

Date Received: **02/19/2026**

Aggregate Contributions: **$25.00**

Last Name	First	MI	Contribution ID #
M Kohan	Jeffrey		0148

Residential Street Address	City	State	Zip Code
10 Whispering Pines Dr	Wallingford	CT	06492

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 02/20/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Fritzel	Katrina		0147

Residential Street Address	City	State	Zip Code
5 North Ave	North Haven	CT	06473

Principal Occupation	Name of Employer
Admin	Elevance

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

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

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

Amount of Contribution: $30.00

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

If yes, list Event #:

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

Date Received: 02/20/2026

Aggregate Contributions: $30.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Mandato for the 34th

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Leamon	Scott		0146

Residential Street Address	City	State	Zip Code
11 Justine Dr	North Haven	CT	06473

Principal Occupation	Name of Employer
Land Surveyor	Town of Fairfield

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received	Aggregate Contributions
02/21/2026	$5.00

Last Name	First	MI	Contribution ID #
Leamon	Lisa		0145

Residential Street Address	City	State	Zip Code
11 Justine Dr	North Haven	CT	06473

Principal Occupation	Name of Employer
Financial Analyst	Jack Henry and Associates

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received	Aggregate Contributions
02/21/2026	$25.00

Last Name	First	MI	Contribution ID #
Kleinman	Jayne		0144

Residential Street Address	City	State	Zip Code
1298 Hartford Tpke	North Haven	CT	06473

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received	Aggregate Contributions
02/21/2026	$25.00

Last Name	First	MI	Contribution ID #
Krzmarzick	Jamie		0143

Residential Street Address	City	State	Zip Code
73 Lexington Gdns	North Haven	CT	06473

Principal Occupation	Name of Employer
Nurse Practitioner	Sevi Health

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received	Aggregate Contributions
02/23/2026	$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Gifford	Jason		0142

Residential Street Address	City	State	Zip Code
230 Clintonville Ln	North Haven	CT	06473

Principal Occupation	Name of Employer
Barista	Dunkin

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 02/24/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Ahern	Kieran		0141

Residential Street Address	City	State	Zip Code
23 George St	North Haven	CT	06473

Principal Occupation	Name of Employer
Analyst	Tabors Caramanis Rudkevich

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 02/25/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Leamon	Jane		0140

Residential Street Address	City	State	Zip Code
11 Justine Dr	North Haven	CT	06473

Principal Occupation	Name of Employer
Student	Student

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 02/25/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
~~gill~~	~~Kriste~~		~~0139~~

Residential Street Address	City	State	Zip Code
~~108 Grove Rd~~	~~North Haven~~	~~CT~~	~~06473~~

Principal Occupation	Name of Employer
~~slp~~	~~hamden public y~~

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

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

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

Amount of Contribution: ~~$50.00~~

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

If yes, list Event #

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

Date Received: ~~02/25/2026~~

Aggregate Contributions: ~~$100.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Mandato for the 34th

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Leamon	Hannah		0138

Residential Street Address	City	State	Zip Code
11 Justine Dr	North Haven	CT	06473

Principal Occupation	Name of Employer
Student	Student

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 02/25/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Gifford	Stephen		0137

Residential Street Address	City	State	Zip Code
230 Clintonville Ln	North Haven	CT	06473

Principal Occupation	Name of Employer
HR Director	RFS Technology

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 02/25/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Meszaros	Isaac		0136

Residential Street Address	City	State	Zip Code
19 King Arthur Ct	North Haven	CT	06473

Principal Occupation	Name of Employer
Middle School Student	Middle School Student

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 02/25/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Gill	**Kriste**		**0139**

Residential Street Address	City	State	Zip Code
108 Grove Rd	**North Haven**	**CT**	**06473**

Principal Occupation	Name of Employer
Speech Language Pathologist	**hamden public**

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

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

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

Amount of Contribution: **$50.00**

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

If yes, list Event #

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

Date Received: **02/25/2026**

Aggregate Contributions: **$50.00**

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Hackett	Shayna		0135

Residential Street Address	City	State	Zip Code
72 Shawmut Ave	North Haven	CT	06473

Principal Occupation	Name of Employer
Marketing Manager	Medtronic

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 02/27/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Bromley	Sarah		0134

Residential Street Address	City	State	Zip Code
27 Norway St	Milford	CT	06461

Principal Occupation	Name of Employer
Preschool Teacher	Bright Horizons

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 02/27/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Womble	Sabrina		0133

Residential Street Address	City	State	Zip Code
42 Gene St	East Haven	CT	06513

Principal Occupation	Name of Employer
Marcom contractor	Marcom Contractor

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

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

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

Amount of Contribution: $15.00

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

If yes, list Event #

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

Date Received: 02/28/2026

Aggregate Contributions: $15.00

Last Name	First	MI	Contribution ID #
Grotzke	Amy		0132

Residential Street Address	City	State	Zip Code
52 Northside Rd	North Haven	CT	06473

Principal Occupation	Name of Employer
Higher Education Administration	Southern Connecticut State University

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 03/01/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Mandato for the 34th

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Grotzke	Jeffrey		0131

Residential Street Address	City	State	Zip Code
52 Northside Rd	North Haven	CT	06473

Principal Occupation	Name of Employer
Scientist	Arvinas

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 03/01/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Grotzke	Lucy		0130

Residential Street Address	City	State	Zip Code
52 Northside Rd	North Haven	CT	06473

Principal Occupation	Name of Employer
Student	Student

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 03/01/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Grotzke	Grant		0129

Residential Street Address	City	State	Zip Code
52 Northside Rd	North Haven	CT	06473

Principal Occupation	Name of Employer
Student	Student

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 03/01/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Marra	Jennifer		0128

Residential Street Address	City	State	Zip Code
75 Redwood Dr	East Haven	CT	06513

Principal Occupation	Name of Employer
Project manager	Merck

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 03/02/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Quinn	**Kathleen**		**0289**

Residential Street Address	City	State	Zip Code
42 Cortina Rd	**East Haven**	**CT**	**06513**

Principal Occupation	Name of Employer
Retired	**Retired**

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

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

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

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
03/02/2026	**$20.00**	**$20.00**

Last Name	First	MI	Contribution ID #
DePalma	Richard		0295

Residential Street Address	City	State	Zip Code
10 Seaview Ave	East Haven	CT	06512

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
03/02/2026	$10.00	$10.00

Last Name	First	MI	Contribution ID #
Hedley	Tina Marie		0294

Residential Street Address	City	State	Zip Code
84 Landing Pl	East Haven	CT	06512

Principal Occupation	Name of Employer
Information Technology	Town of East Haven

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

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

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

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
03/02/2026	$20.00	$20.00

Last Name	First	MI	Contribution ID #
Stricker	Sam		0293

Residential Street Address	City	State	Zip Code
19 Angela Dr	East Haven	CT	06512

Principal Occupation	Name of Employer

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

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

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

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
03/02/2026	$40.00	$40.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Mandato for the 34th

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Carfora	Joseph	A	0292

Residential Street Address	City	State	Zip Code
142 Barberry Rd	East Haven	CT	06473

Principal Occupation	Name of Employer
Mayor	Town of East Haven

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

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

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

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

If yes, list Event #:

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

Date Received	Aggregate Contributions	Amount of Contribution
03/02/2026	$50.00	$50.00

Last Name	First	MI	Contribution ID #
Lieber	Matthew	A	0291

Residential Street Address	City	State	Zip Code
18 Hampton Rd	East Haven	CT	06512

Principal Occupation	Name of Employer
Education Coach	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

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

If yes, list Event #:

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

Date Received	Aggregate Contributions	Amount of Contribution
03/02/2026	$20.00	$20.00

Last Name	First	MI	Contribution ID #
Santiago	Erika	L	0290

Residential Street Address	City	State	Zip Code
52 Elm St	East Haven	CT	06512

Principal Occupation	Name of Employer
Receptionist	Hamden Pediatrics

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

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

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

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

If yes, list Event #:

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

Date Received	Aggregate Contributions	Amount of Contribution
03/02/2026	$20.00	$20.00

Last Name	First	MI	Contribution ID #
~~Quinn~~	~~Kathleen~~		~~0289~~

Residential Street Address	City	State	Zip Code
~~42 Cortina Rd~~	~~East Haven~~	~~CT~~	~~06513~~

Principal Occupation	Name of Employer
~~Retired~~	~~Retired~~

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

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

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

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

If yes, list Event #:

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

Date Received	Aggregate Contributions	Amount of Contribution
~~03/02/2026~~	~~$45.00~~	~~$25.00~~

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Clough	Noreen	E	0288

Residential Street Address	City	State	Zip Code
32 Chidsey Ave	East Haven	CT	06512

Principal Occupation	Name of Employer
Accounting Manager	RC Bigelow

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

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

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

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
03/02/2026	$25.00	$25.00

Last Name	First	MI	Contribution ID #
Krzmarzick	Dan		0127

Residential Street Address	City	State	Zip Code
73 Lexington Gdns	North Haven	CT	06473

Principal Occupation	Name of Employer
CFO	Revology

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

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

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

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
03/04/2026	$100.00	$100.00

Last Name	First	MI	Contribution ID #
Reding	Ashley		0126

Residential Street Address	City	State	Zip Code
10 Sea Hill Rd	North Branford	CT	06471

Principal Occupation	Name of Employer
Policy and Legal Analyst	State of Connecticut

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

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

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

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
03/05/2026	$50.00	$50.00

Last Name	First	MI	Contribution ID #
Byron	Kerri		0125

Residential Street Address	City	State	Zip Code
151 Maple Ave	North Haven	CT	06473

Principal Occupation	Name of Employer
Speech language pathologist	CT childrenâ€™s

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

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

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

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
03/06/2026	$25.00	$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Mandato for the 34th

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Hyland	Rebecca		0124

Residential Street Address	City	State	Zip Code
18 Haller Pl	Wallingford	CT	06492

Principal Occupation	Name of Employer
homemaker	homemaker

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 03/07/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Hyland	Benjamin		0123

Residential Street Address	City	State	Zip Code
18 Haller Pl	Wallingford	CT	06492

Principal Occupation	Name of Employer
Financial Advisor	Prudential

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 03/07/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Kovacs	Rita C.		0122

Residential Street Address	City	State	Zip Code
105 Grandview Ave	Wallingford	CT	06492

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 03/07/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Camp	Dana		0121

Residential Street Address	City	State	Zip Code
46 N Airline Rd	Wallingford	CT	06492

Principal Occupation	Name of Employer
IT Professional	unemployed

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 03/07/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Mandato for the 34th

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Roeder	Caitlin		0120

Residential Street Address	City	State	Zip Code
6 Netto Ln	Plainview	NY	11803

Principal Occupation: Social worker

Name of Employer: CN Guidance

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #:

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

Date Received: 03/07/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Fusco	Michael		0119

Residential Street Address	City	State	Zip Code
562 New Haven Rd	Durham	CT	06422

Principal Occupation: Attorney

Name of Employer: Travelers

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 03/07/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Graves	**Jenny**		**0307**

Residential Street Address	City	State	Zip Code
22 George St	**North Haven**	**CT**	**06473**

Principal Occupation: **Public School Teacher**

Name of Employer: **City of New Haven**

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

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

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

Amount of Contribution: **$50.00**

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

If yes, list Event #:

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

Date Received: **03/07/2026**

Aggregate Contributions: **$50.00**

Last Name	First	MI	Contribution ID #
Quick	Kenneth	M	0257

Residential Street Address	City	State	Zip Code
5 Hamilton St	North Haven	CT	06473

Principal Occupation: Sales

Name of Employer: Presidio

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

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

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

Amount of Contribution: $340.00

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

If yes, list Event #:

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

Date Received: 03/07/2026

Aggregate Contributions: $340.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Quick	Cheryl	M	0256

Residential Street Address	City	State	Zip Code
5 Hamilton St	North Haven	CT	06473

Principal Occupation	Name of Employer
Teacher	Stratford Board of Education

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

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

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

Amount of Contribution: $340.00

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

If yes, list Event #:

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

Date Received	Aggregate Contributions
03/08/2026	$340.00

Last Name	First	MI	Contribution ID #
Mushinsky	Mary		0111

Residential Street Address	City	State	Zip Code
188 S Cherry St .	Wallingford	CT	06492

Principal Occupation	Name of Employer
Legislator	State of CT

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

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

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

Amount of Contribution: $30.00

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

If yes, list Event #:

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

Date Received	Aggregate Contributions
03/08/2026	$55.00

Last Name	First	MI	Contribution ID #
Forline	KATHARINE		0110

Residential Street Address	City	State	Zip Code
957 New Haven Rd	Durham	CT	06422

Principal Occupation	Name of Employer
Massage Therapist	Move2Joy LLC

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

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

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

Amount of Contribution: $15.00

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

If yes, list Event #:

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

Date Received	Aggregate Contributions
03/08/2026	$15.00

Last Name	First	MI	Contribution ID #
Tipping	Nancy		0109

Residential Street Address	City	State	Zip Code
78 Alling Rd	Northford	CT	06472

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received	Aggregate Contributions
03/08/2026	$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Mandato for the 34th

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Good	Michael		0108

Residential Street Address	City	State	Zip Code
375 Haddam Quarter Rd	Durham	CT	06422

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 03/08/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Lynch	Joyce		0107

Residential Street Address	City	State	Zip Code
7 Clearview Dr	Wallingford	CT	06492

Principal Occupation	Name of Employer
Retired teacher	Retired

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #:

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

Date Received: 03/08/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Conroy	Bruce		0106

Residential Street Address	City	State	Zip Code
13 Burke Heights Dr	Wallingford	CT	06492

Principal Occupation	Name of Employer
Union Carpenter	Brownstone Construction

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 03/08/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Howe	William Clay		0105

Residential Street Address	City	State	Zip Code
79 Main St	Durham	CT	06422-2101

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 03/08/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Cheyney	Karen		0118

Residential Street Address	City	State	Zip Code
60 Guire Rd	Durham	CT	06422

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 03/08/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
perinetti	jeffrey		0117

Residential Street Address	City	State	Zip Code
57 Sand Plain Rd	Charlestown	RI	02813

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $200.00

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

If yes, list Event #

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

Date Received: 03/08/2026

Aggregate Contributions: $200.00

Last Name	First	MI	Contribution ID #
Grechika	Nicole		0116

Residential Street Address	City	State	Zip Code
12 Rachel Ct	Killingworth	CT	06419

Principal Occupation	Name of Employer
Social work	AASCC

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 03/08/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Williams	Leslie		0115

Residential Street Address	City	State	Zip Code
595 Woodhouse Ave	Wallingford	CT	06492

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 03/08/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Mandato for the 34th

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Nastri	Pasquale		0114

Residential Street Address	City	State	Zip Code
3 Crystal Ln	Wallingford	CT	06492-2165

Principal Occupation	Name of Employer
Unemployed	Unemployed

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 03/08/2026

Aggregate Contributions: $30.00

Last Name	First	MI	Contribution ID #
Gorvine	Tara		0113

Residential Street Address	City	State	Zip Code
23 Elmwood Rd	Wallingford	CT	06492

Principal Occupation	Name of Employer
Unemployed	Unemployeed

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 03/08/2026

Aggregate Contributions: $30.00

Last Name	First	MI	Contribution ID #
Morgenstein	Gina		0112

Residential Street Address	City	State	Zip Code
177 S Main St	Wallingford	CT	06492

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 03/08/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Good	Susan		0104

Residential Street Address	City	State	Zip Code
375 Haddam Quarter Rd	Durham	CT	06422

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 03/09/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Gabriele	Maureen		0103

Residential Street Address	City	State	Zip Code
9 Crescent Cir	Bluffton	SC	29910

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 03/09/2026

Aggregate Contributions: $75.00

Last Name	First	MI	Contribution ID #
Benham	Richard		0102

Residential Street Address	City	State	Zip Code
41 S Main St	Wallingford	CT	06492

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 03/09/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Gifford	Matthew		0101

Residential Street Address	City	State	Zip Code
230 Clintonville Ln	North Haven	CT	06473

Principal Occupation	Name of Employer
none	none

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 03/09/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Miller	Brian		0100

Residential Street Address	City	State	Zip Code
108 Colonial Hill Dr	Wallingford	CT	06492

Principal Occupation	Name of Employer
City Planner	Miller Planning Group

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 03/09/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
LaFrance-Proscino	Frances		0099

Residential Street Address	City	State	Zip Code
14 Jackson Ave	Wallingford	CT	06492

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $75.00

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

If yes, list Event #

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

Date Received: 03/09/2026

Aggregate Contributions: $75.00

Last Name	First	MI	Contribution ID #
Roberts	Jeff		0098

Residential Street Address	City	State	Zip Code
668 Russell St	New Haven	CT	06513

Principal Occupation	Name of Employer
Sales	Redding Audio LLC

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 03/09/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Chaplin	Merv		0097

Residential Street Address	City	State	Zip Code
20 Bowling Green Dr	North Haven	CT	06473-1408

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/09/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Dihlman	Eric		0096

Residential Street Address	City	State	Zip Code
31 Apple St	Wallingford	CT	06492

Principal Occupation	Name of Employer
Compliance Advisor Senior Manager	Capital One Financial Corporation

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/10/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Mandato for the 34th

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Hionis	Christos		0095

Residential Street Address	City	State	Zip Code
31 Apple St	Wallingford	CT	06492

Principal Occupation	Name of Employer
Senior Administrative Assistant	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: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/10/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Novelo	Henry		0094

Residential Street Address	City	State	Zip Code
18 Westlyn Dr	Bardonia	NY	10954

Principal Occupation	Name of Employer
Sales	KonnectOne

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/10/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Quarello	James		0093

Residential Street Address	City	State	Zip Code
28 Edgewood Dr	Wallingford	CT	06492

Principal Occupation	Name of Employer
Home inspector	JRV Home Inspection Svcs., LLC

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/10/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Smith	George		0092

Residential Street Address	City	State	Zip Code
8 Maplevale Rd	East Haven	CT	06512

Principal Occupation	Name of Employer
Management	A&G Cleaning Agents

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/10/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Mandato for the 34th

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Warden	Tara		0091

Residential Street Address	City	State	Zip Code
163 S End Rd	East Haven	CT	06512

Principal Occupation	Name of Employer
Client success specialist	MPulse Mobile, Inc

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $15.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/10/2026

Aggregate Contributions: $15.00

Last Name	First	MI	Contribution ID #
Villani	Jason		0090

Residential Street Address	City	State	Zip Code
47 Parker Farms Rd	Wallingford	CT	06492

Principal Occupation	Name of Employer
Librarian	New Britain Public Library

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/10/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Allen	Lynne		0089

Residential Street Address	City	State	Zip Code
23 Dionigi Dr	Durham	CT	06422

Principal Occupation	Name of Employer
retired	retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/10/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
~~Codruta~~	~~Codruta~~		~~0088~~

Residential Street Address	City	State	Zip Code
~~8 Forest Ave~~	~~North Haven~~	~~CT~~	~~06473~~

Principal Occupation	Name of Employer
~~Manager~~	~~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: ~~$25.00~~

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: ~~03/10/2026~~

Aggregate Contributions: ~~$50.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Mandato for the 34th

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Spektor	Beth		0087

Residential Street Address	City	State	Zip Code
212 Laurel Ave	Maplewood	NJ	07040

Principal Occupation	Name of Employer
non-profit administration	JFF

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/10/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Conley	Molly		0086

Residential Street Address	City	State	Zip Code
19 King Arthur Ct	North Haven	CT	06473

Principal Occupation	Name of Employer
Psychologist	Family Strong CT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/10/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
FISCHER	David		0085

Residential Street Address	City	State	Zip Code
25 Flower Hill Rd	Poughkeepsie	NY	12603

Principal Occupation	Name of Employer
Consultant	Altior Policy Solutions

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/10/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Suvoski	David		0084

Residential Street Address	City	State	Zip Code
1979 Hartford Tpke	North Haven	CT	06473

Principal Occupation	Name of Employer
General Foreman	Century Drywall

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/10/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Mandato for the 34th

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Whalen	Jeff		0083

Residential Street Address	City	State	Zip Code
171 Maple Ave	North Haven	CT	06473

Principal Occupation: Engineer

Name of Employer: The Lee Co

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $200.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/10/2026

Aggregate Contributions: $200.00

Last Name	First	MI	Contribution ID #
Loebick	**Codruta**		**0088**

Residential Street Address	City	State	Zip Code
8 Forest Ave	**North Haven**	**CT**	**06473**

Principal Occupation: **Manager**

Name of Employer: **CT**

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: **$25.00**

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: **03/10/2026**

Aggregate Contributions: **$25.00**

Last Name	First	MI	Contribution ID #
Nappe	Angela		0297

Residential Street Address	City	State	Zip Code
315 Skiff St	North Haven	CT	06473

Principal Occupation: Student

Name of Employer: SCSU

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $20.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/10/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Nappe	Michael		0296

Residential Street Address	City	State	Zip Code
315 Skiff St	North Haven	CT	06473

Principal Occupation: Retail Sales

Name of Employer: Self Employed

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/10/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Hulten	Julie		0082

Residential Street Address	City	State	Zip Code
39 Ashlar Village Dr	Wallingford	CT	06492

Principal Occupation	Name of Employer
retired teacher	retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/11/2026

Aggregate Contributions: $125.00

Last Name	First	MI	Contribution ID #
Shuler	Brenda		0081

Residential Street Address	City	State	Zip Code
427 Williams Rd	Wallingford	CT	06492

Principal Occupation	Name of Employer
Nurse	Nursing Concepts

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/11/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Villone	Craig		0080

Residential Street Address	City	State	Zip Code
60 Elika Rd	Wallingford	CT	06492

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $30.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/11/2026

Aggregate Contributions: $60.00

Last Name	First	MI	Contribution ID #
Loebick	Benjamin		0079

Residential Street Address	City	State	Zip Code
8 Forest Ave	North Haven	CT	06473

Principal Occupation	Name of Employer
Manager	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: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/11/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Mandato for the 34th

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Balter	Joshua		0078

Residential Street Address	City	State	Zip Code
35 Red Bluff Rd	East Haven	CT	06513

Principal Occupation	Name of Employer
Attorney	Happy Even After Family Law

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/11/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Krause	Denise		0077

Residential Street Address	City	State	Zip Code
1966 Hartford Tpke	North Haven	CT	06473

Principal Occupation	Name of Employer
Retired	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: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/11/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Huizenga	Susan		0076

Residential Street Address	City	State	Zip Code
36 Surrey Dr	Wallingford	CT	06492

Principal Occupation	Name of Employer
retired	retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $12.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/12/2026

Aggregate Contributions: $12.00

Last Name	First	MI	Contribution ID #
Mooney	Sydney		0075

Residential Street Address	City	State	Zip Code
1015 N Main Ext	Wallingford	CT	06492

Principal Occupation	Name of Employer
Lead Baker	Alyssaâ€™s Cakery

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/13/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Mandato for the 34th

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Cosgrove	Jay		0074

Residential Street Address	City	State	Zip Code
103 Colonial Hill Dr	Wallingford	CT	06492

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $15.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/14/2026

Aggregate Contributions: $15.00

Last Name	First	MI	Contribution ID #
Barillaro	Nicole		0073

Residential Street Address	City	State	Zip Code
229 Hall Ave	Wallingford	CT	06492

Principal Occupation	Name of Employer
Attorney	Gambardella & Barillaro PC

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/14/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Havrilla	Alysha		0072

Residential Street Address	City	State	Zip Code
197 Cheshire Rd	Wallingford	CT	06492

Principal Occupation	Name of Employer
Bilingual Teacher	Children's Programs of CT- Center for Refugee & I

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/14/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Abbate	Rebecca		0071

Residential Street Address	City	State	Zip Code
31 N Elm St	Wallingford	CT	06492

Principal Occupation	Name of Employer
Teacher	Choate Rosemary Hall

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/14/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Mandato for the 34th

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Abbate	**Henry**		**0306**

Residential Street Address	City	State	Zip Code
31 N Elm St	**Wallingford**	**CT**	**06492**

Principal Occupation	Name of Employer
Student	**Student**

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: **$5.00**

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: **03/14/2026**

Aggregate Contributions: **$5.00**

Last Name	First	MI	Contribution ID #
Abbate	**Juliette**		**0305**

Residential Street Address	City	State	Zip Code
31 N Elm St	**Wallingford**	**CT**	**06492**

Principal Occupation	Name of Employer
Student	**Student**

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: **$5.00**

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: **03/14/2026**

Aggregate Contributions: **$5.00**

Last Name	First	MI	Contribution ID #
Abbate	**Christopher**		**0304**

Residential Street Address	City	State	Zip Code
31 N Elm St	**Wallingford**	**CT**	**06492**

Principal Occupation	Name of Employer
Student	**Student**

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: **$5.00**

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: **03/14/2026**

Aggregate Contributions: **$5.00**

Last Name	First	MI	Contribution ID #
Abbate	**Adam**		**0303**

Residential Street Address	City	State	Zip Code
31 N Elm St	**Wallingford**	**CT**	**06492**

Principal Occupation	Name of Employer
Manager	**The Walt Disney Company**

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: **$5.00**

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: **03/14/2026**

Aggregate Contributions: **$5.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Ziemba	Emily	A	0286

Residential Street Address	City	State	Zip Code
42 King St	Wallingford	CT	06492

Principal Occupation	Name of Employer
Social Worker	Boys and Girls Village

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/15/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Olseyk	Sarah	M	0285

Residential Street Address	City	State	Zip Code
6 Madelene Dr	North Haven	CT	06473

Principal Occupation	Name of Employer
Ops Manager	LTC Bridge

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/15/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Olseyk	John	T	0284

Residential Street Address	City	State	Zip Code
6 Madelene Dr	North Haven	CT	06473

Principal Occupation	Name of Employer
Teacher	Greenwich Education Group

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/15/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Foraker	Susan	G	0283

Residential Street Address	City	State	Zip Code
336 Lane St	Hamden	CT	06514

Principal Occupation	Name of Employer
Business Manager	Hamden Public Library

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $30.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/15/2026

Aggregate Contributions: $30.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Foraker	Sarah	T	0282

Residential Street Address	City	State	Zip Code
336 Lane St	Hamden	CT	06514

Principal Occupation	Name of Employer
Teacher	Hamden Board of Education

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/15/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Foraker	Albert	A	0281

Residential Street Address	City	State	Zip Code
336 Lane St	Hamden	CT	06514

Principal Occupation	Name of Employer
Dock Clerk	Amazon

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/15/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Suvoski	Aurora		0280

Residential Street Address	City	State	Zip Code
1979 Hartford Tpke	North Haven	CT	06473

Principal Occupation	Name of Employer
	Student

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $30.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/15/2026

Aggregate Contributions: $30.00

Last Name	First	MI	Contribution ID #
Mandato	Robert		0279

Residential Street Address	City	State	Zip Code
130 Coe Ave Unit 1	East Haven	CT	06512

Principal Occupation	Name of Employer
	Unemployed

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/15/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Camp	Stacy		0070

Residential Street Address	City	State	Zip Code
46 N Airline Rd	Wallingford	CT	06492

Principal Occupation	Name of Employer
Dental assistant	New Haven Oral Surgery

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received	Aggregate Contributions	Amount of Contribution
03/15/2026	$25.00	$25.00

Last Name	First	MI	Contribution ID #
Heitler	Leonora		0069

Residential Street Address	City	State	Zip Code
130 State St	North Haven	CT	06473

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received	Aggregate Contributions	Amount of Contribution
03/15/2026	$5.00	$5.00

Last Name	First	MI	Contribution ID #
Doerr	Brian		0068

Residential Street Address	City	State	Zip Code
12 Penny Ln	Wallingford	CT	06492

Principal Occupation	Name of Employer
Lab Manager	Thor Specialties

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received	Aggregate Contributions	Amount of Contribution
03/16/2026	$340.00	$335.00

Last Name	First	MI	Contribution ID #
Suvoski	Tifannie		0067

Residential Street Address	City	State	Zip Code
1979 Hartford Tpke	North Haven	CT	06473

Principal Occupation	Name of Employer
Healthcare	Whitney Center

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received	Aggregate Contributions	Amount of Contribution
03/17/2026	$5.00	$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Carmody	Samuel		0066

Residential Street Address	City	State	Zip Code
116 Center St	Wallingford	CT	06492

Principal Occupation	Name of Employer
Community Relations	Eversource Energy

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received	Aggregate Contributions	Amount of Contribution
03/17/2026	$25.00	$25.00

Last Name	First	MI	Contribution ID #
Rossacci	Melanie		0065

Residential Street Address	City	State	Zip Code
9 Platt Dr	Wallingford	CT	06492

Principal Occupation	Name of Employer
Senior Managing Consultant	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	Aggregate Contributions	Amount of Contribution
03/17/2026	$25.00	$25.00

Last Name	First	MI	Contribution ID #
Kimball	Kathleen		0064

Residential Street Address	City	State	Zip Code
212 Blue Hills Rd	North Haven	CT	06473

Principal Occupation	Name of Employer
Veterinarian	Pieper Veterinary

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received	Aggregate Contributions	Amount of Contribution
03/17/2026	$100.00	$100.00

Last Name	First	MI	Contribution ID #
Vasudevan	Divya		0063

Residential Street Address	City	State	Zip Code
43 Lexington Gdns	North Haven	CT	06473

Principal Occupation	Name of Employer
Attorney	Eversource Energy

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received	Aggregate Contributions	Amount of Contribution
03/17/2026	$100.00	$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Mandato for the 34th

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Ostroski	Chet		0062

Residential Street Address	City	State	Zip Code
24 Winding Brook Ln	Wallingford	CT	06492

Principal Occupation	Name of Employer
Sales	AstraZeneca

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received	Aggregate Contributions
03/18/2026	$50.00

Last Name	First	MI	Contribution ID #
Cella	David		0061

Residential Street Address	City	State	Zip Code
172 N Whittlesey Ave	Wallingford	CT	06492

Principal Occupation	Name of Employer
Owner	Cella Built LLC

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received	Aggregate Contributions
03/18/2026	$100.00

Last Name	First	MI	Contribution ID #
Hutchinson	Jeffrey	E	0301

Residential Street Address	City	State	Zip Code
16 Carriage Dr	Wallingford	CT	06492

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received	Aggregate Contributions
03/18/2026	$5.00

Last Name	First	MI	Contribution ID #
Wall	Kathryn		0300

Residential Street Address	City	State	Zip Code
34 Legius Rd	Wallingford	CT	06492

Principal Occupation	Name of Employer
Town Clerk	Town of Berlin

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received	Aggregate Contributions
03/18/2026	$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Wall	Timothy	S	0299

Residential Street Address	City	State	Zip Code
386 Main St	Wallingford	CT	06492

Principal Occupation	Name of Employer
State Marshal	Self CT State Marshal

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received	Aggregate Contributions	Amount of Contribution
03/18/2026	$5.00	$5.00

Last Name	First	MI	Contribution ID #
Brunell	Robert		0060

Residential Street Address	City	State	Zip Code
60 Guire Rd	Durham	CT	06422

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received	Aggregate Contributions	Amount of Contribution
03/19/2026	$10.00	$10.00

Last Name	First	MI	Contribution ID #
Swanson	Kari		0059

Residential Street Address	City	State	Zip Code
35 Potter Rd	North Haven	CT	06473

Principal Occupation	Name of Employer
Librarian/Union President	Southern Connecticut State University

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received	Aggregate Contributions	Amount of Contribution
03/19/2026	$5.00	$5.00

Last Name	First	MI	Contribution ID #
Conley	Karen		0058

Residential Street Address	City	State	Zip Code
19 King Arthur Ct	North Haven	CT	06473

Principal Occupation	Name of Employer
Registered Nurse	The Village for Families and Children

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received	Aggregate Contributions	Amount of Contribution
03/19/2026	$50.00	$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Mandato for the 34th

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
McFarlane	Jacqueline		0057

Residential Street Address	City	State	Zip Code
58 Kondracki Ln	Wallingford	CT	06492

Principal Occupation	Name of Employer
Senior Banking Analyst	Transact Campus Inc.

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/20/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Tewksbury	Michelle		0056

Residential Street Address	City	State	Zip Code
216 Columbus Ave	Meriden	CT	06451

Principal Occupation	Name of Employer
Letter Carrier	United States Postal Service

Is contributor a principal of a state contractor or prospective state contractor? ☒ Yes ☐ No

If yes, indicate which branch or branches of government the contract is with: ☒ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/20/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Miller	Brian		0055

Residential Street Address	City	State	Zip Code
108 Colonial Hill Dr	Wallingford	CT	06492

Principal Occupation	Name of Employer
City Planner	Miller Planning Group

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/20/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Piscatelli	Cynthia		0054

Residential Street Address	City	State	Zip Code
11 King Rd	Wallingford	CT	06492

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/20/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Mandato for the 34th

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Allen	Kyler		0053

Residential Street Address	City	State	Zip Code
3 Shady Dr	Wallingford	CT	06492

Principal Occupation	Name of Employer
Neuropsychologist	Hospital for Special Care

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/20/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
McNamara	Kevin		0052

Residential Street Address	City	State	Zip Code
356 S Orchard St	Wallingford	CT	06492

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/20/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Palermo	Raymond		0051

Residential Street Address	City	State	Zip Code
395 Ward St	Wallingford	CT	06492

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/20/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Cabrera	Alexander	J	0254

Residential Street Address	City	State	Zip Code
42 George St	North Haven	CT	06473

Principal Occupation	Name of Employer
Student	Student

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $30.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/21/2026

Aggregate Contributions: $30.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Cabrera	Ava	A	0253

Residential Street Address	City	State	Zip Code
42 George St	North Haven	CT	06473

Principal Occupation	Name of Employer
Student	Student

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $30.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/21/2026

Aggregate Contributions: $30.00

Last Name	First	MI	Contribution ID #
Cabrera	Christian	J	0252

Residential Street Address	City	State	Zip Code
42 George St	North Haven	CT	06473

Principal Occupation	Name of Employer
Packaging Tech	Medtronic

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/21/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Cabrera	Genevieve	M	0251

Residential Street Address	City	State	Zip Code
42 George St	North Haven	CT	06473

Principal Occupation	Name of Employer
Sr. Admin Assistant	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: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/21/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Strong	Amanda		0050

Residential Street Address	City	State	Zip Code
70 Lexington Gdns	North Haven	CT	06473

Principal Occupation	Name of Employer
Professor	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: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/22/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Mandato for the 34th

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Boyd	Melanie		0049

Residential Street Address	City	State	Zip Code
13 Cooper Rd	North Haven	CT	06473

Principal Occupation	Name of Employer
Educator	CT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/22/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
~~Hatton~~	~~Denny~~		~~0048~~

Residential Street Address	City	State	Zip Code
~~103 Daniel Dr~~	~~North Haven~~	~~CT~~	~~06473~~

Principal Occupation	Name of Employer
~~Cybersecurity~~	~~Citi~~

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: ~~$5.00~~

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: ~~03/22/2026~~

Aggregate Contributions: ~~$10.00~~

Last Name	First	MI	Contribution ID #
Burns	Julie		0047

Residential Street Address	City	State	Zip Code
15 Windsor Rd E	North Haven	CT	06473

Principal Occupation	Name of Employer
Teacher	West Haven Board of Education

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/22/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Rudikoff	Joel		0046

Residential Street Address	City	State	Zip Code
31 Lancelot Dr	North Haven	CT	06473

Principal Occupation	Name of Employer
Attorney	State of Connecticut

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/22/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Mandato for the 34th

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Mead	Alden		0045

Residential Street Address	City	State	Zip Code
200 Rimmon Rd	North Haven	CT	06473

Principal Occupation	Name of Employer
Professor	Quinnipiac university and Yale University

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/22/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Mead-Morse	Erin		0044

Residential Street Address	City	State	Zip Code
81 Collett St	North Haven	CT	06473

Principal Occupation	Name of Employer
Assistant professor	UConn Health

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/22/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Cegelka	Ashley		0043

Residential Street Address	City	State	Zip Code
67 Tennyson Ave	North Haven	CT	06473

Principal Occupation	Name of Employer
Board Certified Behavior Analyst	Full-time employed with ACES of CT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/22/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Mazzadra	Renee		0042

Residential Street Address	City	State	Zip Code
26 Postman Hwy	North Haven	CT	06473

Principal Occupation	Name of Employer
Special Education Teacher	Meliora Academy

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/22/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Carew	James		0041

Residential Street Address	City	State	Zip Code
55 Mansfield Rd	North Haven	CT	06473

Principal Occupation	Name of Employer
Retired	CT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/22/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
millen	susan		0040

Residential Street Address	City	State	Zip Code
179 Millbrook Rd	North Haven	CT	06473

Principal Occupation	Name of Employer
retired	retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/22/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Hatton	**Dennis**		**0048**

Residential Street Address	City	State	Zip Code
103 Daniel Dr	**North Haven**	**CT**	**06473**

Principal Occupation	Name of Employer
Cybersecurity	**Citi**

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: **$5.00**

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: **03/22/2026**

Aggregate Contributions: **$5.00**

Last Name	First	MI	Contribution ID #
Washington	Dana		0039

Residential Street Address	City	State	Zip Code
157 Rock Rd	North Haven	CT	06473

Principal Occupation	Name of Employer
Sales	GSK

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/23/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Mandato for the 34th

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Burns	Matthew		0038

Residential Street Address	City	State	Zip Code
15 Windsor Rd E	North Haven	CT	06473

Principal Occupation	Name of Employer
Rail Officer	State of CT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/23/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Antonecchia	Lisa		0037

Residential Street Address	City	State	Zip Code
14 Juniper Dr	North Haven	CT	06473

Principal Occupation	Name of Employer
Wedding and events professional	Ct

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/23/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Anker	Andrew		0036

Residential Street Address	City	State	Zip Code
285 Millbrook Rd	North Haven	CT	06473

Principal Occupation	Name of Employer
College professor	California State University

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/23/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
LeRoy	Nancy		0035

Residential Street Address	City	State	Zip Code
285 Millbrook Rd	North Haven	CT	06473

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/23/2026

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Rudikoff	Benjamin		0034

Residential Street Address	City	State	Zip Code
31 Lancelot Dr	North Haven	CT	06473

Principal Occupation	Name of Employer
Student	Student

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/23/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Camire	Casey		0033

Residential Street Address	City	State	Zip Code
219 S Main St	Wallingford	CT	06492

Principal Occupation	Name of Employer
Engineer	Henkel Corporation

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/23/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Wright	Suzanne		0032

Residential Street Address	City	State	Zip Code
612 Ward Street Ext	Wallingford	CT	06492

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/23/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Chelcun	Cindy		0031

Residential Street Address	City	State	Zip Code
34 White Tail Ln	Wallingford	CT	06492

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/23/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Mandato for the 34th

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Villani	Jason		0030

Residential Street Address	City	State	Zip Code
47 Parker Farms Rd	Wallingford	CT	06492

Principal Occupation	Name of Employer
Librarian	New Britain Public Library

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/23/2026

Aggregate Contributions: $75.00

Last Name	First	MI	Contribution ID #
Feinberg	Jennifer		0029

Residential Street Address	City	State	Zip Code
47 Coventry Cir	North Haven	CT	06473

Principal Occupation	Name of Employer
Homemaker	Homemaker

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/23/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Andrewsen	Raymond		0028

Residential Street Address	City	State	Zip Code
14 Colonial Dr	North Haven	CT	06473

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/23/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
McKeen	Aili		0027

Residential Street Address	City	State	Zip Code
13 Burke Heights Dr	Wallingford	CT	06492

Principal Occupation	Name of Employer
personal property specialist	North East Adjustment Co

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/23/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Mandato for the 34th

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Rowan	Austin		0026

Residential Street Address	City	State	Zip Code
837 Clintonville Rd	Wallingford	CT	06492

Principal Occupation	Name of Employer
Installer	McCann Systems

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received	Aggregate Contributions	Amount of Contribution
03/23/2026	$5.00	$5.00

Last Name	First	MI	Contribution ID #
Larocque	CHRISTOPHER		0025

Residential Street Address	City	State	Zip Code
149 Fair St	Wallingford	CT	06492

Principal Occupation	Name of Employer
GROCERY	STOP AND SHOP

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received	Aggregate Contributions	Amount of Contribution
03/23/2026	$15.00	$15.00

Last Name	First	MI	Contribution ID #
Gouin	Kristen		0024

Residential Street Address	City	State	Zip Code
20 Del Ave	North Haven	CT	06473

Principal Occupation	Name of Employer
Teacher	Meriden Board of Education

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received	Aggregate Contributions	Amount of Contribution
03/23/2026	$50.00	$25.00

Last Name	First	MI	Contribution ID #
Baraquin	September		0023

Residential Street Address	City	State	Zip Code
20 Virginia Rd	North Haven	CT	06473

Principal Occupation	Name of Employer
Teacher	Stratford BOE

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received	Aggregate Contributions	Amount of Contribution
03/23/2026	$5.00	$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Clapp	Alicia	M	0278

Residential Street Address	City	State	Zip Code
1014 Hartford Tpke	North Haven	CT	06473

Principal Occupation	Name of Employer
	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/23/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Logan	Dorothy	M	0277

Residential Street Address	City	State	Zip Code
2065 Hartford Tpke	North Haven	CT	06473

Principal Occupation	Name of Employer
	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/23/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Craig	Duncan J		0022

Residential Street Address	City	State	Zip Code
172 North St	Wallingford	CT	06492

Principal Occupation	Name of Employer
Sales	Municipal Mentor Group

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/24/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Cucinelli	Michelle		0021

Residential Street Address	City	State	Zip Code
17 Penny Ln	Wallingford	CT	06492

Principal Occupation	Name of Employer
Homemaker	Homemaker

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/24/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Esposito	Richard		0020

Residential Street Address	City	State	Zip Code
23 Pequot St	East Haven	CT	06512

Principal Occupation	Name of Employer
Gift Officer	Assumption University

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/24/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Pelletier	Julia		0019

Residential Street Address	City	State	Zip Code
22 Overlook Dr	Wallingford	CT	06492

Principal Occupation	Name of Employer
-	-

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/24/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Reed	Maureen		0018

Residential Street Address	City	State	Zip Code
89 Chapel St	Wallingford	CT	06492

Principal Occupation	Name of Employer
Admin	Town

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/24/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Amore	Scott		0017

Residential Street Address	City	State	Zip Code
13 Jenna Rd	Wallingford	CT	06492

Principal Occupation	Name of Employer
Media Production	No

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/24/2026

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Varkonda	John		0016

Residential Street Address	City	State	Zip Code
1405 Ridge Rd	North Haven	CT	06473

Principal Occupation	Name of Employer
Engineer	ABB

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/25/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Bozzo	Janis		0015

Residential Street Address	City	State	Zip Code
25 Central Ave	North Haven	CT	06473

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/26/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Buchanan	Melissa		0014

Residential Street Address	City	State	Zip Code
52 Jamestown Cir	Wallingford	CT	06492

Principal Occupation	Name of Employer
Associate Program Manager	Not needed

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/27/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Leaman	Nancy		0013

Residential Street Address	City	State	Zip Code
115 Parker Farms Rd	Wallingford	CT	06492

Principal Occupation	Name of Employer
None	Disabled

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/27/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Mandato for the 34th

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
McIntyre	Sharon		0012

Residential Street Address	City	State	Zip Code
57 Grieb Trl	Wallingford	CT	06492

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/27/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Burress	Nancy		0011

Residential Street Address	City	State	Zip Code
3 Munson Dr	Wallingford	CT	06492

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/27/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Schweikert	Tami l		0010

Residential Street Address	City	State	Zip Code
32 Cooke Rd	Wallingford	CT	06492

Principal Occupation	Name of Employer
Administrator	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: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/28/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Villone	Craig		0009

Residential Street Address	City	State	Zip Code
60 Elika Rd	Wallingford	CT	06492

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/29/2026

Aggregate Contributions: $65.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
McBlain	Sharon		0302

Residential Street Address	City	State	Zip Code
13 Forest Ct N	Hamden	CT	06518

Principal Occupation	Name of Employer
Bookseller	McBlain

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/29/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Stricker	Sam		0276

Residential Street Address	City	State	Zip Code
19 Angela Dr	East Haven	CT	06512

Principal Occupation	Name of Employer
	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $20.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/30/2026

Aggregate Contributions: $60.00

Last Name	First	MI	Contribution ID #
Ginnetti	Michael	F	0275

Residential Street Address	City	State	Zip Code
36 Dodge Ave	East Haven	CT	06512

Principal Occupation	Name of Employer
Truck Driver	Ginnetti Trucking

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $30.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/30/2026

Aggregate Contributions: $30.00

Last Name	First	MI	Contribution ID #
Hedley	Jason		0274

Residential Street Address	City	State	Zip Code
84 Landing Pl	East Haven	CT	06512

Principal Occupation	Name of Employer
	Student

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/30/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Hedley	Keith		0273

Residential Street Address	City	State	Zip Code
84 Landing Pl	East Haven	CT	06512

Principal Occupation	Name of Employer
	DOT

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/30/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Hedley	Vinny		0272

Residential Street Address	City	State	Zip Code
84 Landing Pl	East Haven	CT	06512

Principal Occupation	Name of Employer
	Student

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $15.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/30/2026

Aggregate Contributions: $15.00

Last Name	First	MI	Contribution ID #
DePalma	Patricia		0271

Residential Street Address	City	State	Zip Code
10 Seaview Ave	East Haven	CT	06512

Principal Occupation	Name of Employer
	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/30/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Mison	Judy		0270

Residential Street Address	City	State	Zip Code
12 Hilton Ave	East Haven	CT	06512

Principal Occupation	Name of Employer
Realtor	Self

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/30/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Desena	Ronald		0269

Residential Street Address	City	State	Zip Code
139 Morgan Ave	East Haven	CT	06512

Principal Occupation	Name of Employer
Clerk	Cowpers

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/30/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Barrett	Cynthia		0268

Residential Street Address	City	State	Zip Code
312 Thompson Ave	East Haven	CT	06512

Principal Occupation	Name of Employer
	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/30/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Coyle	Charles		0267

Residential Street Address	City	State	Zip Code
25 Columbus Ave	East Haven	CT	06512

Principal Occupation	Name of Employer
Supt of Public Works	Town of East Haven

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/30/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Page	Charles	B	0266

Residential Street Address	City	State	Zip Code
1 Jeffrey Rd	East Haven	CT	06513

Principal Occupation	Name of Employer
	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/30/2026

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Mandato for the 34th

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Vitale	Ann Marie		0265

Residential Street Address	City	State	Zip Code
18 Joshua's Dr	East Haven	CT	06512

Principal Occupation: Secretary

Name of Employer: Yale University

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/30/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Tarka	John Paul		0264

Residential Street Address	City	State	Zip Code
18 Joshua's Dr	East Haven	CT	06512

Principal Occupation:

Name of Employer: Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/30/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Salisbury	Paul	D	0263

Residential Street Address	City	State	Zip Code
82 Eddon Dr	East Haven	CT	06512

Principal Occupation:

Name of Employer: Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/30/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Lesco	Ashley		0262

Residential Street Address	City	State	Zip Code
23 Taylor Ave	East Haven	CT	06512

Principal Occupation: Asst Town Clerk

Name of Employer: Town of East Haven

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/30/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Mandato for the 34th

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Lesco	Anthony		0261

Residential Street Address	City	State	Zip Code
23 Taylor Ave	East Haven	CT	06512

Principal Occupation:

Name of Employer: AvParts

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/30/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Penington	Morris		0260

Residential Street Address	City	State	Zip Code
23 Taylor Ave	East Haven	CT	06512

Principal Occupation:

Name of Employer: Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/30/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Lesco	Alexandra		0259

Residential Street Address	City	State	Zip Code
23 Taylor Ave	East Haven	CT	06512

Principal Occupation: N/A

Name of Employer: Student

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/30/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Lesco	Amanda		0258

Residential Street Address	City	State	Zip Code
23 Taylor Ave	East Haven	CT	06512

Principal Occupation: N/A

Name of Employer: Student

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/30/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Mandato for the 34th

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Cypress	Tamara		0008

Residential Street Address	City	State	Zip Code
162B N Whittlesey Ave	Wallingford	CT	06492

Principal Occupation	Name of Employer
executive assistant	CT Dept. of Labor

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/30/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Meyerson	Catherine		0007

Residential Street Address	City	State	Zip Code
13 Charlton Hill Rd	Hamden	CT	06518

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/30/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Donahue	Bob		0006

Residential Street Address	City	State	Zip Code
28 Hidden Springs Rd	Madison	CT	06443

Principal Occupation	Name of Employer
Banker	Webster Bank

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/30/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Mickelson	Rebecca		0005

Residential Street Address	City	State	Zip Code
131 French Ave	East Haven	CT	06512

Principal Occupation	Name of Employer
Art teacher	New haven public schools

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/30/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Mandato for the 34th

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Thompson	Paul		0004

Residential Street Address	City	State	Zip Code
849 Thompson St	East Haven	CT	06513

Principal Occupation	Name of Employer
Supervisory Blind Rehab Specialist	Dept. of Veterans Affairs

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/30/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Simiola	Toni Ann		0003

Residential Street Address	City	State	Zip Code
112 Frank St	East Haven	CT	06512

Principal Occupation	Name of Employer
retired	retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $30.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/31/2026

Aggregate Contributions: $55.00

Last Name	First	MI	Contribution ID #
Hine	James		0002

Residential Street Address	City	State	Zip Code
342 S Elm St	Wallingford	CT	06492

Principal Occupation	Name of Employer
Attorney	Goff Law Group, LLC

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/31/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Rivard	Bryan		0001

Residential Street Address	City	State	Zip Code
60 Mansion Rd	Wallingford	CT	06492

Principal Occupation	Name of Employer
Program Director	Pratt & Whitney an RTX Business

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/31/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Suvoski	David	E	0255
Residential Street Address	**City**	**State**	**Zip Code**
1979 Hartford Tpke	North Haven	CT	06473

Principal Occupation	Name of Employer
Apprentice	Century Drywall

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/31/2026

Aggregate Contributions: $10.00

Total of Section B	**$13,085.00**
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Total on Line 14, Column A of Summary Page)*	**$13,085.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

C1. Contributions from Other Committees

Name of Committee	Name of Treasurer

Address	Is this contribution associated with an event reported in Section J1? Yes No If yes, list Event #	Amount of Contribution

City	State	Zip Code	Date Received	Aggregate Contributions

Total of Section C1	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

C2. Reimbursements or Surplus Distributions from other Committees

Name of Committee			Name of Treasurer	
Address			Date Received	Amount of Receipt
City	State	Zip Code	Payment Type Reimbursement for shared expense Surplus distribution from exploratory committee	
Expenditure #	Description			
			Total of Section C2	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

D. Loans Received this Period

Name of Lender		Source of Loan: Bank Candidate Individual Other		Date of Receipt
Street Address	City	State	Zip Code	Is there a cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)				**Amount Received**
Street Address	City	Stat	Zip Code	
			Total of Section D	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)

Date of Receipt	Method of Payment	Amount
	Cash Personal Check Credit/Debit Card	
	Total of Section E	

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

G. Interest from Deposits in Authorized Accounts

Name of Institution		Date Received		Amount
Street Address	City	State	Zip Code	
		Total of Section G		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

H. Public Grant Funds Received from the Citizens' Election Fund

Purpose of Grant:	Grant Cycle:	Date Received	Amount
Initial Grant Adjustment Supplemental/Post Election Deficit	Primary General Election Special Election		
	Total of Section H		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

I. Miscellaneous Monetary Receipts not Considered Contributions

Name		Date of Transaction	Amount Received
Street Address	City	State / Zip Code	
Description			
		Total of Section I	

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

J1. Event Information

Event # / Date of Event / Letter	Description	Was this a fundraising event? Yes / No
Location: Street Address	City / State / Zip Code	

Was this event hosted at a personal residence?	Yes / No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations.
Did this fundraiser include items donated by a business entity of up to $200 or items donated by an individual of up to $100?	Yes / No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to $100?	Yes / No	(If yes, enter Total Receipts here.)

Total of Section J1	

II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

J3. In-Kind Donations Not Considered Contributions

Name of the Donor			
Street Address	City	State	Zip Code

Donation Given by:	Description of Donation			Fair Market Value of Donation
Individual Business Entity Sole Proprietorship	Date Received	Event #	Aggregate value for this event	

Total of Section J3	

II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

J4. In-Kind Donations Not Considered Contributions Associated with a House Party

Name of Host	Is this event supporting more than one candidate? Yes No If yes, complete Itemization in Addendum J4

Street Address	City	State	Zip Code

Description of Donation			Fair Market Value of Donation
Event #	Aggregate value of this Event - all hosts	Aggregate value of all Events - this host/candidate	

Total of Section J4	

III. NONMONETARY RECEIPTS (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

K. In-Kind Contributions

Name

Street Address | City | State | Zip Code

Is this contribution associated with an event reported in Section J1? Yes / No

If yes, list Event#

Description of In-Kind Contribution

Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes / No

Is contributor a principal of a state contractor or prospective state contractor? Yes / No

If yes, indicate which branch or branches of government the contract is with: Executive / Legislative

Fair Market Value of this Contribution

Type of Contributor: Individual / Committee / Sole Proprietorship

Date Received

Aggregate contributions

Total of Section K

III. Non Monetary Receipts (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

L. Refundable Deposit to Telephone Company

Last Name of Individual | First Name | MI | Date Deposit Made

Residential Street Address | City | State | Zip Code | Amount of Deposit

Name of Telephone company

Street Address | City | State | Zip Code

Total of Section L

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	01/20/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.50

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	01/29/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.50

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	01/29/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$13.90

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	01/29/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		$1.30

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	01/29/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		$1.30

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	01/29/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		$4.30

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	01/29/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$4.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	01/29/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	01/29/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$13.90

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	01/29/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		$13.90

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	01/29/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		$1.50

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	01/29/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		$13.90

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	01/29/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		$2.30

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	01/29/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		$13.90

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	01/29/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		$2.30

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	01/29/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$2.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	01/29/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.50

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	01/29/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.74

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	01/29/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		$4.30

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	01/29/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		$4.30

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	01/29/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		$2.30

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	01/29/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.38

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	01/29/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$2.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	01/29/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$4.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	01/29/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		$2.30

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	01/29/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		$1.30

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	01/29/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		$4.30

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	01/29/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	01/29/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.70

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	01/29/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$8.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	01/29/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	01/29/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	01/29/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.50

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	01/29/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		$4.30

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	01/29/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		$1.30

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	01/30/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		$1.30

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	01/30/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.50

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	01/30/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	01/30/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$4.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	01/30/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	01/30/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$2.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	01/30/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$2.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	01/30/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$15.00

Name of Payee	Date of Payment	Method of Payment
Traci McCormack	**01/30/2026**	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
18 Goodwill Rd	**North Haven**	**CT**	**06473**

Purpose of Expendit	Description	Amount
REF	**Refund of Traci McCormack Donation made 01/30/2026**	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			**$25.00**

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	01/30/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	01/31/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	01/31/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	01/31/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$13.90

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	01/31/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	01/31/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	01/31/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$2.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	01/31/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.50

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	01/31/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$2.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	01/31/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$2.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	01/31/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$8.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	01/31/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/01/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$4.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/01/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$2.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/01/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$13.90

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/01/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$8.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/01/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$4.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/01/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/01/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/01/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.50

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/02/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.70

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/02/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.70

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/04/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/05/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.70

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/06/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$2.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/06/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/11/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/11/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.50

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/11/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/11/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/11/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$2.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/11/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/12/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.50

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/12/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.50

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/12/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.50

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/12/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.50

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/12/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.70

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Field	Value
Name of Payee	Anedot, Inc.
Date of Payment	02/12/2026
Method of Payment	[ ] Check # [ ] Debit Card [X] EFT
Street Address	3723 Greenville Ave Ste 41002
City	Dallas
State	TX
Zip Code	75206-5311
Purpose of Expendit	WEB
Description	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum N	[ ] Yes [X] No
Expenditure # (if applicable)	
Event #	
Amount	$1.30

Field	Value
Name of Payee	Anedot, Inc.
Date of Payment	02/12/2026
Method of Payment	[ ] Check # [ ] Debit Card [X] EFT
Street Address	3723 Greenville Ave Ste 41002
City	Dallas
State	TX
Zip Code	75206-5311
Purpose of Expendit	WEB
Description	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum N	[ ] Yes [X] No
Expenditure # (if applicable)	
Event #	
Amount	$1.30

Field	Value
Name of Payee	Anedot, Inc.
Date of Payment	02/12/2026
Method of Payment	[ ] Check # [ ] Debit Card [X] EFT
Street Address	3723 Greenville Ave Ste 41002
City	Dallas
State	TX
Zip Code	75206-5311
Purpose of Expendit	WEB
Description	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum N	[ ] Yes [X] No
Expenditure # (if applicable)	
Event #	
Amount	$1.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/12/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$13.90

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/12/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.50

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/12/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.50

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/12/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$4.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/12/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.50

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/13/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$2.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/13/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.50

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/13/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.50

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/13/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/13/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.10

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/14/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.50

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/15/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/15/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.50

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/17/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/18/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.50

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/19/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/19/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/19/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$2.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/19/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		$2.30

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/19/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		$1.30

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/20/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		$0.50

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/20/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.50

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/21/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/21/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.50

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/21/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/23/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$4.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/24/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.50

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/25/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.50

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/25/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$2.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/25/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.50

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/25/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		$0.50

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum N
Expenditure # (if applicable):
Event #:

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/25/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		$0.50

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum N
Expenditure # (if applicable):
Event #:

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/25/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		$0.50

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum N
Expenditure # (if applicable):
Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/27/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		$2.30

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/27/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		$1.30

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	02/28/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		$0.90

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/01/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$4.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/01/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.50

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/01/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.50

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/01/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.50

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/02/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/04/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$4.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/05/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		$2.30

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/06/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		$1.30

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/07/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		$1.30

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/07/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$2.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/07/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.50

Name of Payee	Date of Payment	Method of Payment
Jenny Graves	**03/07/2026**	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
22 George St	**North Haven**	**CT**	**06473**

Purpose of Expendit	Description	Amount
REF	**Refund of Jenny Graves Donation made 03/07/2026**	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			**$50.00**

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/07/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.70

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/07/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$2.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/07/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/07/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/08/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/08/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.70

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/08/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$2.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/08/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.50

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/08/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.50

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/08/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$8.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/08/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/08/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/08/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.90

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/08/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$4.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/08/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/08/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.50

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/08/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$2.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/08/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.50

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/09/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$4.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/09/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/09/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.50

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/09/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/09/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.50

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/09/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/09/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		$0.50

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/09/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		$3.30

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/10/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		$0.50

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/10/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.50

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/10/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$2.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/10/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/10/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$8.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/10/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.90

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/10/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/10/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/10/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.50

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/10/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/10/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$2.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/10/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/10/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/10/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.50

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/11/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.50

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/11/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.50

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/11/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$2.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/11/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$2.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/11/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/11/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/12/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.78

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/13/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.50

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/14/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.70

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/14/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.50

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/14/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.50

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/14/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		$0.50

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum N
Expenditure # (if applicable):
Event #:

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/14/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		$0.50

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum N
Expenditure # (if applicable):
Event #:

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/14/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		$0.50

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum N
Expenditure # (if applicable):
Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Adam Abbate	**03/14/2026**	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
31 N Elm St	**Wallingford**	**CT**	**06492-0649**

Purpose of Expendit	Description	Amount
REF	**Refund of Donation Made 03/14/2026**	**$5.00**

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Henry Abate	**03/14/2026**	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
31 N Elm St	**Wallingford**	**CT**	**06492-0649**

Purpose of Expendit	Description	Amount
REF	**Refund of Donation Made 03/14/2026**	**$5.00**

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Juliette Abbate	**03/14/2026**	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
31 N Elm St	**Wallingford**	**CT**	**06492-0649**

Purpose of Expendit	Description	Amount
REF	**Refund of Donation Made 03/14/2026**	**$5.00**

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Christopher Abbate	**03/14/2026**	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
31 N Elm St	**Wallingford**	**CT**	**06492-0649**

Purpose of Expendit	Description	Amount
REF	**Refund of Donation Made 03/14/2026**	**$5.00**

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/14/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		$0.90

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/14/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		$0.50

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/15/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/15/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.50

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/16/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$13.70

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/17/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		$1.30

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/17/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		$4.30

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/17/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		$0.50

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/17/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		$4.30

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/17/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		$1.30

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/18/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		$2.30

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/18/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$4.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/19/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$2.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/19/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.50

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/19/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.70

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/20/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$2.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/20/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.50

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/20/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.70

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/20/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.50

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/20/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.50

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/20/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		$2.30

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/20/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		$2.30

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/22/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		$2.30

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/22/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.50

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/22/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.70

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/22/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/22/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.50

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/22/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$4.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/22/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/22/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.50

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/22/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.50

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/22/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$4.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/22/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.50

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/23/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/23/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/23/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/23/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.50

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/23/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/23/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.50

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/23/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$2.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/23/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.70

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/23/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.70

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/23/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/23/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.50

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/23/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		$0.50

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/23/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		$0.50

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/23/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		$0.50

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/23/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		$0.90

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/23/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		$0.70

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/23/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		$1.30

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/24/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.70

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/24/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.50

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/24/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.50

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/24/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		$0.50

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):
Event #:

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/24/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		$0.50

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):
Event #:

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/24/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		$0.50

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):
Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/25/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.50

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/26/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.50

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/27/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/27/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/27/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.70

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/27/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.50

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/28/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/29/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$0.50

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/30/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/30/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/30/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/30/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$4.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/30/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/31/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/31/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	03/31/2026	[ ] Check # [ ] Debit Card [x] EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expendit	Description	Amount
WEB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [x] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1.50

Name of Payee	Date of Payment	Method of Payment
Brandi Mandao	03/31/2026	[x] Check # 122 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
56 South Ave	North Haven	CT	06473

Purpose of Expendit	Description	Amount
RMB	RMB - Printing at Staples	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [x] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$81.99

Name of Payee	Date of Payment	Method of Payment
Kristi Doerr	03/31/2026	[x] Check # 123 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
12 Penny Ln	Wallingford	CT	06492

Purpose of Expendit	Description	Amount
RMB	RMB - Checks from Checks Unlimited	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [x] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$18.05

Total of Section N	**$721.14**

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
	April 10 Filing - Amendment

O. Expenses Paid By Candidate

Name of Payee (Name of vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed? Yes No
Street Address	City	State	Zip Code		**Amount**
Purpose of Expenditure (by code)	Description			Event #	

Total of Section O

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card: Visa Master Card Discover American Express Other

Name of Vendor			Date of Transaction	
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No If yes, assign an Expenditure # and complete Itemization in Addendum P		Expenditure # (if applicable)	Event #	

Total of Section P

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

Q. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor			Date Incurred	
Amanda Gabriele			**01/15/2026**	
Street Address	City		State	Zip Code
18 Renee Ln	**Wallingford**		**CT**	**06473**
Purpose of Expenditure (by code)	Description		Amount Incurred (Estimate or Actual)	
RMB	**Reimbusement for Website Fee**			
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			**$216.95**	

Name of Creditor			Date Incurred	
Amanda Gabriele			**03/27/2026**	
Street Address	City		State	Zip Code
18 Renee Ln	**Wallingford**		**CT**	**06473**
Purpose of Expenditure (by code)	Description		Amount Incurred (Estimate or Actual)	
RMB	**Reimbusement for Domain Fee**			
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			**$31.25**	

Total of Section Q	**$248.20**

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Doerr	Kristi	J	01/21/2026	[X] Check # 123 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Checks Unlimited

Street Address of Vendor	City	State	Zip Code
PO Box 70345	Philadelphia	PA	19176-0345

Purpose of Expenditure (by code)	Description
OFFICE	checks

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$18.05

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Mandato	Brandi		03/02/2026	[X] Check # 122 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Staples

Street Address of Vendor	City	State	Zip Code
2335 Dixwell Ave	Hamden	CT	06514

Purpose of Expenditure (by code)	Description
PRNT	Printing

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$81.99

Total of Section R	**$100.04**

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mandato for the 34th	April 10 Filing - Amendment

S. Surplus Distribution of Equipment and Furniture

Name of Recipient				
Street Address	City	State	Zip Code	Original Purchase Amount of Item
Description of Item				
			Total of Section S	

Section J4. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

J4. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum

Event #	
Name of Candidate	

Section N. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

N. Expenses Paid By Committee - Addendum

Expenditure #	**Amount of Expenditure**
Name of Candidate	Office Sought

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