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
ERIN FOR CONNECTICUT	[x] Candidate Committee [ ] Exploratory Committee

3. TREASURER NAME

First	MI	Last	Suffix
Valerie	**R**	**Marino**	

4. TREASURER ADDRESS

Street Address	City	State	Zip Code
432 Lakeside Blvd W	**Waterbury**	**CT**	**06708**

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

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

First	MI	Last	Suffix
Erin	**E**	**Stewart**	

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	**Maxwell Turgeon**	**07/09/2026 3:28:08PM**
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.

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CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised February 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
ERIN FOR CONNECTICUT	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	**$116,802.54**	
14. Contributions received from Individuals (Section A and B)	**$0.00**	**$11,665.00**
15. Receipts from Other Committees (Sections C1 and C2)	**$0.00**	**$202,115.28**
16. Other Monetary Receipts (Section D through I)	**$828,255.00**	**$828,255.00**
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	**$0.00**	**$0.00**
18. Total Monetary Receipts (add totals for lines 14 through 17)	**$828,255.00**	**$1,042,035.28**
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	**$945,057.54**	**$1,042,035.28**
20. Expenses Paid by Committee (Section N)	**$458,071.87**	**$555,049.61**
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	**$486,985.67**	**$486,985.67**
22. In-Kind Donations not Considered Contributions Received (Section J3)	**$0.00**	**$0.00**
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	**$0.00**	**$0.00**
24. In-Kind Contributions Received (Section K)	**$0.00**	**$0.00**
25. Refundable Deposit to Telephone Company (Section L)	**$0.00**	**$0.00**
26. Beginning Loan Balance	**$0.00**	
26a. + Loans Received (Section D)	**$0.00**	**$0.00**
26b. + Interest and Penalties on Loan(s)	**$0.00**	**$0.00**
26c. - Payments on Loan(s)	**$0.00**	**$0.00**
26d. Total Outstanding Loan Amount	**$0.00**	
27. Campaign Expenses Paid By Candidate (Section O)	**$0.00**	**$0.00**
28. Expenses Incurred on Committee Credit Card (Section P)	**$0.00**	**$0.00**
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	**$0.00**	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	**$0.00**	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	April 10 Filing - Amendment

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #

Residential Street Address	City	State	Zip Code

Principal Occupation	Name of Employer

Is contributor a principal of a state contractor or prospective state contractor? Yes No If yes, indicate which branch or branches of government the contract is with: Executive Legislative	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	Amount of Contribution

Is this contribution associated with an event reported in Section J1? Yes No If yes, list Event #	Method of contribution: Cash Personal Check Money Order Credit/Debit Card	Date Received	Aggregate Contributions

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	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
ERIN FOR CONNECTICUT	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
ERIN FOR CONNECTICUT	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
ERIN FOR CONNECTICUT	April 10 Filing - Amendment

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

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

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
ERIN FOR CONNECTICUT	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
ERIN FOR CONNECTICUT	April 10 Filing - Amendment

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

Purpose of Grant:	Grant Cycle:	Date Received	Amount
[X] Initial [ ] Grant Adjustment [ ] Supplemental/Post Election Deficit	[X] Primary [ ] General Election [ ] Special Election	01/12/2026	$806,875.00
[ ] Initial [X] Grant Adjustment [ ] Supplemental/Post Election Deficit	[X] Primary [ ] General Election [ ] Special Election	01/12/2026	$21,380.00
	Total of Section H		**$828,255.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
ERIN FOR CONNECTICUT	April 10 Filing - Amendment

I. Miscellaneous Monetary Receipts not Considered Contributions

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

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	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
ERIN FOR CONNECTICUT	April 10 Filing - Amendment

J3. In-Kind Donations Not Considered Contributions

Name of the Donor			
Street Address	City	State	Zip Code

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

Total of Section J3	

II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	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
ERIN FOR CONNECTICUT	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
ERIN FOR CONNECTICUT	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
ERIN FOR CONNECTICUT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Mohegan Sun	01/12/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1 Mohegan Blvd	Uncasville	CT	06382

Purpose of Expendit	Description	Amount
Misc *	Mohegan Sun Room Reservation GOP Convention Mayor	$343.85

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

Name of Payee	Date of Payment	Method of Payment
Mohegan Sun	01/12/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1 Mohegan Blvd	Uncasville	CT	06382

Purpose of Expendit	Description	Amount
Misc *	Mohegan Sun Hotel Room Reservation GOP Convention	$343.85

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

Name of Payee	Date of Payment	Method of Payment
Desiree Rivera	01/12/2026	[X] Check # 1031 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
17 Pike St	New Britain	CT	06051

Purpose of Expendit	Description	Amount
CNSLT	Fee for January 2026	$5,000.00

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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Liberty Square, LLC	01/12/2026	[X] Check # 1032 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1 Liberty Sq P.O Box 3040	New Britain	CT	06050

Purpose of Expendit	Description	Amount
Misc *	Campaign HQ Rent January 2026	$2,400.00

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
Gregg Hannan	01/12/2026	[X] Check # 1033 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
246 Reed's Gap Rd # 3A	Northford	CT	06492

Purpose of Expendit	Description	Amount
CNSLT	Fee January 2026	$3,000.00

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
Brock Weber	01/12/2026	[X] Check # 1034 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
17 Lancewood Ln	Wolcott	CT	06716

Purpose of Expendit	Description	Amount
CNSLT	Fees January 2026	$8,100.00

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 #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Brock Weber	01/12/2026	[X] Check # 1035 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
17 Lancewood Ln	Wolcott	CT	06716

Purpose of Expendit	Description	Amount
RMB	Coffee And for Meet and Greet 1/10/2026	$492.30

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
Nathan Vieira	01/12/2026	[X] Check # 1036 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
580 N Main St Apt 1	Thomaston	CT	06787

Purpose of Expendit	Description	Amount
CNSLT	Fee January 2026	$3,000.00

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
Desiree Rivera	01/12/2026	[X] Check # 1037 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
17 Pike St	New Britain	CT	06051

Purpose of Expendit	Description	Amount
RMB	Table for HQ	$85.07

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

Expenditure # (if applicable):
Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Valerie R. Marino	01/13/2026	[X] Check # 1038 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
432 Lakeside Blvd W	Waterbury	CT	06708

Purpose of Expendit	Description	Amount
CNSLT	Treasurer	

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			$3,000.00

Name of Payee	Date of Payment	Method of Payment
Four Biz Graphics	01/21/2026	[X] Check # 1039 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
5 Cassidy Dr	Plainville	CT	06062

Purpose of Expendit	Description	Amount
Misc *	Photos Meet and Greets 12/9,1/10, 1/15	

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			$850.00

Name of Payee	Date of Payment	Method of Payment
Lakeview Restaurant	01/21/2026	[X] Check # 1040 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
50 Lake St	Coventry	CT	06238

Purpose of Expendit	Description	Amount
FOOD	Meet and Greet Jan 15th	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1,250.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Spectrum Marketing Companies	01/21/2026	[X] Check # 1041 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
95 Eddy Rd Ste 101	Manchester	NH	03102

Purpose of Expendit	Description	Amount
Misc *	Lapel Strickers	

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			$705.00

Name of Payee	Date of Payment	Method of Payment
On Message Inc	01/21/2026	[X] Check # 1046 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
716 Giddings Ave # 41	Annapolis	MD	21401

Purpose of Expendit	Description	Amount
CNSLT	Travel	

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			$2,291.46

Name of Payee	Date of Payment	Method of Payment
Desiree Rivera	01/21/2026	[X] Check # 1045 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
17 Pike St	New Britain	CT	06051

Purpose of Expendit	Description	Amount
RMB	VistaPrint Travel Banners	

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			$611.46

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Christopher Peritore	01/23/2026	[X] Check # 1047 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
38 Birch Dr	Easton	CT	06612

Purpose of Expendit	Description	Amount
CNSLT	Services Dec 2025 and Jan 2026	$5,000.00

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
Jeffrey Rogers	01/23/2026	[X] Check # 1048 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
146 Forsyth Rd	Oakdale	CT	06370

Purpose of Expendit	Description	Amount
CNSLT	Services Dec 2025 and Jan 2026	$5,000.00

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
Holiday Inn Norwch	01/30/2026	[X] Check # 1049 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
10 Laura Blvd .	Norwich	CT	06360

Purpose of Expendit	Description	Amount
FOOD	Meet and Greet Norwich Jan 29	$194.03

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Jeffrey Caggiano	01/30/2026	[X] Check # 1050 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
100 N Main St Apt 306	Bristol	CT	06010

Purpose of Expendit	Description	Amount
CNSLT	Services Jan 2026	$2,000.00

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
Elite Strategic Communications	01/30/2026	[X] Check # 1051 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
360-BQueen Street #176	Southington	CT	06489

Purpose of Expendit	Description	Amount
CNSLT	Services Jan 2026	$3,000.00

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
On Message Inc	01/30/2026	[X] Check # 1052 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
716 Giddings Ave # 41	Annapolis	MD	21401

Purpose of Expendit	Description	Amount
A-OTH	Digital Buy	$297.00

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 #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Spectrum Marketing Companies	01/30/2026	[X] Check # 1053 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
95 Eddy Rd Ste 101	Manchester	NH	03102

Purpose of Expendit	Description	Amount
PRNT	Note Cards and Envelopes	$596.49

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
Thomaston Savings Bank	01/31/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
1655 Straits Tpke	Middlebury	CT	06762

Purpose of Expendit	Description	Amount
BNK	Paper Statement Fee January 2026	$5.00

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
Spectrum Marketing Companies	02/02/2026	[X] Check # 1054 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
95 Eddy Rd Ste 101	Manchester	NH	03102

Purpose of Expendit	Description	Amount
PRNT	Erin Governor Mailer	$8,326.30

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Erin E. Stewart	02/04/2026	[X] Check # 1085 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
134 Oakwood Dr	New Britain	CT	06052

Purpose of Expendit	Description	Amount
RMB	Child Care Weeks 2/16, 2/23, 3/2, 3/9	$998.08

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
Brock Weber	02/04/2026	[X] Check # 1057 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
17 Lancewood Ln	Wolcott	CT	06716

Purpose of Expendit	Description	Amount
CNSLT	February2026 Consulting Fee plus medical	$8,100.00

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
Liberty Square, LLC	02/04/2026	[X] Check # 1058 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1 Liberty Sq P.O Box 3040	New Britain	CT	06050

Purpose of Expendit	Description	Amount
Misc *	Campaign HQ Rent February 2026	$2,400.00

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 #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Desiree Rivera	02/04/2026	[X] Check # 1059 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
17 Pike St	New Britain	CT	06051

Purpose of Expendit	Description	Amount
CNSLT	Consultant Fee February 2026	$5,000.00

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

Name of Payee	Date of Payment	Method of Payment
Nathan Vieira	02/04/2026	[X] Check # 1060 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
580 N Main St Apt 1	Thomaston	CT	06787

Purpose of Expendit	Description	Amount
CNSLT	Consulting Fee February 2026	$3,000.00

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

Name of Payee	Date of Payment	Method of Payment
Gregg Hannan	02/04/2026	[X] Check # 1061 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
246 Reed's Gap Rd # 3A	Northford	CT	06492

Purpose of Expendit	Description	Amount
CNSLT	Consulting Fee February 2026	$3,000.00

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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Desiree Rivera	02/04/2026	[X] Check # 1055 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
17 Pike St	New Britain	CT	06051

Purpose of Expendit	Description	Amount
RMB	Media Room Equip	$283.35

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
Axim	02/04/2026	[X] Check # 1056 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
300 New Britain Ave Ste 4B	Berlin	CT	06037

Purpose of Expendit	Description	Amount
Misc *	Data Storage and Videography	$4,600.00

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
Joseph Capodiferro	02/05/2026	[X] Check # 1062 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
101 Woodruff Rd	Farmington	CT	06032

Purpose of Expendit	Description	Amount
Misc *	Security-Newtown, Coventry, Norwich Meet and Greets	$195.00

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 #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Sir Speedy	02/05/2026	[X] Check # 1063 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
210 Main St	New Britain	CT	06051

Purpose of Expendit	Description	Amount
Misc *	Business Cards	$105.29

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
Spectrum Marketing Companies	02/05/2026	[X] Check # 1064 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
95 Eddy Rd Ste 101	Manchester	NH	03102

Purpose of Expendit	Description	Amount
Misc *	Bumper Stickers	$968.00

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
Valerie R. Marino	02/05/2026	[X] Check # 1065 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
432 Lakeside Blvd W	Waterbury	CT	06708

Purpose of Expendit	Description	Amount
CNSLT	Fee for February 2026	$3,000.00

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 #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
The Back Nine	02/05/2026	[X] Check # 1066 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
150 Savage St	Plantsville	CT	06479

Purpose of Expendit	Description	Amount
FOOD	Meet & Greet February 5 2026	$902.91

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
Erin E. Stewart	02/10/2026	[X] Check # 1067 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
134 Oakwood Dr	New Britain	CT	06052

Purpose of Expendit	Description	Amount
RMB	Reimbursement Childcare Weeks 1/26, 2/2 & 2/9	$748.56

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
On Message Inc	02/10/2026	[X] Check # 1068 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
716 Giddings Ave # 41	Annapolis	MD	21401

Purpose of Expendit	Description	Amount
A-OTH	Digital Buy Boost	$1,500.00

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 #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Brendan Connery	02/12/2026	[X] Check # 1069 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
206 Highland Ave	Wallingford	CT	06492

Purpose of Expendit	Description	Amount
CNSLT	Fee for February 2026	

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			$2,000.00

Name of Payee	Date of Payment	Method of Payment
Four Biz Graphics	02/12/2026	[X] Check # 1070 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
5 Cassidy Dr	Plainville	CT	06062

Purpose of Expendit	Description	Amount
Misc *	Meet & Greet Southington 2/5/2026 Photos	

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			$300.00

Name of Payee	Date of Payment	Method of Payment
Mohegan Sun	02/13/2026	[X] Check # 1071 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1 Mohegan Blvd	Uncasville	CT	06382

Purpose of Expendit	Description	Amount
Misc *	Deposit GOP Convention Catering Contract	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$4,940.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
On Message Inc	02/17/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
716 Giddings Ave # 41	Annapolis	MD	21401

Purpose of Expendit	Description	Amount
A-TV	Media Buy	$198,762.30

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

Expenditure # (if applicable):
Event #:

Name of Payee	Date of Payment	Method of Payment
Thomaston Savings Bank	02/17/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1655 Straits Tpke	Middlebury	CT	06762

Purpose of Expendit	Description	Amount
BNK	Wire Transfer Fee On Message	$25.00

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

Expenditure # (if applicable):
Event #:

Name of Payee	Date of Payment	Method of Payment
Christopher Peritore	02/18/2026	☒ Check # 1072 ☐ Debit Card ☐ EFT

Street Address	City	State	Zip Code
38 Birch Dr	Easton	CT	06612

Purpose of Expendit	Description	Amount
CNSLT	Fee for February 2026	$2,500.00

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
ERIN FOR CONNECTICUT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Brock Weber	02/18/2026	[X] Check # 1073 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
17 Lancewood Ln	Wolcott	CT	06716

Purpose of Expendit	Description	Amount
RMB	Meet and Greet Glastonbury Feb 12 Hall Rental	$840.00

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
Four Biz Graphics	02/18/2026	[X] Check # 1074 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
5 Cassidy Dr	Plainville	CT	06062

Purpose of Expendit	Description	Amount
Misc *	Meet and Greet Glastonbury 2-12-2026 Photos	$300.00

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
Jeffrey Caggiano	02/20/2026	[X] Check # 1075 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
100 N Main St Apt 306	Bristol	CT	06010

Purpose of Expendit	Description	Amount
RMB	Food fo Meet and Greet Glastonbury Feb 12-2026	$497.27

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

Expenditure # (if applicable):
Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
On Message Inc	02/20/2026	[X] Check # 1076 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
716 Giddings Ave # 41	Annapolis	MD	21401

Purpose of Expendit	Description	Amount
POLLS	CT Statewide Survey Feb 2-5 2026	$61,125.00

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
Axim Creative	02/20/2026	[X] Check # 1077 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
300 New Britain Ave Ste 4B	Berlin	CT	06037

Purpose of Expendit	Description	Amount
Misc *	Videography Norwich Grassroots East	$3,500.00

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
Brock L.Weber	02/20/2026	[X] Check # 1078 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
17 Lancewood Ln	Wolcott	CT	06716

Purpose of Expendit	Description	Amount
RMB	Food Meet and Greet Torrington 2-19-2026	$965.13

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

Expenditure # (if applicable):
Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Numinar Inc	02/23/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
1201 Wilson Blvd	Arlington	VA	22209

Purpose of Expendit	Description	Amount
Misc *	Field and Relational Subscription -	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$3,500.00

Name of Payee	Date of Payment	Method of Payment
Elite Strategic Communications	02/26/2026	☒ Check # 1079 ☐ Debit Card ☐ EFT

Street Address	City	State	Zip Code
360-BQueen Street #176	Southington	CT	06489

Purpose of Expendit	Description	Amount
CNSLT	Conultant Fee for February 2026	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$3,000.00

Name of Payee	Date of Payment	Method of Payment
On Message Inc	02/26/2026	☒ Check # 1080 ☐ Debit Card ☐ EFT

Street Address	City	State	Zip Code
716 Giddings Ave # 41	Annapolis	MD	21401

Purpose of Expendit	Description	Amount
A-OTH	Digital Boost Buy Feb 18-19 2026 OMI 15749	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$515.46

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Jeffrey Caggiano	02/26/2026	[X] Check # 1081 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
100 N Main St Apt 306	Bristol	CT	06010

Purpose of Expendit	Description	Amount
CNSLT	Consultant Fee February 2026	$2,000.00

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

Street Address	City	State	Zip Code
1655 Straits Tpke	Middlebury	CT	06762

Purpose of Expendit	Description	Amount
BNK	Paper Statement Fee for February 2026	$5.00

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
Mohegan Sun	03/04/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
1 Mohegan Blvd	Uncasville	CT	06382

Purpose of Expendit	Description	Amount
TRVL	Suite for the Convention	$783.60

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Testo's Restaurant	03/04/2026	[X] Check # 1082 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
505 Main St	Monroe	CT	06468

Purpose of Expendit	Description	Amount
FOOD	Meet and Greet March 4	

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			$2,000.00

Name of Payee	Date of Payment	Method of Payment
Spectrum Marketing Companies	03/04/2026	[X] Check # 1083 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
95 Eddy Rd Ste 101	Manchester	NH	03102

Purpose of Expendit	Description	Amount
A-SIGN	Poly Bag Lawn Signs and Wires	

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			$3,866.00

Name of Payee	Date of Payment	Method of Payment
Liberty Square, LLC	03/04/2026	[X] Check # 1084 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1 Liberty Sq P.O Box 3040	New Britain	CT	06050

Purpose of Expendit	Description	Amount
Misc *	Campaign HQ Rent March	

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			$2,400.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
On Message Inc	03/04/2026	[X] Check # 1086 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
716 Giddings Ave # 41	Annapolis	MD	21401

Purpose of Expendit	Description	Amount
A-OTH	Digital Buy Boost Feb 28-March 2	$1,030.93

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
Desiree Rivera	03/04/2026	[X] Check # 1087 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
17 Pike St	New Britain	CT	06051

Purpose of Expendit	Description	Amount
CNSLT	March Consulting Fee	$5,000.00

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
CT GOP	03/04/2026	[X] Check # 1088 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
98 Washington St	Middletown	CT	06457

Purpose of Expendit	Description	Amount
Misc *	Exhibitor Registration Fee GOP Convention May 15 & 16 2026	$250.00

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 #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee: Desiree Rivera
Date of Payment: 03/04/2026
Method of Payment: [X] Check # 1089 [ ] Debit Card [ ] EFT
Street Address: 17 Pike St
City: New Britain
State: CT
Zip Code: 06051
Purpose of Expendit: RMB
Description: Food for Filming Event
Amount: $79.34
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: Christopher Peritore
Date of Payment: 03/05/2026
Method of Payment: [X] Check # 1092 [ ] Debit Card [ ] EFT
Street Address: 38 Birch Dr
City: Easton
State: CT
Zip Code: 06612
Purpose of Expendit: CNSLT
Description: Fee for March 2026
Amount: $4,000.00
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: Nathan Vieira
Date of Payment: 03/05/2026
Method of Payment: [X] Check # 1093 [ ] Debit Card [ ] EFT
Street Address: 580 N Main St Apt 1
City: Thomaston
State: CT
Zip Code: 06787
Purpose of Expendit: CNSLT
Description: Fee for March 2026
Amount: $3,500.00
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 #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Brendan Connery	03/05/2026	[X] Check # 1094 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
206 Highland Ave	Wallingford	CT	06492

Purpose of Expendit	Description	Amount
CNSLT	Fee for March 2026	

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			$2,000.00

Name of Payee	Date of Payment	Method of Payment
Valerie R. Marino	03/05/2026	[X] Check # 1095 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
432 Lakeside Blvd W	Waterbury	CT	06708

Purpose of Expendit	Description	Amount
CNSLT	Fee March 2026	

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			$3,000.00

Name of Payee	Date of Payment	Method of Payment
Valerie R. Marino	03/05/2026	[X] Check # 1096 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
432 Lakeside Blvd W	Waterbury	CT	06708

Purpose of Expendit	Description	Amount
RMB	Office Supplies-Printer Ink, File Folders, Pens	

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			$253.37

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Brock L.Weber	03/09/2026	[X] Check # 1097 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
17 Lancewood Ln	Wolcott	CT	06716

Purpose of Expendit	Description	Amount
CNSLT	Consultant Fee March 2026	$8,100.00

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

Name of Payee	Date of Payment	Method of Payment
Jeffrey Rogers	03/09/2026	[X] Check # 1098 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
146 Forsyth Rd	Oakdale	CT	06370

Purpose of Expendit	Description	Amount
CNSLT	Consultant Fee February 2026	$2,500.00

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

Name of Payee	Date of Payment	Method of Payment
Erin E. Stewart	03/09/2026	[X] Check # 1099 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
134 Oakwood Dr	New Britain	CT	06052

Purpose of Expendit	Description	Amount
RMB	Payment for Social Media Platform Apps to promote candidacy	$169.05

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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Erin E. Stewart	03/09/2026	[X] Check # 1100 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
134 Oakwood Dr	New Britain	CT	06052

Purpose of Expendit	Description	Amount
RMB	Social Medial Platform Management Program to promote candidacy	$588.00

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
Gregg Hannan	03/09/2026	[X] Check # 1101 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
246 Reed's Gap Rd # 3A	Northford	CT	06492

Purpose of Expendit	Description	Amount
CNSLT	Consultant Fee March 2026	$3,000.00

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
Joseph Capodiferro	03/11/2026	[X] Check # 1102 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
101 Woodruff Rd	Farmington	CT	06032

Purpose of Expendit	Description	Amount
Misc *	Security Meet and Greets 2/5 Southington 2/12 Glastonbury 2/19 Torrington	$195.00

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 #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Four Biz Graphics	03/11/2026	[X] Check # 1103 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
5 Cassidy Dr	Plainville	CT	06062

Purpose of Expendit	Description	Amount
Misc *	Photos Meet and Greet 2/19 Torrington	$300.00

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
NCM Embroidery	03/11/2026	[X] Check # 1104 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
426 S Main St	New Britain	CT	06051

Purpose of Expendit	Description	Amount
Misc *	Logo Embroidery	$180.00

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
SBC Restaurant	03/11/2026	[X] Check # 1105 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
33 New Haven Ave	Milford	CT	06460

Purpose of Expendit	Description	Amount
FOOD	Meet and Greet 3/11 Milford	$1,399.58

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee: On Message Inc
Date of Payment: 03/13/2026
Method of Payment: [X] Check # 1107 [ ] Debit Card [ ] EFT
Street Address: 716 Giddings Ave # 41
City: Annapolis
State: MD
Zip Code: 21401
Purpose of Expendit: A-OTH
Description: Digital Media Boost March 5-7
Amount: $500.00
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: Spectrum Marketing Companies
Date of Payment: 03/13/2026
Method of Payment: [X] Check # 1106 [ ] Debit Card [ ] EFT
Street Address: 95 Eddy Rd Ste 101
City: Manchester
State: NH
Zip Code: 03102
Purpose of Expendit: A-DM
Description: Newsprint Tabloid Mailer
Amount: $9,059.05
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: Demers Exposition Services
Date of Payment: 03/17/2026
Method of Payment: [X] Check # 1108 [ ] Debit Card [ ] EFT
Street Address: 151A Park Ave
City: East Hartford
State: CT
Zip Code: 06108
Purpose of Expendit: Misc *
Description: Convention costs for Video and Speaking May 15 & 16
Amount: $10,000.00
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 #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Harland Clarke	**03/18/2026**	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
15955 La Cantera Pkwy	**San Antonio**	**TX**	**78256**

Purpose of Expendit	Description	Amount
BNK		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			**$36.46**

Name of Payee	Date of Payment	Method of Payment
Numinar Inc	03/23/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
1201 Wilson Blvd	Arlington	VA	22209

Purpose of Expendit	Description	Amount
Misc *	Monthly voter contact files	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1,500.00

Name of Payee	Date of Payment	Method of Payment
The Norwalk Inn and Conference Center	03/24/2026	☒ Check # 1109 ☐ Debit Card ☐ EFT

Street Address	City	State	Zip Code
99 East Ave	Norwalk	CT	06851

Purpose of Expendit	Description	Amount
FOOD	Meet and Greet Norwalk 3/24/2026	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$772.92

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee: Four Biz Graphics
Date of Payment: 03/24/2026
Method of Payment: [X] Check # 1110 [ ] Debit Card [ ] EFT
Street Address: 5 Cassidy Dr
City: Plainville
State: CT
Zip Code: 06062
Purpose of Expendit: Misc *
Description: Photos Meet and Greet 3-11-26 Milford
Amount: $300.00
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: On Message Inc
Date of Payment: 03/24/2026
Method of Payment: [X] Check # 1111 [ ] Debit Card [ ] EFT
Street Address: 716 Giddings Ave # 41
City: Annapolis
State: MD
Zip Code: 21401
Purpose of Expendit: A-TV
Description: Media Buy Cable TV March 19-22-2026
Amount: $3,980.79
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: Desiree Rivera
Date of Payment: 03/24/2026
Method of Payment: [X] Check # 1112 [ ] Debit Card [ ] EFT
Street Address: 17 Pike St
City: New Britain
State: CT
Zip Code: 06051
Purpose of Expendit: Misc *
Description: Field Staff Campaign Jackets
Amount: $708.72
Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum N
Expenditure # (if applicable):
Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Four Biz Graphics	03/30/2026	[X] Check # 1113 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
5 Cassidy Dr	Plainville	CT	06062

Purpose of Expendit	Description	Amount
Misc *	Photos Meet & Greet Monroe 3-4-2026	$300.00

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

Name of Payee	Date of Payment	Method of Payment
Jeffrey Caggiano	03/30/2026	[X] Check # 1114 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
100 N Main St Apt 306	Bristol	CT	06010

Purpose of Expendit	Description	Amount
CNSLT	March Fee	$2,000.00

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

Name of Payee	Date of Payment	Method of Payment
On Message Inc	03/31/2026	[X] Check # 1115 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
716 Giddings Ave # 41	Annapolis	MD	21401

Purpose of Expendit	Description	Amount
A-TV	Media Buy Fox News April 1-7	$6,345.90

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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Jeffrey Rogers	03/31/2026	[X] Check # 1116 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
146 Forsyth Rd	Oakdale	CT	06370

Purpose of Expendit	Description	Amount
CNSLT	March 2026 Fee	$2,500.00

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
Thomaston Savings Bank	03/31/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
1655 Straits Tpke	Middlebury	CT	06762

Purpose of Expendit	Description	Amount
BNK	Paper Statement March 2026	$5.00

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 #:

Total of Section N	$458,071.87

IV. EXPENDITURES (Sections N - S)

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

O. Expenses Paid By Candidate

Name of Payee (Name of vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed? Yes No
Street Address	City	State	Zip Code		**Amount**
Purpose of Expenditure (by code)	Description			Event #	

Total of Section O

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ERIN FOR CONNECTICUT	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
ERIN FOR CONNECTICUT	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
ERIN FOR CONNECTICUT	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
ERIN FOR CONNECTICUT	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