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
MZ 2026	[x] Candidate Committee [ ] Exploratory Committee

3. TREASURER NAME

First	MI	Last	Suffix
Daniel	**T**	**Ruppenicker**	

4. TREASURER ADDRESS

Street Address	City	State	Zip Code
17 Hammock Rd S	**Westbrook**	**CT**	**06498-1742**

5. ELECTION DATE	6. OFFICE SOUGHT *(Complete only if Candidate Committee)*	7. DISTRICT NUMBER *(if applicable)*
11/03/2026	**State Representative**	**R034**

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

First	MI	Last	Suffix
Melissa	**H**	**Ziobron**	

9. TYPE OF REPORT

April 10 Filing - Amendment

10. PERIOD COVERED

Beginning Date		Ending Date
01/01/2026	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	**Daniel Ruppenicker**	**07/08/2026 4:20:32PM**
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	
MZ 2026	April 10 Filing - Amendment	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		**$0.00**
13. Balance on hand at the beginning of Reporting Period	**$1,219.50**	
14. Contributions received from Individuals (Section A and B)	**$6,585.00**	**$7,505.00**
15. Receipts from Other Committees (Sections C1 and C2)	**$0.00**	**$0.00**
16. Other Monetary Receipts (Section D through I)	**$0.04**	**$300.04**
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	**$0.00**	**$0.00**
18. Total Monetary Receipts (add totals for lines 14 through 17)	**$6,585.04**	**$7,805.04**
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	**$7,804.54**	**$7,805.04**
20. Expenses Paid by Committee (Section N)	**$637.32**	**$637.82**
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	**$7,167.22**	**$7,167.22**
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)	**$50.00**	**$50.00**
28. Expenses Incurred on Committee Credit Card (Section P)	**$0.00**	**$0.00**
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	**$0.00**	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	**$0.00**	

I. MONETARY RECEIPTS (Section A-I)

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

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Diehl	Sue		0009

Residential Street Address	City	State	Zip Code
146 Petticoat Ln	East Haddam	CT	06423

Principal Occupation	Name of Employer
IT Project Manager	Eversource

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

If yes, indicate which branch or branches 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: 01/06/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Hannan	Greg		0008

Residential Street Address	City	State	Zip Code
246 Reeds Gap Rd # 3A	North Branford	CT	06472

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: $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: 01/06/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Basile	Dom		0007

Residential Street Address	City	State	Zip Code
90 Sunnyside Ave	Oakville	CT	06779

Principal Occupation	Name of Employer
Driver	USPS

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

If yes, indicate which branch or branches 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: 01/06/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Surprenant	Lisa		0030

Residential Street Address	City	State	Zip Code
80 Walker Rd	Oakdale	CT	06370

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: 01/06/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Cagle	Keith		0029

Residential Street Address	City	State	Zip Code
7 Cardinal Dr	Shelton	CT	06484

Principal Occupation	Name of Employer
Carpenter	Absolute Countertops 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: $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: 01/06/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Silva	Bill		0015

Residential Street Address	City	State	Zip Code
15 Bashon Hill Rd	Bozrah	CT	06334

Principal Occupation	Name of Employer
Planner	Dominion Energy Nuclear 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: 01/07/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Surprenant	Gary		0014

Residential Street Address	City	State	Zip Code
217 Iron St	Ledyard	CT	06339

Principal Occupation	Name of Employer
Nuclear Planner	Dominion 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

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: 01/07/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Denette	Deb		0013

Residential Street Address	City	State	Zip Code
55 Schulman Veselak Rd	East Haddam	CT	06423

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: 01/07/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Surprenant	Mark		0012

Residential Street Address	City	State	Zip Code
80 Walker Rd	Oakdale	CT	06370

Principal Occupation	Name of Employer
Senior Planner	Dominion 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

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: 01/07/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Rooney	Shawn		0011

Residential Street Address	City	State	Zip Code
157 W Main St Apt 10	Niantic	CT	06357

Principal Occupation	Name of Employer
Planner	Dominion

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

If yes, indicate which branch or branches 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: 01/07/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Deane	Zachary		0010

Residential Street Address	City	State	Zip Code
199 N Parker Hill Rd	Killingworth	CT	06419

Principal Occupation	Name of Employer
Nuclear Planner	Dominion 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

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: 01/07/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Ackert	Tim		0016

Residential Street Address	City	State	Zip Code
1265 Main St Apt 1	Coventry	CT	06238

Principal Occupation	Name of Employer
Contractor	Ackert Electric

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

If yes, indicate which branch or branches 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: 01/08/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Turner	Bryon		0019

Residential Street Address	City	State	Zip Code
42 Spice Hill Dr	East Hampton	CT	06424

Principal Occupation	Name of Employer
Investigator	Peraton

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

If yes, indicate which branch or branches 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: 01/12/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Turner	Kaylee		0018

Residential Street Address	City	State	Zip Code
42 Spice Hill Dr	East Hampton	CT	06424

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: 01/12/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Turner	Luke		0017

Residential Street Address	City	State	Zip Code
42 Spice Hill Dr	East Hampton	CT	06424

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: 01/12/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Ranson	Laurel		0043

Residential Street Address	City	State	Zip Code
70 Colchester Ave	East Hampton	CT	06424

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: 01/16/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Greco	Steven	J	0049

Residential Street Address	City	State	Zip Code
12 Olde Flatbrook Rd	East Hampton	CT	06424

Principal Occupation	Name of Employer
Financial Advisor	UBS Financial Services

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

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

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

Amount of Contribution: $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: 01/20/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Locke	Marjorie	A	0048

Residential Street Address	City	State	Zip Code
13 Viola Dr	East Hampton	CT	06424

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: 01/20/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Berkenstock	Richard		0047

Residential Street Address	City	State	Zip Code
13 Viola Dr	East Hampton	CT	06424

Principal Occupation	Name of Employer
Realtor	Century 21

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

If yes, indicate which branch or branches 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: 01/20/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Berkenstock	Jennifer		0046

Residential Street Address	City	State	Zip Code
13 Viola Dr	East Hampton	CT	06424

Principal Occupation	Name of Employer
Probate Judge	Region 14 Probate District

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

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

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

Amount of Contribution: $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: 01/20/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Berkenstock	Adam	R	0045

Residential Street Address	City	State	Zip Code
13 Viola Dr	East Hampton	CT	06424

Principal Occupation	Name of Employer
Instructer	Play-Well TEKnologies

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

If yes, indicate which branch or branches 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: 01/20/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Clark	Cathy	A	0044

Residential Street Address	City	State	Zip Code
72 Middle Haddam Rd	Middle Haddam	CT	06456

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $20.00

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

If yes, list Event #:

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

Date Received: 01/20/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Brown	Lynn		0042

Residential Street Address	City	State	Zip Code
78 William Dr	East Hampton	CT	06424

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $20.00

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

If yes, list Event #:

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

Date Received: 01/20/2026

Aggregate Contributions: $20.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Brown	Richard		0041

Residential Street Address	City	State	Zip Code
78 William Dr	East Hampton	CT	06424

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $20.00

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

If yes, list Event #

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

Date Received: 01/20/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Engel	Taylor	N	0040

Residential Street Address	City	State	Zip Code
210 Tartia Rd	East Hampton	CT	06424

Principal Occupation	Name of Employer
Asst Manager	Enterprise Car Rental

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

If yes, indicate which branch or branches 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 #
Engel	Laura		0039

Residential Street Address	City	State	Zip Code
210 Tartia Rd	East Hampton	CT	06424

Principal Occupation	Name of Employer
RN	Aetna

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

If yes, indicate which branch or branches 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 #
Peterson	Eric		0038

Residential Street Address	City	State	Zip Code
210 Tartia Rd	East Hampton	CT	06424

Principal Occupation	Name of Employer
Construction Manager	LaBella Assoc

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

If yes, indicate which branch or branches 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

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Radavich	James		0035

Residential Street Address	City	State	Zip Code
15 Jacobson Farm Rd	East Hampton	CT	06424

Principal Occupation	Name of Employer
Substitute Teacher	ESS

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

If yes, indicate which branch or branches 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: 01/20/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Licita	Salvatore	R	0036

Residential Street Address	City	State	Zip Code
64 Spring Glen Rd	Niantic	CT	

Principal Occupation	Name of Employer
Campground Owner	Bears Sleepy Hollow

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

If yes, indicate which branch or branches 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: 01/20/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Peterson	Garcia	M	0037

Residential Street Address	City	State	Zip Code
210 Tartia Rd	East Hampton	CT	06424

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: 01/20/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Philhower	Mark	A	0058

Residential Street Address	City	State	Zip Code
212 White Birch Rd	East Hampton	CT	06424

Principal Occupation	Name of Employer
HVAC	Tech Unlimited LLC

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #:

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

Date Received: 01/20/2026

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Philhower	Michael		0057

Residential Street Address	City	State	Zip Code
86 W High St	East Hampton	CT	06424

Principal Occupation	Name of Employer
HVAC	Tech Unlimited

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

If yes, indicate which 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
01/20/2026	$10.00	$10.00

Last Name	First	MI	Contribution ID #
Philhower	Andrea		0056

Residential Street Address	City	State	Zip Code
38 Cobalt	East Hampton	CT	06424

Principal Occupation	Name of Employer
Director of Nursing	Glastonbury Surgical 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
01/20/2026	$10.00	$10.00

Last Name	First	MI	Contribution ID #
Philhower II	Mark	A	0055

Residential Street Address	City	State	Zip Code
38 Cobalt Rd	East Hampton	CT	06424

Principal Occupation	Name of Employer
HVAC	Tech Unlimited LLC

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

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

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

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
01/20/2026	$10.00	$10.00

Last Name	First	MI	Contribution ID #
Philhower	Sophia	L	0054

Residential Street Address	City	State	Zip Code
38 Cobalt Rd	East Hampton	CT	06424

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

Is this contribution associated with an 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
01/20/2026	$10.00	$10.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Turner	Bryon		0031

Residential Street Address	City	State	Zip Code
42 Spice Hill Dr	East Hampton	CT	06424

Principal Occupation	Name of Employer
Office Manager	First Line Electical Services

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

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

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

Amount of Contribution: $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: 01/20/2026

Aggregate Contributions: $30.00

Last Name	First	MI	Contribution ID #
Philhower	Melody		0032

Residential Street Address	City	State	Zip Code
212 White Birch Rd	East Hampton	CT	06424

Principal Occupation	Name of Employer
Para	East Hampton Board of Ed

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

If yes, indicate which branch or branches 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: 01/20/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Kelly	Frank	E	0033

Residential Street Address	City	State	Zip Code
14 Baldwin Dr	Waterford	CT	06385

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: $250.00

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

If yes, list Event #:

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

Date Received: 01/20/2026

Aggregate Contributions: $250.00

Last Name	First	MI	Contribution ID #
Radavich	Christine	V	0034

Residential Street Address	City	State	Zip Code
15 Jacobson Farm Rd	East Hampton	CT	06424

Principal Occupation	Name of Employer
Business Project Director	Cigha 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: $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: 01/20/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Balthazar	David		0059

Residential Street Address	City	State	Zip Code
85 N Main St	East Hampton	CT	06424

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $340.00

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

If yes, list Event #

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

Date Received: 01/21/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Muratore Jr	Albert		0053

Residential Street Address	City	State	Zip Code
332 Leffingwell Rd	Uncasville	CT	06382

Principal Occupation	Name of Employer
Planner	Dominion 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

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: 01/21/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Christy	Michael		0052

Residential Street Address	City	State	Zip Code
63 Ruggles Row	Plantsville	CT	06479

Principal Occupation	Name of Employer
Sales	RTK Environmental

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

If yes, indicate which branch or branches 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: 01/21/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Haulier	Tanya		0051

Residential Street Address	City	State	Zip Code
33 Day Point Rd	East Hampton	CT	06424

Principal Occupation	Name of Employer
Sr. 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: $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: 01/21/2026

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Pelletier	Jennifer	A	0050

Residential Street Address	City	State	Zip Code
85 N Main St # 9A	East Hampton	CT	06424

Principal Occupation	Name of Employer
Siteservices Broker	Complete Site Services

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

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

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

Amount of Contribution: $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: 01/21/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Morace	James		0065

Residential Street Address	City	State	Zip Code
301 E Haddam Moodus Rd	Moodus	CT	06469

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: 01/22/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Gowac	John		0064

Residential Street Address	City	State	Zip Code
123 Lakeside Dr	East Haddam	CT	06423

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: 01/22/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Gowac	Celeste		0063

Residential Street Address	City	State	Zip Code
123 Lakeside Dr	East Haddam	CT	06423

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: 01/22/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Konior	Jennifer		0067

Residential Street Address	City	State	Zip Code
37 Young St	East Hampton	CT	06424

Principal Occupation	Name of Employer
Human Resources Director	American Distilling

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

If yes, indicate which branch or branches 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: 01/23/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Spencer	Christian		0066

Residential Street Address	City	State	Zip Code
231 Alden Dr	Guilford	CT	06437

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

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Weeks	Karen	K	0068

Residential Street Address	City	State	Zip Code
5 Twin Pines Dr	Wallingford	CT	06492

Principal Occupation	Name of Employer
Government Relations	Rome Smith Kowalski

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

If yes, indicate which branch or branches 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: 01/25/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Quinn	Carleen		0069

Residential Street Address	City	State	Zip Code
63 Newberry Rd # 1	East Haddam	CT	06423

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: 01/26/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Turner	Virginia		0071

Residential Street Address	City	State	Zip Code
76 Bogel Rd	East Haddam	CT	06423

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: 01/26/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Quinn	William		0070

Residential Street Address	City	State	Zip Code
63 Newberry Rd # 1	East Haddam	CT	06423

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: 01/26/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Turner	John		0074

Residential Street Address	City	State	Zip Code
76 Bogel Rd	East Haddam	CT	06423

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: 01/27/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Turner	John		0073

Residential Street Address	City	State	Zip Code
76 Bogel Rd	East Haddam	CT	06423

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: 01/27/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Thomas	Podea Jr		0072

Residential Street Address	City	State	Zip Code
37 Holly Rd	New Canaan	CT	06840

Principal Occupation	Name of Employer
Attorney	Diserio Martin

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

If yes, indicate which branch or branches 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: 01/27/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Barrows	Douglas		0062

Residential Street Address	City	State	Zip Code
248 Mount Parnassus Rd	East Haddam	CT	06423

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: 01/27/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Devanney	Meredith	P	0061

Residential Street Address	City	State	Zip Code
32 Kings Hwy	Chester	CT	06412

Principal Occupation	Name of Employer
Bookeeper	Ovevabove

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

If yes, indicate which branch or branches 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: 01/27/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Reed	Kevin	L	0060

Residential Street Address	City	State	Zip Code
5 Hawthorne Rd	East Hampton	CT	06424

Principal Occupation	Name of Employer
Security Supervisor	Allied Universal

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

If yes, indicate which branch or branches 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: 01/27/2026

Aggregate Contributions: $340.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Rogoff	Craig		0081

Residential Street Address	City	State	Zip Code
65 Falls Bashan Rd	Moodus	CT	06469

Principal Occupation	Name of Employer
Director, Compliance & Security	Wasabi Technologies

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

If yes, indicate which branch or branches 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 #
Morassini	Thomas		0080

Residential Street Address	City	State	Zip Code
73 Viola Dr	East Hampton	CT	06424

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: 01/29/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Morassini	Linda		0079

Residential Street Address	City	State	Zip Code
73 Viola Dr	East Hampton	CT	06424

Principal Occupation	Name of Employer
Services Administration Manager	Mirion Technologies

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

If yes, indicate which branch or branches 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: 01/29/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Aloia	Darin		0078

Residential Street Address	City	State	Zip Code
82 Viola Dr	East Hampton	CT	06424

Principal Occupation	Name of Employer
Vice President of IT	Diversified Group Brokerage

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

If yes, indicate which branch or branches 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: 01/29/2026

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Aloia	Christine		0077

Residential Street Address	City	State	Zip Code
82 Viola Dr	East Hampton	CT	06424

Principal Occupation: Homemaker

Name of Employer: Homemaker

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

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

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

Amount of Contribution: $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: 01/29/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Dean	Peter		0076

Residential Street Address	City	State	Zip Code
42 Ballahack Rd	East Haddam	CT	06423

Principal Occupation: CT Sales Supervisor

Name of Employer: Calise Bakery

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

If yes, indicate which branch or branches 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 #
Lavigne	Shelley		0075

Residential Street Address	City	State	Zip Code
260 Daniel Peck Rd	East Haddam	CT	06423

Principal Occupation: Retired

Name of Employer: Retired

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

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

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

Amount of Contribution: $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 #
Rogoff	Lori		0082

Residential Street Address	City	State	Zip Code
65 Falls Bashan Rd	Moodus	CT	06469

Principal Occupation: Paralegal

Name of Employer: William D Grady Attorney at 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: $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): MZ 2026

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Dugan	Michael		0086

Residential Street Address	City	State	Zip Code
23 Viola Dr	East Hampton	CT	06424

Principal Occupation	Name of Employer
Lobbyist	Capitol 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: $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: 01/31/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Formica	Paul		0085

Residential Street Address	City	State	Zip Code
11 S Lee Rd	Niantic	CT	06357

Principal Occupation	Name of Employer
Restauranteur	Flanders Fish Mkt 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: $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: $400.00

Last Name	First	MI	Contribution ID #
Formica	Paul		0084

Residential Street Address	City	State	Zip Code
11 S Lee Rd	Niantic	CT	06357

Principal Occupation	Name of Employer
Restauranteur	Flanders Fish Mkt 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: $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: $400.00

Last Name	First	MI	Contribution ID #
Gregorio	Michele		0083

Residential Street Address	City	State	Zip Code
4 Grove St	Moodus	CT	06469

Principal Occupation	Name of Employer
Realtor/Consultant	Century 21 All Points Realty

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

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

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

Amount of Contribution: $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): MZ 2026

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Kowalski	Linda		0087

Residential Street Address	City	State	Zip Code
23 Sybil Creek Pl	Branford	CT	06495

Principal Occupation	Name of Employer
Government Relations	Rome Smith Kowalski

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 02/03/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Achenback-Zatorski	Diane		0091

Residential Street Address	City	State	Zip Code
77 Wopowog Rd	East Hampton	CT	06424

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 02/04/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Zatorski	Ray	A	0090

Residential Street Address	City	State	Zip Code
77 Wopowog Rd	East Hampton	CT	06424

Principal Occupation	Name of Employer
Engineer	ZCC, Inc

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 02/04/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
McCann	Sue		0089

Residential Street Address	City	State	Zip Code
41 Middle Haddam Rd	Middle Haddam	CT	06456

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: 02/04/2026

Aggregate Contributions: $200.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Brzozowski	Robert		0088

Residential Street Address	City	State	Zip Code
126 Boardman Rd	East Haddam	CT	06423

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 02/04/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Gallo	Diem-Hong	T	0096

Residential Street Address	City	State	Zip Code
56 Flanders Rd	East Hampton	CT	06424

Principal Occupation	Name of Employer
Executive Assistant	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: $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: 02/05/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Hecht	Rosomanio		0095

Residential Street Address	City	State	Zip Code
254 White Birch Rd	East Hampton	CT	06424

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 02/05/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Hecht	Anna	H	0094

Residential Street Address	City	State	Zip Code
261 White Birch Rd	East Hampton	CT	06424

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 02/05/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Goff	Abigail	L	0093

Residential Street Address	City	State	Zip Code
180 Daniel Peck Rd	East Haddam	CT	06423

Principal Occupation	Name of Employer
Special Education Tutor	Griswold 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: $10.00

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

If yes, list Event #:

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

Date Received: 02/05/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Blancato	Cora		0092

Residential Street Address	City	State	Zip Code
91 Moodus Leesville Rd	Moodus	CT	06469

Principal Occupation	Name of Employer
Licensed Massage Therapist	Blancato Massage Therapy

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

If yes, indicate which branch or branches 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: 02/05/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Denya	William		0113

Residential Street Address	City	State	Zip Code
12 Fieldstones Dr	East Haddam	CT	06423

Principal Occupation	Name of Employer
Owner	DENYA's Auto Body, 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: $250.00

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

If yes, list Event #:

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

Date Received: 02/06/2026

Aggregate Contributions: $250.00

Last Name	First	MI	Contribution ID #
Kennedy	Justin		0115

Residential Street Address	City	State	Zip Code
94 Honey Hill Rd	East Haddam	CT	06423

Principal Occupation	Name of Employer
Software Engineer	Sonalysts

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

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

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Wonneberger	Becky		0114

Residential Street Address	City	State	Zip Code
94 Honey Hill Rd	East Haddam	CT	06423

Principal Occupation	Name of Employer
Registrar of Voters	Town of East Haddam

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 02/07/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Jump	Michael		0118

Residential Street Address	City	State	Zip Code
13 Sherry Dr	East Hampton	CT	06424

Principal Occupation	Name of Employer
Nuclear Oversight	Dominion Energy Services

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

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

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

Amount of Contribution: $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: 02/08/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Videll	Vickie		0117

Residential Street Address	City	State	Zip Code
61 Lower Blvd	New London	CT	06320

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: 02/08/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Hoy	Rebecca		0116

Residential Street Address	City	State	Zip Code
57 Cunningham Rd	Boxborough	MA	01719

Principal Occupation	Name of Employer
Program Manager	DoD

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 02/08/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Goff	Maureen	K	0112

Residential Street Address	City	State	Zip Code
180 Daniel Peck Rd	East Haddam	CT	06423

Principal Occupation	Name of Employer
Accountant	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: $50.00

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

If yes, list Event #:

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

Date Received: 02/10/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Goff	Bryan	L	0111

Residential Street Address	City	State	Zip Code
180 Daniel Peck Rd	East Haddam	CT	06423

Principal Occupation	Name of Employer
ESH Manager	USN Dow

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 02/10/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Gates	David	C	0110

Residential Street Address	City	State	Zip Code
146 Bear Swamp	East Hampton	CT	06424

Principal Occupation	Name of Employer
Sales	Grossman Marketing 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: $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: 02/10/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Gates	Elizabeth	W	0109

Residential Street Address	City	State	Zip Code
146 Bear Swamp Rd	East Hampton	CT	06424

Principal Occupation	Name of Employer
Bookkeeper	Immediaship

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

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

Aggregate Contributions: $20.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Farren	Kiley	M	0108

Residential Street Address	City	State	Zip Code
181 Wopowog Rd	East Hampton	CT	06424

Principal Occupation: Student

Name of Employer: Middlesex Community College

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 02/10/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Nichols	Emily	M	0107

Residential Street Address	City	State	Zip Code
71 Daniel St	East Hampton	CT	06424

Principal Occupation: Teacher

Name of Employer: East Hampton Board of Ed

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 02/10/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Nichols	Grace	L	0106

Residential Street Address	City	State	Zip Code
71 Daniel St	East Hampton	CT	06424

Principal Occupation: Hairdresser

Name of Employer: Hair by Grace

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 02/10/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Nichols Jr	Raymond	F	0105

Residential Street Address	City	State	Zip Code
71 Daniel St	East Hampton	CT	06424

Principal Occupation: Landscaper

Name of Employer: Liberty Outdoor Services

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 02/10/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Nichols III	Raymond	F	0104

Residential Street Address	City	State	Zip Code
71 Daniel St	East Hampton	CT	06424

Principal Occupation	Name of Employer
Landscaper	Liberty Outdoor Services

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 02/10/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Anderson	Michael		0103

Residential Street Address	City	State	Zip Code
18 Chatham Fields Rd	East Hampton	CT	06424

Principal Occupation	Name of Employer
Tool Maker	I.C.U. Medical

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 02/10/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Anderson	Allison		0102

Residential Street Address	City	State	Zip Code
18 Chatham Fields Rd	East Hampton	CT	06424

Principal Occupation	Name of Employer
COTA/L	Health Pro Heritage

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 02/10/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Lyman	Beverly	A	0101

Residential Street Address	City	State	Zip Code
55 Edgerton St	East Hampton	CT	06424

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: 02/10/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Sebastiao	Zachary	M	0100

Residential Street Address	City	State	Zip Code
46 Old Marlborough Rd Apt 25	East Hampton	CT	06424

Principal Occupation	Name of Employer
Line Mechanic	American Distilling

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

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

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

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
02/10/2026	$5.00	$5.00

Last Name	First	MI	Contribution ID #
Ackerman	Emilie	E	0099

Residential Street Address	City	State	Zip Code
48 Old Marlborough Rd	East Hampton	CT	06424

Principal Occupation	Name of Employer
Paraeducator	East Hampton Board of Educations

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

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

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

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
02/10/2026	$5.00	$5.00

Last Name	First	MI	Contribution ID #
Seaman	Peter		0098

Residential Street Address	City	State	Zip Code
130 Smith Rd	East Haddam	CT	06423

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
02/10/2026	$20.00	$20.00

Last Name	First	MI	Contribution ID #
Seaman	Nancy		0097

Residential Street Address	City	State	Zip Code
130 Smith Rd	East Haddam	CT	06423

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
02/10/2026	$20.00	$20.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Lyman	Emmett		0136

Residential Street Address	City	State	Zip Code
136 Town St	East Haddam	CT	06423

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 02/11/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Sutcliffe	Richard		0137

Residential Street Address	City	State	Zip Code
6 Barrie Rd	East Hampton	CT	06424

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 #
Dill	Nicholas		0140

Residential Street Address	City	State	Zip Code
166 Beebe Rd	East Haddam	CT	06423

Principal Occupation	Name of Employer
Quality Inspection	Raytheon

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

If yes, indicate which branch or branches 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: 02/13/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Dill	Erik		0139

Residential Street Address	City	State	Zip Code
166 Beebe Rd	East Haddam	CT	06423

Principal Occupation	Name of Employer
Associate Director	Consumer Reports

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

If yes, indicate which branch or branches 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: 02/13/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Dill	Denise		0138

Residential Street Address	City	State	Zip Code
166 Beebe Rd	East Haddam	CT	06423

Principal Occupation	Name of Employer
Town of East Haddam	Tax Collector

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

If yes, indicate which branch or branches 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: 02/13/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Guest	Cecelia		0143

Residential Street Address	City	State	Zip Code
15 Hayes Rd	East Hampton	CT	06424

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: 02/14/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Guest	Joey		0142

Residential Street Address	City	State	Zip Code
15 Hayes Rd	East Hampton	CT	06424

Principal Occupation	Name of Employer
Compliance Officer	State of CT Administrative Services

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

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

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

Amount of Contribution: $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: 02/14/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Guest	Cyndi		0141

Residential Street Address	City	State	Zip Code
15 Hayes Rd	East Hampton	CT	06424

Principal Occupation	Name of Employer
Business Operations Specialist	State of CT

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 02/14/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Jaycox	Lynn	D	0135

Residential Street Address	City	State	Zip Code
18 Brookhill Dr	East Hampton	CT	06424

Principal Occupation	Name of Employer
Accountant/Bookkeeper	Homemaker, Volunteer Work, Investor

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 02/17/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Wilcox	Lori	A	0134

Residential Street Address	City	State	Zip Code
4 Hawthorne Rd	East Hampton	CT	06424

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: 02/17/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Turner	Shannon		0133

Residential Street Address	City	State	Zip Code
42 Spice Hill Rd	East Hampton	CT	06424

Principal Occupation	Name of Employer
Office Manager	First Line Services

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 02/17/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Turner	Luke	R	0132

Residential Street Address	City	State	Zip Code
42 Spice Hill Rd	East Hampton	CT	06424

Principal Occupation	Name of Employer
Student	Homeschool

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 02/17/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Turner	Kaylee	A	0131

Residential Street Address	City	State	Zip Code
42 Slice Hill Rd	East Hampton	CT	06424

Principal Occupation	Name of Employer
Student	Home School

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 02/17/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Jaycox	Nathan	B	0126

Residential Street Address	City	State	Zip Code
18 Beodkhill Dr	East Hampton	CT	06424

Principal Occupation	Name of Employer
Assessor	General Dynamic-Electric Boat

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 02/17/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Anderson	Paula Jane	M	0125

Residential Street Address	City	State	Zip Code
95 Boardman Rd	East Haddam	CT	06423

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 02/17/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Nucifora	Salvatore	J	0124

Residential Street Address	City	State	Zip Code
147 Colchester Ave	East Hampton	CT	06424

Principal Occupation	Name of Employer
Engineer	Electric Boat

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

If yes, indicate which branch or branches 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: 02/17/2026

Aggregate Contributions: $20.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Peplau	Maria		0123

Residential Street Address	City	State	Zip Code
147 Colchester Ave	East Hampton	CT	06424

Principal Occupation	Name of Employer
Florist	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

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: 02/17/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Drozd	Lauren	A	0122

Residential Street Address	City	State	Zip Code
105 Lakeside Dr	East Haddam	CT	06423

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: 02/17/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Shea	Richard	A	0121

Residential Street Address	City	State	Zip Code
15 Wigwam Rd	Moodus	CT	06469

Principal Occupation	Name of Employer
VP	Town of East Haddam, Senior Housing 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: 02/17/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Shea	Sarah	J	0120

Residential Street Address	City	State	Zip Code
15 Wingwam Rd	Moodus	CT	06469

Principal Occupation	Name of Employer
Banquet Bartender	Riverhouse at Goodspeed Station

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 02/17/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Kittlemann	Connor	C	0119

Residential Street Address	City	State	Zip Code
64 Eli Chapman Rd	Moodus	CT	06469

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: 02/17/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Angelico	Barbara		0130

Residential Street Address	City	State	Zip Code
1 Schoolhouse Ln	Middle Haddam	CT	06456

Principal Occupation	Name of Employer
Property Manager	Glenrock 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: 02/17/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Leonardo	Kerri		0129

Residential Street Address	City	State	Zip Code
180 Tartia Rd	East Hampton	CT	06424

Principal Occupation	Name of Employer
Administrator	DAC

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 02/17/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Hurne	Darin		0128

Residential Street Address	City	State	Zip Code
180 Tartia Rd	East Hampton	CT	06424

Principal Occupation	Name of Employer
Consultant	Next Chapter 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: $5.00

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

If yes, list Event #

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

Date Received: 02/17/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Anderson	Forrest	L	0127

Residential Street Address	City	State	Zip Code
95 Boardman Rd	East Haddam	CT	06423

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 02/17/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Green	Robert		0166

Residential Street Address	City	State	Zip Code
411 Forsyth Rd	Salem	CT	06420

Principal Occupation	Name of Employer
Analog Engineer	Amentum Federal Services

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

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

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

Amount of Contribution: $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 #
Smith	True		0165

Residential Street Address	City	State	Zip Code
169 Norwich Rd	Salem	CT	06420

Principal Occupation	Name of Employer
Small Engine Mechanic	TrueRepair

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

If yes, indicate which branch or branches 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 #
Ranaduo	Juliana		0164

Residential Street Address	City	State	Zip Code
103 Hemlock Valley Rd	East Haddam	CT	06423

Principal Occupation	Name of Employer
Self	Yoga Teacher

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

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

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

Amount of Contribution: $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

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Blaschik	Karin		0163

Residential Street Address	City	State	Zip Code
53 Palmar Matin Rd	East Haddam	CT	06423

Principal Occupation	Name of Employer
Administrator	Alan's Small Engine SVC

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

If yes, indicate which branch or branches 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: 02/27/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Bhaschik	Alan		0162

Residential Street Address	City	State	Zip Code
53 Palmar Martin Rd	East Haddam	CT	06423

Principal Occupation	Name of Employer
Owner	Alan's Small Engine 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: 02/27/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Helvestin	William		0161

Residential Street Address	City	State	Zip Code
94 Newberry Rd	East Haddam	CT	06423

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: 02/27/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Halvestin	Rosemary		0160

Residential Street Address	City	State	Zip Code
94 Newberry Rd	East Haddam	CT	06423

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: 02/27/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Sikorski	Gary	J	0159

Residential Street Address	City	State	Zip Code
126 Smith Rd	East Haddam	CT	06423

Principal Occupation: Corrections Officer

Name of Employer: State of CT

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

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

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

Amount of Contribution: $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: 02/27/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Bennett	Robert	A	0158

Residential Street Address	City	State	Zip Code
42 Beebe Rd	East Haddam	CT	06423

Principal Occupation: Retired

Name of Employer: Retired

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

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

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

Amount of Contribution: $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 #
Lyman	Dora		0157

Residential Street Address	City	State	Zip Code
136 Town St	East Haddam	CT	06423

Principal Occupation: Retired

Name of Employer: Retired

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 02/27/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Yuille-Peperni	Katie		0156

Residential Street Address	City	State	Zip Code
85 N Main St # 10A	East Hampton	CT	06424

Principal Occupation: Retired

Name of Employer: Retired

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 02/27/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Brooks	Christopher		0155

Residential Street Address	City	State	Zip Code
85 N Main St	East Hampton	CT	06424

Principal Occupation	Name of Employer
Billing Analyst	Baight Puty

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

If yes, indicate which branch or branches 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: 02/27/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Helveston	Liz		0154

Residential Street Address	City	State	Zip Code
85 N Main St	East Hampton	CT	06424

Principal Occupation	Name of Employer
Admin Assistant	Diversivied Marlborough

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

If yes, indicate which branch or branches 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: 02/27/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Parsons	Steven		0153

Residential Street Address	City	State	Zip Code
85 N Main St	East Hampton	CT	06424

Principal Occupation	Name of Employer
Owner	Grasshopper Landscaping

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

If yes, indicate which branch or branches 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: 02/27/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Butler	Aubrey		0152

Residential Street Address	City	State	Zip Code
85 N Main St # 114	East Hampton	CT	06424

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: 02/27/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Walck	Alison		0151

Residential Street Address	City	State	Zip Code
82 Young St	East Hampton	CT	06424

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: 02/27/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Artikes	Irene	L	0150

Residential Street Address	City	State	Zip Code
90 Hog Hill Rd	East Hampton	CT	06424

Principal Occupation	Name of Employer
Legal Assistant	David G Hill + Associates LLC

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

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

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

Amount of Contribution: $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: 02/27/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Artikes	Jeff	A	0149

Residential Street Address	City	State	Zip Code
96 Hog Hill Rd	East Hampton	CT	06424

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: 02/27/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Standish	Gloria		0148

Residential Street Address	City	State	Zip Code
15 Sunset De	East Hampton	CT	06424

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: 02/27/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Champlin	Cameron	G	0147

Residential Street Address	City	State	Zip Code
93 Clark Gates Rd	Moodus	CT	06469

Principal Occupation	Name of Employer
Planner	Dominion 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

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: 02/27/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Champlin	Kayleigh	M	0146

Residential Street Address	City	State	Zip Code
93 Clark Gates Rd	Moodus	CT	06469

Principal Occupation	Name of Employer
College 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: 02/27/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Champlin	Alyssa	A	0145

Residential Street Address	City	State	Zip Code
93 Clark Gates Rd	Moodus	CT	06469

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: 02/27/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Champlin	Pamela	S	0144

Residential Street Address	City	State	Zip Code
93 Clark Gates Rd	Moodus	CT	06469

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: 02/27/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Smith	True		0185

Residential Street Address	City	State	Zip Code
169 Norwich Rd	Salem	CT	06420

Principal Occupation	Name of Employer
Small Engine Mechanic	TrueRepair

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

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

Aggregate Contributions: $30.00

Last Name	First	MI	Contribution ID #
Smith	Bopha		0183

Residential Street Address	City	State	Zip Code
169 Norwich Rd	Salem	CT	06420

Principal Occupation	Name of Employer
Lead Studio Photographer	Rebecca Rose Fine Portraits

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

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

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Miller	Allen		0182

Residential Street Address	City	State	Zip Code
9 Palmer Martin Rd	East Haddam	CT	06423

Principal Occupation	Name of Employer
Project Manager	ABA-PGT

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

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

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Winakor Miller	Laurie		0181

Residential Street Address	City	State	Zip Code
9 Palmer Martin Rd	East Haddam	CT	06423

Principal Occupation	Name of Employer
Respiratory Clinical Coordinator	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: $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: 03/03/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Morrissey	Sean		0180

Residential Street Address	City	State	Zip Code
42 Petticoat Ln	East Haddam	CT	06423

Principal Occupation	Name of Employer
Machinist	AeroCision

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

If yes, indicate which branch or branches 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
03/03/2026	$10.00

Last Name	First	MI	Contribution ID #
Thompson	Kiera		0179

Residential Street Address	City	State	Zip Code
181 Tater Hill Rd	East Haddam	CT	06423

Principal Occupation	Name of Employer
Jewler	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: $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
03/03/2026	$25.00

Last Name	First	MI	Contribution ID #
Dedman	Meg		0178

Residential Street Address	City	State	Zip Code
71 Laurel Point Dr	Oakdale	CT	06370

Principal Occupation	Name of Employer
Teacher	Town of East Haddam

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

If yes, indicate which branch or branches 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
03/03/2026	$50.00

Last Name	First	MI	Contribution ID #
Smith	Vernon	S	0177

Residential Street Address	City	State	Zip Code
169 Norwich Rd	Salem	CT	06420

Principal Occupation	Name of Employer
Owner/Craftsman	Vernon Smith Framer Studio

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

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

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

Amount of Contribution: $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
03/10/2026	$5.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Stoken	Julie	A	0176

Residential Street Address	City	State	Zip Code
305 Colchester Rd	Salem	CT	06420

Principal Occupation	Name of Employer
Town Clerk	Town of Salem

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

If yes, indicate which branch or branches 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 #
Stoken	Martin	D	0175

Residential Street Address	City	State	Zip Code
305 Old Colchester Rd	Salem	CT	06420

Principal Occupation	Name of Employer
Engineer	Electric Boat

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

If yes, indicate which branch or branches 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 #
Norwood	Lavan		0174

Residential Street Address	City	State	Zip Code
80 Buckley Rd	Salem	CT	06420

Principal Occupation	Name of Employer
Eng	Tectonic Technologiks

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

If yes, indicate which branch or branches 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 #
Donovan	Patrick	L	0173

Residential Street Address	City	State	Zip Code
759 Old Colchester Rd	Salem	CT	06420

Principal Occupation	Name of Employer
Supervision	Electric Boat

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

If yes, indicate which branch or branches 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: 03/10/2026

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Fontaine	Kirk	A	0172

Residential Street Address	City	State	Zip Code
37 Witch Meadow Rd	Salem	CT	06420

Principal Occupation: Lineman

Name of Employer: Eversource

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

If yes, indicate which branch or branches 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 #
Fontaine	Ashton	K	0171

Residential Street Address	City	State	Zip Code
37 Witch Meadow Rd	Salem	CT	06420

Principal Occupation: Butcher

Name of Employer: RVP

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

If yes, indicate which branch or branches 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 #
Fontaine	Christina	H	0170

Residential Street Address	City	State	Zip Code
37 Witch Meadow Rd	Salem	CT	06420

Principal Occupation: Homemaker

Name of Employer: Homemaker

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

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

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

Amount of Contribution: $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 #
Haines	Steven		0169

Residential Street Address	City	State	Zip Code
112 Shanaghan Rd	East Haddam	CT	06423

Principal Occupation: VP

Name of Employer: Salas O'Brien

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

If yes, indicate which branch or branches 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): MZ 2026

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Haines	Irene		0168

Residential Street Address	City	State	Zip Code
112 Shanaghan Rd	East Haddam	CT	06423

Principal Occupation	Name of Employer
State Rep	State of CT

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 03/10/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Burt	Chris		0167

Residential Street Address	City	State	Zip Code
23 Day Point Rd	East Hampton	CT	06424

Principal Occupation	Name of Employer
Realtor	Burt Realty 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 #
Clark	Karen		0187

Residential Street Address	City	State	Zip Code
37 Ola Ave	East Hampton	CT	06424

Principal Occupation	Name of Employer
Garden Center Comanager	Paul's and Sandy's Too 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: $35.00

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

If yes, list Event #:

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

Date Received: 03/18/2026

Aggregate Contributions: $35.00

Last Name	First	MI	Contribution ID #
Peszynski	Daniel		0186

Residential Street Address	City	State	Zip Code
12 Day Point Rd	East Hampton	CT	06424

Principal Occupation	Name of Employer
President	Paul's and Sandy's Too 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: $65.00

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

If yes, list Event #:

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

Date Received: 03/18/2026

Aggregate Contributions: $65.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Turenne	Gary		0190

Residential Street Address	City	State	Zip Code
60 Trowbridge Rd	Moodus	CT	06469

Principal Occupation	Name of Employer
Rood superintendent	Acranom Masonry Inc.

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 03/30/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Polcari	Joseph		0189

Residential Street Address	City	State	Zip Code
56 Orchard Rd	East Haddam	CT	06423

Principal Occupation	Name of Employer
Engineer	Lee 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: 03/30/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Bernier	John		0188

Residential Street Address	City	State	Zip Code
27 Salem Ridge Dr N	Salem	CT	06420

Principal Occupation	Name of Employer
Engineer	Electric Boat

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

If yes, indicate which branch or branches 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: 03/30/2026

Aggregate Contributions: $50.00

Total of Section B	**$6,585.00**
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Total on Line 14, Column A of Summary Page)*	**$6,585.00**

I. MONETARY RECEIPTS (Section A-I)

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

C1. Contributions from Other Committees

Name of Committee	Name of Treasurer

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

City	State	Zip Code	Date Received	Aggregate Contributions

Total of Section C1	

I. MONETARY RECEIPTS (Section A-I)

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

C2. Reimbursements or Surplus Distributions from other Committees

Name of Committee	Name of Treasurer

Address	Date Received	Amount of Receipt

City	State	Zip Code	Payment Type Reimbursement for shared expense Surplus distribution from exploratory committee

Expenditure #	Description

Total of Section C2	

I. MONETARY RECEIPTS (Section A-I)

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

D. Loans Received this Period

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

I. MONETARY RECEIPTS (Section A-I)

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

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

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

I. Monetary Receipts (Section A-I)

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

G. Interest from Deposits in Authorized Accounts

Name of Institution		Date Received		Amount
Street Address	City	State	Zip Code	
			Total of Section G	

I. MONETARY RECEIPTS (Section A-I)

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

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

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

I. MONETARY RECEIPTS (Section A-I)

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

I. Miscellaneous Monetary Receipts not Considered Contributions

Name	Date of Transaction	Amount Received
Citizen's Bank-Penny Test (State of Ct Vendor Ach)	01/23/2026	

Street Address	City	State	Zip Code
1187 Boston Post Rd	Westbrook	CT	06498

Description	
SEEC CEP Form 12 Bank Verification Test Deposit	$0.04
Total of Section I	**$0.04**

II. EVENT ACTIVITY (Sections J1 - J4)

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

J1. Event Information

Event # / Date of Event / Letter	Description	Was this a fundraising event? Yes / No

Location: Street Address	City	State	Zip Code

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

Total of Section J1	

II.EVENT ACTIVITY (Sections J1 - J4)

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

J3. In-Kind Donations Not Considered Contributions

Name of the Donor			
Street Address	City	State	Zip Code

Donation Given by: Individual / Business Entity / Sole Proprietorship	Description of Donation			Fair Market Value of Donation
	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
MZ 2026	April 10 Filing - Amendment

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

Name of Host			Is this event supporting more than one candidate? Yes No If yes, complete Itemization in Addendum J4	
Street Address	City		State	Zip Code
Description of Donation				Fair Market Value of Donation
Event #	Aggregate value of this Event - all hosts	Aggregate value of all Events - this host/candidate		

Total of Section J4	

III. NONMONETARY RECEIPTS (Sections K - L)

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

K. In-Kind Contributions

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

Total of Section K	

III. Non Monetary Receipts (Sections K - L)

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

L. Refundable Deposit to Telephone Company

Last Name of Individual	First Name	MI	Date Deposit Made

Residential Street Address	City	State	Zip Code	Amount of Deposit

Name of Telephone company				

Street Address	City	State	Zip Code	

Total of Section L	

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Luke Turner	01/20/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
42 Spice Hill Dr	East Hampton	CT	06424

Purpose of Expendit	Description	Amount
REF	Refund of Contribution to Luke Turner originally made on Anedot 1/12/2026 because same payment method as parents used	$5.00

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

Name of Payee	Date of Payment	Method of Payment
Kaylee Turner	01/20/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
42 Spice Hill Dr	East Hampton	CT	06424

Purpose of Expendit	Description	Amount
REF	Refund of Contribution to Kaylee Turner originally received on 1/12/2026 via Anedot because same payment method as parents used	$5.00

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

Name of Payee	Date of Payment	Method of Payment
Bryon Turner	01/20/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
42 Spice Hill Dr	East Hampton	CT	06424

Purpose of Expendit	Description	Amount
REF	Refund of Contribution to Bryon Turner originally recieved on 1/12/2026 via Anedot becuase incorrect name used (Intention was donation from spouse)	$25.00

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

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Staples	01/20/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
1000 Boston Post Rd	Old Saybrook	CT	06475

Purpose of Expendit	Description	Amount
OFFICE	Sheet Protectors for Documents held by the Treasurer	$25.51

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
Citizens Bank	01/27/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1187 Boston Post Rd	Westbrook	CT	06498

Purpose of Expendit	Description	Amount
BNK	Purchase of Checks from Bank	$30.50

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
Citizens Bank	01/30/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1187 Boston Post Rd	Westbrook	CT	06498

Purpose of Expendit	Description	Amount
BNK	Bank Statement Fee	$3.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Paul Formice	01/31/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
11 S Lee Rd	Niantic	CT	06357

Purpose of Expendit	Description	Amount
REF	Refund to Paul Formica on 1/31- Anedot used 96.70 from following donation and removed 104.30 from my bank account on 2/6	$200.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
MAD Communications	02/02/2026	[X] Check # 101 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
56 William Dr	East Hampton	CT	06424

Purpose of Expendit	Description	Amount
WEB	Landing Page and Email Reset	$63.81

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
Citizens Bank	02/27/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
1187 Boston Post Rd	Westbrook	CT	06498

Purpose of Expendit	Description	Amount
BNK	Bank Statement Fee	$3.00

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
New England Illustration and Design, LLC	03/02/2026	[X] Check # 102 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
89 Bailey Rd	East Haddam	CT	06423

Purpose of Expendit	Description	Amount
A-OTH	New Logo	

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			$125.00

Name of Payee	Date of Payment	Method of Payment
Citizens Bank	03/31/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
1187 Boston Post Rd	Westbrook	CT	06498

Purpose of Expendit	Description	Amount
BNK	Bank Statement Fees	

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			$3.00

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
1340 Poydras St	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
BNK	Credit Card Processing Fee (Anedot)	

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			$148.50

Total of Section N	**$637.32**

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
MZ 2026	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?
~~Melissa Ziobron~~	~~03/31/2026~~	☐ Yes ☒ No

Street Address	City	State	Zip Code	Amount
~~181 Petticoat Ln~~	~~East Haddam~~	~~CT~~	~~06423~~	

Purpose of Expenditure (by code)	Description	Event #	Amount
~~A-OTH~~	~~50 Bumper Stickers. 10 Years Old From Previous Campaign.~~		~~$50.00~~

Name of Payee (Name of vendor who candidate paid directly)	Date of Payment	Is Reimbursement Claimed?
Melissa Ziobron	**03/31/2026**	☐ Yes ☒ No

Street Address	City	State	Zip Code	Amount
181 Petticoat Ln	**East Haddam**	**CT**	**06423**	

Purpose of Expenditure (by code)	Description	Event #	Amount
A-OTH	**50 Bumper Stickers. 10 Years Old From Previous Campaign. Faded and Bent.**		**$50.00**

Total of Section O	$50.00

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card: Visa Master Card Discover American Express Other

Name of Vendor	Date of Transaction

Street Address	City	State	Zip Code

Purpose of Expenditure (by code)	Description	Amount

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

Total of Section P	

IV. EXPENDITURES (Sections N - S)

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

Q. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor	Date Incurred

Street Address	City	State	Zip Code

Purpose of Expenditure (by code)	Description	Amount Incurred (Estimate or Actual)

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

Total of Section Q	

IV. EXPENDITURES (Sections N - S)

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

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N: Check # Debit Card EFT

Name of Vendor Paid by Committee Worker/Consultant			
Street Address of Vendor	City	State	Zip Code

Purpose of Expenditure (by code)	Description

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

Total of Section R	

IV. EXPENDITURES (Sectuibs N - S)

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

S. Surplus Distribution of Equipment and Furniture

Name of Recipient				
Street Address	City	State	Zip Code	Original Purchase Amount of Item

Description of Item

Total of Section S	

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

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

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

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

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