

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

Revised February 2015



Electronic Filing

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Page 1 of 128

COVER PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
Somers for Senate				☒ Candidate Committee ☐ Exploratory Committee	
3. TREASURER NAME					
First Constantine		MI	Last Antipas		Suffix
4. TREASURER ADDRESS					
Street Address 164 Payer Ln		City Mystic		State CT	Zip Code 06355
5. ELECTION DATE 11/03/2026		6. OFFICE SOUGHT (Complete only if Candidate Committee) State Senator			7. DISTRICT NUMBER (if applicable) S018
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Heather		MI	Last Somers		Suffix
9. TYPE OF REPORT April 10 Filing - Amendment					
10. PERIOD COVERED					
Beginning Date Ending Date 01/01/2026 thru 03/31/2026					
11. CERTIFICATION					
☒ I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.					
Electronic Filing SIGNATURE		Constantine Antipas PRINT NAME OF THE SIGNER		07/10/2026 9:36:19AM 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	
Somers for Senate	April 10 Filing - Amendment	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$0.00	
14. Contributions received from Individuals (Section A and B)	\$22,135.00	\$22,135.00
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$0.03	\$0.03
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)	\$22,135.03	\$22,135.03
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$22,135.03	\$22,135.03
20. Expenses Paid by Committee (Section N)	\$1,184.10	\$1,184.10
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	\$20,950.93	\$20,950.93
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)	\$616.00	\$616.00
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	
Somers for Senate		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 Antipas		First Constantine		MI G	Contribution ID # 0001
Residential Street Address 164 Payer Ln		City Mystic		State CT	Zip Code 06355-1643
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 01/09/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Sneddon Jr.		First Charles		MI A	Contribution ID # 0003
Residential Street Address 322 Montauk Ave		City Stonington		State CT	Zip Code 06378-2127
Principal Occupation Jeweler		Name of Employer Simply Majestic			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/10/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Boris		First Robert		MI I	Contribution ID # 0009
Residential Street Address 24 Ramsdell St		City Groton		State CT	Zip Code 06340-3623
Principal Occupation Tech Executive		Name of Employer Command Tech			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches 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 # <u>01112026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/11/2026	Aggregate Contributions \$250.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Godin		First John		MI	Contribution ID # 0025
Residential Street Address 45 Harbor View Ter		City Stonington		State CT	Zip Code 06378-2802
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 01112026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/11/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Weeks		First Brad		MI	Contribution ID # 0066
Residential Street Address 5 Twin Pines Dr		City Wallingford		State CT	Zip Code 06492-6020
Principal Occupation Government Relations		Name of Employer 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	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 01112026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/11/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Waselik		First Richard		MI F	Contribution ID # 0065
Residential Street Address 2 Annex St		City Jewett City		State CT	Zip Code 06351-2344
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 # 01112026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/11/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Waselik		First Catherine		MI	Contribution ID # 0064
Residential Street Address 2 Annex St		City Jewett City		State CT	Zip Code 06351-2344
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 # 01112026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/11/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Stravato		First Annalisa		MI	Contribution ID # 0061
Residential Street Address 61 Mayflower Dr		City Wilton		State CT	Zip Code 06897-1003
Principal Occupation Registrar of Voters		Name of Employer Town of Wilton			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches 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 # 01112026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/11/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Ferrara		First Carolyn		MI E	Contribution ID # 0022
Residential Street Address 36 Dawley Dr		City Stonington		State CT	Zip Code 06378-2021
Principal Occupation Marketing		Name of Employer Anthem Sports			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 01112026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/11/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Chesebrough		First Danielle		MI	Contribution ID # 0014
Residential Street Address 14 Beach Dr		City Mystic		State CT	Zip Code 06355-3291
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 # 01112026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/11/2026	Aggregate Contributions \$25.00	\$25.00

Last Name McKenna		First Sean		MI P	Contribution ID # 0046
Residential Street Address 249 Ridgewood Dr		City Mystic		State CT	Zip Code 06355-2029
Principal Occupation Superintendent		Name of Employer 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	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 01112026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/11/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Kowalski-Weeks		First Karen		MI	Contribution ID # 0036
Residential Street Address 5 Twin Pines Dr		City Wallingford		State CT	Zip Code 06492-6020
Principal Occupation Government Relations		Name of Employer 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	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>01112026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/11/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Scott		First John		MI F	Contribution ID # 0059
Residential Street Address 1996 Veri Loop		City The Villages		State FL	Zip Code 34762-7065
Principal Occupation Insurance Rep.		Name of Employer McNeil & Co.			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>01112026A</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/11/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Friend		First Amy		MI	Contribution ID # 0069
Residential Street Address 61 Mystic Rd		City North Stonington		State CT	Zip Code 06359-1514
Principal Occupation Homemaker		Name of Employer Homemaker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/12/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Sachs		First Adam		MI	Contribution ID # 0074
Residential Street Address 17 Morgan Pl		City Unionville		State CT	Zip Code 06085-1177
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 01/12/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Rajasekhar		First Divya Kestur		MI	Contribution ID # 0073
Residential Street Address 273 Fairway Xing		City Glastonbury		State CT	Zip Code 06033-1465
Principal Occupation Student		Name of Employer Student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/12/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Steinberg		First Ayelet		MI	Contribution ID # 0085
Residential Street Address 17 Stuart Dr		City Old Greenwich		State CT	Zip Code 06870-1313
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 01/13/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Murphy		First Shawn		MI P	Contribution ID # 0072
Residential Street Address 23 Kingswood Dr		City North Stonington		State CT	Zip Code 06359-1504
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/14/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Main		First Judith		MI A	Contribution ID # 0071
Residential Street Address 209 Norwich-Westerly Rd		City North Stonington		State CT	Zip Code 06359-1715
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 01/14/2026	Aggregate Contributions \$20.00	\$20.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Umrysz		First Thomas		MI A	Contribution ID # 0089
Residential Street Address 94 Yetter Rd		City Mystic		State CT	Zip Code 06355-1028
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 01/14/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Longino		First Matthew		MI G	Contribution ID # 0088
Residential Street Address 95 Jupiter Point Rd		City Groton		State CT	Zip Code 06340-6016
Principal Occupation Sales		Name of Employer Vantage Point Inc.			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/14/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Johnson		First David		MI E	Contribution ID # 0087
Residential Street Address 21 W Mystic Ave		City Mystic		State CT	Zip Code 06355-2333
Principal Occupation Sales		Name of Employer Viking Representatives			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/14/2026	Aggregate Contributions \$100.00	\$100.00

Last Name White III		First G.W. Blunt		MI	Contribution ID # 0086
Residential Street Address 77 Collins Rd		City Stonington		State CT	Zip Code 06378-2409
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 01/14/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name French		First Amy		MI	Contribution ID # 0068
Residential Street Address 41 Babcock Rd		City North Stonington		State CT	Zip Code 06359-1302
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 01/14/2026	Aggregate Contributions \$5.00	\$5.00

Last Name MacGregor		First Jan		MI A	Contribution ID # 0084
Residential Street Address 21 Lamberts Ln		City Stonington		State CT	Zip Code 06378-2905
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 01/14/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Gibson		First Nancy		MI P	Contribution ID # 0083
Residential Street Address 3 Greenhaven Rd		City Pawcatuck		State CT	Zip Code 06379-2602
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 01/14/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Gibson		First Jonathan		MI A	Contribution ID # 0082
Residential Street Address 3 Greenhaven Rd		City Pawcatuck		State CT	Zip Code 06379-2602
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 01/14/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Fiore		First Donald		MI J	Contribution ID # 0081
Residential Street Address 5 W Vine St		City Pawcatuck		State CT	Zip Code 06379-1521
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 01/14/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Evering		First Michael		MI W	Contribution ID # 0080
Residential Street Address 235 Greenhaven Rd		City Pawcatuck		State CT	Zip Code 06379-2049
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 01/14/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Evering		First Jennifer		MI A	Contribution ID # 0079
Residential Street Address 235 Greenhaven Rd		City Pawcatuck		State CT	Zip Code 06379-2049
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 01/14/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Emery		First Robert		MI W	Contribution ID # 0078
Residential Street Address 201 Whitehall Ave		City Old Mystic		State CT	Zip Code 06372-0000
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 01/14/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Emery		First Melanie		MI T	Contribution ID # 0077
Residential Street Address 201 Whitehall Ave		City Old Mystic		State CT	Zip Code 06372-0000
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 01/14/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Beaudoin		First Matthew		MI T	Contribution ID # 0076
Residential Street Address 18 Johnson St		City Pawcatuck		State CT	Zip Code 06379-2203
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 01/14/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Andaloro		First Susan		MI E	Contribution ID # 0075
Residential Street Address 9 Antoinette St		City Pawcatuck		State CT	Zip Code 06379-1512
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 01/14/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Daly		First Jennifer		MI A	Contribution ID # 0091
Residential Street Address 39 Boulder Ave		City Stonington		State CT	Zip Code 06378-3004
Principal Occupation Partner		Name of Employer Gray Media			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/15/2026	Aggregate Contributions \$250.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Adams		First Karin		MI H	Contribution ID # 0090
Residential Street Address 61 Brookside Ln		City Groton		State CT	Zip Code 06340-4301
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 01/15/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Gaccione		First John		MI A	Contribution ID # 0070
Residential Street Address 209 Norwich-Westerly Rd		City North Stonington		State CT	Zip Code 06359-1715
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 01/16/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Dowling		First Susan		MI M	Contribution ID # 0092
Residential Street Address 22 Leeward Ln		City Noank		State CT	Zip Code 06340-4877
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 01/16/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Nossek		First Carole		MI J	Contribution ID # 0002
Residential Street Address 43 Dawley Dr		City Stonington		State CT	Zip Code 06378-2020
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Sherman		First Roger		MI M	Contribution ID # 0060
Residential Street Address 848 Noank Rd		City Mystic		State CT	Zip Code 06355-2121
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 01112026A	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Ringe-Welch		First Katherine		MI 	Contribution ID # 0056
Residential Street Address 208 Dawley Dr		City Stonington		State CT	Zip Code 06378-2028
Principal Occupation Energy Efficiency		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	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 01112026A	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$75.00	\$75.00

Last Name Viadella		First Sharon		MI L	Contribution ID # 0063
Residential Street Address 217 Lester Rd		City Griswold		State CT	Zip Code 06351-1421
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 01112026A	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$200.00	\$200.00

Last Name Taylor		First Camille		MI 	Contribution ID # 0062
Residential Street Address 60 Essex St		City Mystic		State CT	Zip Code 06355-3315
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 # 01112026A	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name France Jr.		First F. Michael		MI CT	Contribution ID # 0024
Residential Street Address 17 Garden Dr		City Gales Ferry		State CT	Zip Code 06335-1209
Principal Occupation Engineer & Manager		Name of Employer GDMS Progeny Systems			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>01112026A</u>	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Yerman		First Gary		MI J	Contribution ID # 0067
Residential Street Address 5 York Ave		City Niantic		State CT	Zip Code 06357-3215
Principal Occupation Owner		Name of Employer Sea Services North America			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>01112026A</u>	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$200.00	\$200.00

Last Name Regan Sr.		First Christopher		MI M	Contribution ID # 0055
Residential Street Address 20 Findlay Way		City Stonington		State CT	Zip Code 06378-2308
Principal Occupation Real Estate		Name of Employer Groton Plaza LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>01112026A</u>	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Pritchard		First Jeffrey		MI C	Contribution ID # 0054
Residential Street Address 31 W Mystic Ave		City Mystic		State CT	Zip Code 06355-2333
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>01112026A</u>	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Pavone		First Phillip		MI F	Contribution ID # 0053
Residential Street Address 20 Denison Ave		City Mystic		State CT	Zip Code 06355-2810
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 01112026A		Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$250.00
Amount of Contribution \$250.00					

Last Name Bennett		First David		MI W	Contribution ID # 0008
Residential Street Address 36 Dina Ln		City Griswold		State CT	Zip Code 06351-8914
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 01112026A		Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$50.00
Amount of Contribution \$50.00					

Last Name Bennett		First Dana		MI M	Contribution ID # 0007
Residential Street Address 36 Dina Ln		City Griswold		State CT	Zip Code 06351-8914
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 01112026A		Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$50.00
Amount of Contribution \$50.00					

Last Name Barber		First Diane		MI L	Contribution ID # 0006
Residential Street Address 144 Sandy Hollow Rd		City Mystic		State CT	Zip Code 06355-1720
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 01112026A		Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$50.00
Amount of Contribution \$50.00					

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Bach		First Del-Bourree		MI	Contribution ID # 0005
Residential Street Address 311 Godfrey Rd		City Mystic		State CT	Zip Code 06355-1129
Principal Occupation fine artist		Name of Employer Del-Bourree Bach - self employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 01112026A	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$200.00	\$200.00

Last Name Babbitt		First Todd		MI M	Contribution ID # 0004
Residential Street Address 60 Cook Hill Rd		City Griswold		State CT	Zip Code 06351-3652
Principal Occupation Public Works Director		Name of Employer Town of Griswold			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches 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 # 01112026A	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Flax		First Bruce		MI S	Contribution ID # 0023
Residential Street Address 632 Noank Rd		City Mystic		State CT	Zip Code 06355-2119
Principal Occupation President		Name of Employer Greater Mystic Chamber			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches 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 # 01112026A	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$300.00	\$300.00

Last Name Kluberanz		First Colleen		MI C	Contribution ID # 0035
Residential Street Address 3 Canary St		City Pawcatuck		State CT	Zip Code 06379-2321
Principal Occupation Finance Manager		Name of Employer 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	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 01112026A	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Kennedy		First Patrick		MI B	Contribution ID # 0034
Residential Street Address 105 Pequot Ave		City New London		State CT	Zip Code 06320-5447
Principal Occupation Merchant Marine		Name of Employer Kennedy Marine & Diving LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 01112026A	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Holbrook		First Sidney		MI J	Contribution ID # 0033
Residential Street Address 455 Essex Rd		City Westbrook		State CT	Zip Code 06498-3547
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 01112026A	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Hetzel		First Daniel		MI W	Contribution ID # 0032
Residential Street Address 702 Pleasant Valley Rd N Apt 304		City Groton		State CT	Zip Code 06340-2553
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 # 01112026A	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Healy		First Christopher		MI C	Contribution ID # 0031
Residential Street Address 27 Dorchester Rd		City Wethersfield		State CT	Zip Code 06109-2320
Principal Occupation Executive Director		Name of Employer CT Catholic Conference			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches 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 # 01112026A	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Harvey		First Peter		MI A	Contribution ID # 0030
Residential Street Address 528 N Main St		City Stonington		State CT	Zip Code 06378-2506
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 # <u>01112026A</u>	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Harvey		First Hunt		MI E	Contribution ID # 0029
Residential Street Address 528 N Main St		City Stonington		State CT	Zip Code 06378-2506
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 # <u>01112026A</u>	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Harvey		First Ann		MI T	Contribution ID # 0028
Residential Street Address 528 N Main St		City Stonington		State CT	Zip Code 06378-2506
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>01112026A</u>	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Harens		First Richard		MI F	Contribution ID # 0027
Residential Street Address 70 Farmstead Ave		City Mystic		State CT	Zip Code 06355-2106
Principal Occupation Shellfish Warden		Name of Employer Town of Groton			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches 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 # <u>01112026A</u>	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Harding		First Stephen		MI G	Contribution ID # 0026
Residential Street Address 1 Red Barn Ln		City Brookfield		State CT	Zip Code 06804-3700
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches 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 # 01112026A	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$40.00	\$40.00

Last Name Mannix		First Mark		MI C	Contribution ID # 0045
Residential Street Address 77 Strawberry Hill Rd		City Madison		State CT	Zip Code 06443-2075
Principal Occupation Financial Advisor		Name of Employer Cooperative Funeral Fund Inc.			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches 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 # 01112026A	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Maloney		First Thomas		MI A	Contribution ID # 0044
Residential Street Address 43 Jeremy Hill Rd		City North Stonington		State CT	Zip Code 06359-1202
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches 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 # 01112026A	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Maloney		First Ellen		MI B	Contribution ID # 0043
Residential Street Address 43 Jeremy Hill Rd		City North Stonington		State CT	Zip Code 06359-1202
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches 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 # 01112026A	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$20.00	\$20.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Malin		First Wayne		MI J	Contribution ID # 0042
Residential Street Address 11 Pequot Trl		City Jewett City		State CT	Zip Code 06351-1336
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 01112026A	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Lee		First Rhandi		MI M	Contribution ID # 0041
Residential Street Address 1 Fairway Ct		City Pawcatuck		State CT	Zip Code 06379-1240
Principal Occupation Owner		Name of Employer Murphy Apartments LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 01112026A	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$320.00	\$320.00

Last Name Lee		First Erin		MI E	Contribution ID # 0040
Residential Street Address 1 Fairway Ct		City Pawcatuck		State CT	Zip Code 06379-1240
Principal Occupation Regional Acocunting Manager		Name of Employer HMM Hotels			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches 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 # 01112026A	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$320.00	\$320.00

Last Name Lee		First David		MI B	Contribution ID # 0039
Residential Street Address 1 Fairway Ct		City Pawcatuck		State CT	Zip Code 06379-1240
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 01112026A	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$320.00	\$320.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Lanoue		First Brian		MI L	Contribution ID # 0038
Residential Street Address 35 Kenwood Ests		City Griswold		State CT	Zip Code 06351-8938
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches 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? If yes, list Event # <u>01112026A</u>		Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$25.00
				\$25.00	

Last Name Lane		First Thomas		MI S	Contribution ID # 0037
Residential Street Address 900 Noank-Ledyard Rd		City Mystic		State CT	Zip Code 06355-1319
Principal Occupation Carpenter		Name of Employer Thomas Lane Carpentry			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches 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? If yes, list Event # <u>01112026A</u>		Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$100.00
				\$100.00	

Last Name Carlson		First Robert		MI A	Contribution ID # 0013
Residential Street Address 241 NW Corner Rd		City North Stonington		State CT	Zip Code 06359-1018
Principal Occupation First Selectman		Name of Employer Town of North Stonington			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches 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? If yes, list Event # <u>01112026A</u>		Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$100.00
				\$100.00	

Last Name Camelio		First Linda		MI M	Contribution ID # 0012
Residential Street Address 3 Canary St		City Pawcatuck		State CT	Zip Code 06379-2321
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches 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? If yes, list Event # <u>01112026A</u>		Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$50.00
				\$50.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Butler		First Robert		MI H	Contribution ID # 0011
Residential Street Address 12 Cove St		City Noank		State CT	Zip Code 06340-5713
Principal Occupation Mechanic		Name of Employer Frank Hall Boatyard			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches 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 # 01112026A	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Brown		First David		MI A	Contribution ID # 0010
Residential Street Address 358 River Rd		City Pawcatuck		State CT	Zip Code 06379-2078
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 01112026A	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Onorato		First Erika		MI R	Contribution ID # 0052
Residential Street Address 20 Moss St		City Pawcatuck		State CT	Zip Code 06379-2115
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 # 01112026A	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$10.00	\$10.00

Last Name O'Shaughnessy		First Robert		MI J	Contribution ID # 0051
Residential Street Address 5 Orchard Hill Dr		City Mystic		State CT	Zip Code 06355-3292
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 01112026A	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Murphy		First Margaret		MI	Contribution ID # 0050
Residential Street Address 21 Foote St		City Pawcatuck		State CT	Zip Code 06379-2405
Principal Occupation Procurement Agent		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	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 01112026A	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Moukawsher		First Patrick		MI J	Contribution ID # 0049
Residential Street Address 19 Bruggeman Ct		City Mystic		State CT	Zip Code 06355-1970
Principal Occupation President		Name of Employer Import Auto			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches 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 # 01112026A	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Moukawsher		First Joanne		MI F	Contribution ID # 0048
Residential Street Address 19 Bruggeman Ct		City Mystic		State CT	Zip Code 06355-1970
Principal Occupation VP		Name of Employer Import Auto			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches 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 # 01112026A	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Miller		First Mark		MI M	Contribution ID # 0047
Residential Street Address 73 Fair St		City Guilford		State CT	Zip Code 06437-2601
Principal Occupation Residential Specialist		Name of Employer Miller Modular LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 01112026A	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$200.00	\$200.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Falck		First Tina		MI R	Contribution ID # 0021
Residential Street Address 60 Cook Hill Rd		City Griswold		State CT	Zip Code 06351-3652
Principal Occupation First Selectman		Name of Employer Town of Griswold			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches 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 # <u>01112026A</u>	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$340.00	\$340.00

Last Name DiGioia		First Michael		MI J	Contribution ID # 0020
Residential Street Address 66 Allendale Dr		City North Haven		State CT	Zip Code 06473-2111
Principal Occupation Principal		Name of Employer Donmar Development			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches 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 # <u>01112026A</u>	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Deane-Shinbrot		First Susan		MI	Contribution ID # 0019
Residential Street Address 116 Dartmouth Ave		City Mystic		State CT	Zip Code 06355-1343
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 # <u>01112026A</u>	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Dauphinais		First Richard		MI M	Contribution ID # 0018
Residential Street Address 8 Cove St		City Groton		State CT	Zip Code 06340-8909
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>01112026A</u>	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Dauphinais		First Jane		MI S	Contribution ID # 0017
Residential Street Address 8 Cove St		City Groton		State CT	Zip Code 06340-8909
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 01112026A	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Cook		First Catherine		MI W	Contribution ID # 0016
Residential Street Address 43 Pequot Ave		City Mystic		State CT	Zip Code 06355-1711
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 01112026A	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Clark		First Wayne		MI A	Contribution ID # 0015
Residential Street Address 18 Clipper Ct		City Mystic		State CT	Zip Code 06355-2138
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 # 01112026A	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Sanford		First Thomas		MI	Contribution ID # 0058
Residential Street Address 25 Orchard St		City Stonington		State CT	Zip Code 06378-1359
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 01112026A	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Roberts		First Margaret		MI E	Contribution ID # 0057
Residential Street Address 11 Joy Ave		City Stonington		State CT	Zip Code 06378-2738
Principal Occupation Registrar of Voters		Name of Employer Town of Stonington			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches 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 # 01112026A	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/16/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Gutstein		First Howard		MI 	Contribution ID # 0110
Residential Street Address 8 Alpine Meadow Ln		City Avon		State CT	Zip Code 06001-3935
Principal Occupation Anesthesiologist		Name of Employer Uconn Health			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/18/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Bueno		First Earl		MI 	Contribution ID # 0112
Residential Street Address 64 Watertown Rd		City Middlebury		State CT	Zip Code 06762-1501
Principal Occupation Anesthesiologist		Name of Employer Woodland Anesthesiology 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	
Is this contribution associated with an 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	\$100.00

Last Name Antipas		First Constantine		MI G	Contribution ID # 0111
Residential Street Address 164 Payer Ln		City Mystic		State CT	Zip Code 06355-1643
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 01/20/2026	Aggregate Contributions \$30.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Paolino		First James		MI	Contribution ID # 0116
Residential Street Address 29 S Colman Rd		City Wolcott		State CT	Zip Code 06716-2855
Principal Occupation Lobbyist		Name of Employer FOCUS Government Affairs			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an 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	\$100.00

Last Name Mason		First Mary Kate		MI	Contribution ID # 0115
Residential Street Address 110 School St		City Mystic		State CT	Zip Code 06355-3300
Principal Occupation Lobbyist		Name of Employer Przybysz & 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	
Is this contribution associated with an 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	\$100.00

Last Name Wainwright		First Andy		MI	Contribution ID # 0125
Residential Street Address 15 Ralsey Rd S		City Stamford		State CT	Zip Code 06902-7811
Principal Occupation Sales		Name of Employer Expeditors			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/21/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Vignato		First Thomas		MI	Contribution ID # 0124
Residential Street Address 82 Edgecomb St		City Mystic		State CT	Zip Code 06355-2410
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 01/21/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Schoellkopf		First Andrew		MI	Contribution ID # 0123
Residential Street Address 5348 Waneta Dr		City Dallas		State TX	Zip Code 75209-5612
Principal Occupation Restaurateur		Name of Employer Bread Zeppelin			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/21/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Satterfield		First John		MI	Contribution ID # 0122
Residential Street Address 125 White Sail Dr		City Southington		State CT	Zip Code 06489-3854
Principal Occupation Anesthesiologist		Name of Employer CSSA			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/21/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Marra		First Thomas		MI	Contribution ID # 0121
Residential Street Address 1137 Vista Del Mar Dr N		City Delray Beach		State FL	Zip Code 33483-7145
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/21/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Goodrich		First John		MI	Contribution ID # 0120
Residential Street Address 74 Irving St		City Mystic		State CT	Zip Code 06355-2306
Principal Occupation Sales		Name of Employer Car Service Inc.			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/21/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Drury		First Thomas		MI	Contribution ID # 0119
Residential Street Address 10 S Cliff Dr		City Narragansett		State RI	Zip Code 02882-1915
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/21/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Collins		First Beth		MI	Contribution ID # 0117
Residential Street Address 6 Johnny Cake Hill Rd		City Old Lyme		State CT	Zip Code 06371-1618
Principal Occupation Surgeon		Name of Employer The Collins Center			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/21/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Beaudoin		First Jill		MI L	Contribution ID # 0108
Residential Street Address 18 Johnson St		City Pawcatuck		State CT	Zip Code 06379-2203
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 01/21/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Swain		First Tracy		MI L	Contribution ID # 0107
Residential Street Address 54 Courtland St		City Pawcatuck		State CT	Zip Code 06379-2119
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 01/21/2026	Aggregate Contributions \$15.00	\$15.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Swain		First Paula		MI E	Contribution ID # 0106
Residential Street Address 54 Courtland St		City Pawcatuck		State CT	Zip Code 06379-2119
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 01/21/2026	Aggregate Contributions \$15.00	\$15.00

Last Name Swain		First Jared		MI 	Contribution ID # 0105
Residential Street Address 54 Courtland St		City Pawcatuck		State CT	Zip Code 06379-2119
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 01/21/2026	Aggregate Contributions \$15.00	\$15.00

Last Name Swain		First Donald		MI 	Contribution ID # 0104
Residential Street Address 54 Courtland St		City Pawcatuck		State CT	Zip Code 06379-2119
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 01/21/2026	Aggregate Contributions \$15.00	\$15.00

Last Name Spencer		First Edward		MI B	Contribution ID # 0103
Residential Street Address 9 McGrath Ct		City Stonington		State CT	Zip Code 06378-1007
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 01/21/2026	Aggregate Contributions \$20.00	\$20.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Murphy		First Kathleen		MI A	Contribution ID # 0102
Residential Street Address 7 Croft Ct		City Pawcatuck		State CT	Zip Code 06379-1233
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 01/21/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Kluberdanz Jr.		First Donald		MI J	Contribution ID # 0101
Residential Street Address 3 Canary St		City Pawcatuck		State CT	Zip Code 06379-2321
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 01/21/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Healey		First Sean		MI P	Contribution ID # 0100
Residential Street Address 24 Olivia Ln		City Stonington		State CT	Zip Code 06378-1538
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 01/21/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Melanson		First Barbara		MI J	Contribution ID # 0099
Residential Street Address 186 Jerry Browne Rd Unit 5218		City Mystic		State CT	Zip Code 06355-4015
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 01/21/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Gauthier		First Ryan		MI M	Contribution ID # 0098
Residential Street Address 21 Oak Dr		City Stonington		State CT	Zip Code 06378-1009
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 01/21/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Gauthier		First Katherine		MI G	Contribution ID # 0097
Residential Street Address 21 Oak Dr		City Stonington		State CT	Zip Code 06378-1009
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 01/21/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Garvey		First Michael		MI R	Contribution ID # 0096
Residential Street Address 70 Renee Dr		City Pawcatuck		State CT	Zip Code 06379-2410
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 01/21/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Garvey		First Alexa		MI J	Contribution ID # 0095
Residential Street Address 70 Renee Dr		City Pawcatuck		State CT	Zip Code 06379-2410
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 01/21/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Dexter		First Thomas		MI H	Contribution ID # 0094
Residential Street Address 11 Hewitt Rd		City Mystic		State CT	Zip Code 06355-2941
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 01/21/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Dexter		First Glenda		MI G	Contribution ID # 0093
Residential Street Address 11 Hewitt Rd		City Mystic		State CT	Zip Code 06355-2941
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 01/21/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Nelson		First Billy		MI CT	Contribution ID # 0127
Residential Street Address 7 Windermere Way		City Ivoryton		State CT	Zip Code 06442-1234
Principal Occupation CEO		Name of Employer Fairview			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/22/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Meiser		First Daniel		MI S	Contribution ID # 0126
Residential Street Address 396 N Main St		City Stonington		State CT	Zip Code 06378-2504
Principal Occupation Owner		Name of Employer Oyster Club Restaurant			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/22/2026	Aggregate Contributions \$250.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Cherenzia		First Colleen		MI S	Contribution ID # 0109
Residential Street Address 74 Mystic Rd		City North Stonington		State CT	Zip Code 06359-1528
Principal Occupation Caregiver		Name of Employer Child & Family Agency			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/26/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Downie		First Thomas		MI	Contribution ID # 0114
Residential Street Address 5 Back Acres Way		City Stonington		State CT	Zip Code 06378-1907
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 01/27/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Downie		First Deborah		MI L	Contribution ID # 0113
Residential Street Address 5 Back Acres Way		City Stonington		State CT	Zip Code 06378-1907
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 01/27/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Carlson		First Audrey		MI B	Contribution ID # 0128
Residential Street Address 31 Franklin Cir		City Newington		State CT	Zip Code 06111-5222
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/27/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Downie		First Jessica		MI G	Contribution ID # 0118
Residential Street Address 5 Back Acres Way		City Stonington		State CT	Zip Code 06378-1907
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 01/27/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Kinney		First Stephen		MI CT	Contribution ID # 0129
Residential Street Address 20 Cromwell Pl		City Old Saybrook		State CT	Zip Code 06475-2512
Principal Occupation Lobbyist		Name of Employer Gaffney Bennett & 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	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/28/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Streeter		First James		MI L	Contribution ID # 0130
Residential Street Address 64 Pleasant St		City Groton		State CT	Zip Code 06340-3908
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/02/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Lee		First Nathaniel		MI J	Contribution ID # 0134
Residential Street Address 292 Miller Rd		City Preston		State CT	Zip Code 06365-8532
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 02/03/2026	Aggregate Contributions \$20.00	\$20.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Cunningham		First Tricia M.		MI M	Contribution ID # 0133
Residential Street Address 70 Miller Rd		City North Stonington		State CT	Zip Code 06359-1006
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches 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	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	Date Received 02/03/2026	Aggregate Contributions \$50.00	Amount of Contribution \$50.00	
If yes, list Event #					

Last Name Smith		First Robert C.		MI C	Contribution ID # 0132
Residential Street Address 3 Sherwood Dr		City Stonington		State CT	Zip Code 06378-1620
Principal Occupation Fisherman		Name of Employer Robert Smith Fisherman			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches 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	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card	Date Received 02/04/2026	Aggregate Contributions \$340.00	Amount of Contribution \$340.00	
If yes, list Event #					

Last Name Wiese		First Belinda		MI	Contribution ID # 0131
Residential Street Address 286 Rockville Rd		City Voluntown		State CT	Zip Code 06384-2021
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches 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	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card	Date Received 02/04/2026	Aggregate Contributions \$5.00	Amount of Contribution \$5.00	
If yes, list Event #					

Last Name Johnson		First David		MI E	Contribution ID # 0135
Residential Street Address 21 W Mystic Ave		City Mystic		State CT	Zip Code 06355-2333
Principal Occupation Sales		Name of Employer Viking Representatives			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches 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	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	Date Received 02/04/2026	Aggregate Contributions \$200.00	Amount of Contribution \$100.00	
If yes, list Event #					

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Cecere		First Joseph		MI A	Contribution ID # 0139
Residential Street Address 100 Clift St		City Mystic		State CT	Zip Code 06355-1804
Principal Occupation Physician		Name of Employer SNEA			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/05/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Sangermano		First Joseph		MI T	Contribution ID # 0138
Residential Street Address 1221 Norwich Rd		City Plainfield		State CT	Zip Code 06374-1928
Principal Occupation Owner		Name of Employer K&H Contruction LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/06/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Sangermano		First Jennifer		MI M	Contribution ID # 0137
Residential Street Address 1221 Norwich Rd		City Plainfield		State CT	Zip Code 06374-1928
Principal Occupation Owner		Name of Employer Joey Guns			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/06/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Formica		First Paul		MI M	Contribution ID # 0136
Residential Street Address 11 S Lee Rd		City Niantic		State CT	Zip Code 06357-2207
Principal Occupation Restaurateur		Name of Employer Flanders Fish Market			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/06/2026	Aggregate Contributions \$200.00	\$200.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Venditti		First Kristen		MI	Contribution ID # 0141
Residential Street Address 91 Shennecossett Pkwy		City Groton		State CT	Zip Code 06340-5831
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 02/06/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Downes		First Michael		MI	Contribution ID # 0140
Residential Street Address 32 Farmington Dr		City Northford		State CT	Zip Code 06472-1168
Principal Occupation Chief of Staff, Senate Republicans		Name of Employer 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	
Is this contribution associated with an 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 \$100.00	\$100.00

Last Name Puccio		First David		MI L	Contribution ID # 0143
Residential Street Address 19 Mirra Dr		City Groton		State CT	Zip Code 06340-4446
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 02/08/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Bond		First Hayley		MI S	Contribution ID # 0142
Residential Street Address 286 Haley Rd		City Groton		State CT	Zip Code 06355-1059
Principal Occupation General Manager		Name of Employer Bellissimo Grande Hotel			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/08/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Shinbrot		First Mitchell		MI A	Contribution ID # 0145
Residential Street Address 116 Dartmouth Ave		City Mystic		State CT	Zip Code 06355-1343
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 02/09/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Deane-Shinbrot		First Steven		MI CT	Contribution ID # 0144
Residential Street Address 116 Dartmouth Ave		City Mystic		State CT	Zip Code 06355-1343
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 02/09/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Martin		First Henri		MI CT	Contribution ID # 0147
Residential Street Address 7 Ipswich Rd		City Bristol		State CT	Zip Code 06010-7168
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 02/11/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Smith		First Lori		MI CT	Contribution ID # 0150
Residential Street Address 2 Apple Tree Ln		City Mystic		State CT	Zip Code 06355-3304
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 02/12/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Simmons		First Robert		MI R	Contribution ID # 0149
Residential Street Address 268 N Main St		City Stonington		State CT	Zip Code 06378-2910
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/17/2026	Aggregate Contributions \$150.00	\$150.00

Last Name Simmons		First Edith		MI P	Contribution ID # 0148
Residential Street Address 268 N Main St		City Stonington		State CT	Zip Code 06378-2910
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/17/2026	Aggregate Contributions \$150.00	\$150.00

Last Name Taylor		First William		MI	Contribution ID # 0152
Residential Street Address 60 Essex St		City Mystic		State CT	Zip Code 06355-3315
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 02/18/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Piacenza		First John		MI	Contribution ID # 0151
Residential Street Address 166 Shewville Rd		City Mystic		State CT	Zip Code 06355-1210
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 02/18/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Zeleos		First John		MI	Contribution ID # 0146
Residential Street Address 991 Groton Long Point Rd		City Groton		State CT	Zip Code 06340-5606
Principal Occupation Owner		Name of Employer Mystic Pizza			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/18/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Butler		First John		MI J	Contribution ID # 0153
Residential Street Address 40 Cedar Ln		City Groton		State CT	Zip Code 06340-5707
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/19/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Lucy		First John		MI F	Contribution ID # 0165
Residential Street Address 175 Liberty St		City Pawcatuck		State CT	Zip Code 06379-1335
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 02/21/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Butler		First Mary Anne		MI	Contribution ID # 0154
Residential Street Address 40 Cedar Ln		City Groton		State CT	Zip Code 06340-5707
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 02/22/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Walsh		First Stephen		MI E	Contribution ID # 0167
Residential Street Address 90 Canterbury Rd		City Plainfield		State CT	Zip Code 06374-1566
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 02/25/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Somers		First Grace		MI E	Contribution ID # 0157
Residential Street Address 218 N Water St		City Stonington		State CT	Zip Code 06378-1023
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 02/26/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Galez		First Estanislá		MI	Contribution ID # 0156
Residential Street Address 5 Watson Rd		City Preston		State CT	Zip Code 06365-8828
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 02/26/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Reynolds		First Jessica Renee		MI	Contribution ID # 0155
Residential Street Address 5 Maple St		City Pawcatuck		State CT	Zip Code 06379-1853
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 02/26/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Weidele		First Steven		MI	Contribution ID # 0176
Residential Street Address 270 N Sterling Rd		City Sterling		State CT	Zip Code 06377-1817
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 02/26/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Richard		First Gerald		MI	Contribution ID # 0175
Residential Street Address 315 Cedar Lake Rd		City Deep River		State CT	Zip Code 06417-1542
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/26/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Oliverio		First Maryann		MI L	Contribution ID # 0174
Residential Street Address 39 W Vine St		City Pawcatuck		State CT	Zip Code 06379-1521
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 02/26/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Oliverio		First Kristen		MI L	Contribution ID # 0173
Residential Street Address 41 W Vine St		City Pawcatuck		State CT	Zip Code 06379-1521
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 02/26/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Oliverio IV		First Daniel		MI	Contribution ID # 0172
Residential Street Address 41 W Vine St		City Pawcatuck		State CT	Zip Code 06379-1521
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 02/26/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Oliverio III		First Daniel		MI	Contribution ID # 0171
Residential Street Address 39 W Vine St		City Pawcatuck		State CT	Zip Code 06379-1521
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 02/26/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Lucy		First Natalie		MI A	Contribution ID # 0170
Residential Street Address 175 Liberty St		City Pawcatuck		State CT	Zip Code 06379-1335
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 02/26/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Job		First Stefanie		MI R	Contribution ID # 0169
Residential Street Address 178 S Anguilla Rd		City Pawcatuck		State CT	Zip Code 06379-1449
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 02/26/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Grijalva		First Yuri		MI H	Contribution ID # 0168
Residential Street Address 222 NW Corner Rd		City North Stonington		State CT	Zip Code 06359-1019
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/26/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Mastroianni		First Brett		MI L	Contribution ID # 0191
Residential Street Address 115 Hangman Hill Rd		City North Stonington		State CT	Zip Code 06359-1307
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches 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 # <u>02272026B</u>	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/27/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Lewis		First Parker		MI H	Contribution ID # 0190
Residential Street Address 791 Margaret Henry Rd		City Sterling		State CT	Zip Code 06377-1707
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches 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 # <u>02272026B</u>	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/27/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Lewis		First Ernest		MI H	Contribution ID # 0189
Residential Street Address 791 Margaret Henry Rd		City Sterling		State CT	Zip Code 06377-1707
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches 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 # <u>02272026B</u>	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/27/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Iqbal		First Aliye		MI	Contribution ID # 0163
Residential Street Address 25 Green Hollow Rd		City Moosup		State CT	Zip Code 06354-1751
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 # 02272026B	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/27/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Lupo		First Crystal		MI M	Contribution ID # 0162
Residential Street Address 25 Cedar Dr		City North Stonington		State CT	Zip Code 06359-1602
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 # 02272026B	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/27/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Johnson		First Trinity		MI G	Contribution ID # 0161
Residential Street Address 25 Cedar Dr		City North Stonington		State CT	Zip Code 06359-1602
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 # 02272026B	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/27/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Johnson		First Joshua		MI L	Contribution ID # 0160
Residential Street Address 25 Cedar Dr		City North Stonington		State CT	Zip Code 06359-1602
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 # 02272026B	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/27/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Johnson		First Elias		MI G	Contribution ID # 0159
Residential Street Address 25 Cedar Dr		City North Stonington		State CT	Zip Code 06359-1602
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches 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? If yes, list Event # <u>02272026B</u>	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/27/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Carson		First David		MI CT	Contribution ID # 0158
Residential Street Address 108 Kelseytown Rd		City Clinton		State CT	Zip Code 06413-1209
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches 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? If yes, list Event # <u>02272026B</u>	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/27/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Lee		First Robert		MI E	Contribution ID # 0188
Residential Street Address 34 Mallard Pt		City Griswold		State CT	Zip Code 06351-1502
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches 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? If yes, list Event # <u>02272026B</u>	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/27/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Lang		First Robert		MI CT	Contribution ID # 0187
Residential Street Address 12 Walden Ave		City New London		State CT	Zip Code 06320-3523
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches 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? If yes, list Event # <u>02272026B</u>	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/27/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Hull		First Susan		MI R	Contribution ID # 0186
Residential Street Address 234 Ross Hill Rd		City Lisbon		State CT	Zip Code 06351-2826
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches 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 # <u>02272026B</u>		Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/27/2026	Aggregate Contributions \$20.00
					\$20.00

Last Name Helder		First Michelle		MI CT	Contribution ID # 0185
Residential Street Address 77 Rill Brook Rd		City Griswold		State CT	Zip Code 06351-3300
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches 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 # <u>02272026B</u>		Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/27/2026	Aggregate Contributions \$20.00
					\$20.00

Last Name Hanson		First Tracey		MI CT	Contribution ID # 0184
Residential Street Address 14 Pawcatuck Trl		City Voluntown		State CT	Zip Code 06384-1204
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches 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 # <u>02272026B</u>		Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/27/2026	Aggregate Contributions \$20.00
					\$20.00

Last Name Freyer		First Glen		MI CT	Contribution ID # 0183
Residential Street Address 141 Shetucket Tpke		City Griswold		State CT	Zip Code 06351-8837
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches 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 # <u>02272026B</u>		Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/27/2026	Aggregate Contributions \$40.00
					\$40.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Estrada		First Joseph		MI	Contribution ID # 0182
Residential Street Address 474 Lisbon Rd		City Canterbury		State CT	Zip Code 06331-1705
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 # 02272026B	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/27/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Carignan		First James		MI J	Contribution ID # 0181
Residential Street Address 428 N Burnham Hwy		City Lisbon		State CT	Zip Code 06351-0000
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 02272026B	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/27/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Ansari		First Farjad		MI W	Contribution ID # 0180
Residential Street Address 145 Cemetery Rd Apt K		City Plainfield		State CT	Zip Code 06374-1549
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 # 02272026B	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/27/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Ali		First Zulfiqar		MI	Contribution ID # 0179
Residential Street Address 42 Canterbury Rd Apt E		City Plainfield		State CT	Zip Code 06374-1928
Principal Occupation General Manager		Name of Employer 564 N Main Street LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 02272026B	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/27/2026	Aggregate Contributions \$200.00	\$200.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Ali		First Asfandyar		MI	Contribution ID # 0178
Residential Street Address 42 Canterbury Rd Apt E		City Plainfield		State CT	Zip Code 06374-1047
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 # 02272026B	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/27/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Ahmad		First Ambrin		MI	Contribution ID # 0177
Residential Street Address 42 Canterbury Rd Apt E		City Plainfield		State CT	Zip Code 06374-1047
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 # 02272026B	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/27/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Trakas		First Louisa		MI R	Contribution ID # 0166
Residential Street Address 254 Kate Downing Rd		City Plainfield		State CT	Zip Code 06374-2042
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 # 02272026B	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/27/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Sean		First Muhammad		MI	Contribution ID # 0164
Residential Street Address 25 Green Hollow Rd		City Moosup		State CT	Zip Code 06354-1751
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 # 02272026B	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/27/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Young		First Ransom		MI	Contribution ID # 0204
Residential Street Address 8 Rixtown Rd		City Griswold		State CT	Zip Code 06351-1421
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		☐ Yes ☒ No ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>02272026B</u>		Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/27/2026	Aggregate Contributions \$10.00
					\$10.00

Last Name Singh		First Gurpreet		MI	Contribution ID # 0203
Residential Street Address 14 Squaw Rock Rd		City Moosup		State CT	Zip Code 06354-1717
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		☐ Yes ☒ No ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>02272026B</u>		Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/27/2026	Aggregate Contributions \$10.00
					\$10.00

Last Name Sankow		First Paul		MI	Contribution ID # 0202
Residential Street Address 23 Elm St		City Griswold		State CT	Zip Code 06351-2315
Principal Occupation Nuclear Pipefitter		Name of Employer Electric Boat			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		☐ Yes ☒ No ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>02272026B</u>		Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/27/2026	Aggregate Contributions \$100.00
					\$100.00

Last Name Robinson		First Victoria		MI	Contribution ID # 0201
Residential Street Address 791 Margaret Henry Rd		City Sterling		State CT	Zip Code 06377-1707
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		☐ Yes ☒ No ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # <u>02272026B</u>		Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/27/2026	Aggregate Contributions \$5.00
					\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Prokop		First Katherine		MI	Contribution ID # 0200
Residential Street Address 44 Norman Rd		City Griswold		State CT	Zip Code 06351-1536
Principal Occupation Senior Program Rep.		Name of Employer 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	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 02272026B	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/27/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Picco		First Monica		MI	Contribution ID # 0199
Residential Street Address 107 James Rd		City Voluntown		State CT	Zip Code 06384-2021
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 # 02272026B	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/27/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Picco		First Michael		MI E	Contribution ID # 0198
Residential Street Address 77 Rill Brook Rd		City Griswold		State CT	Zip Code 06351-3300
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 # 02272026B	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/27/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Picco		First Matthew		MI B	Contribution ID # 0197
Residential Street Address 14 Old Voluntown Rd		City Griswold		State CT	Zip Code 06351-8827
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 # 02272026B	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/27/2026	Aggregate Contributions \$40.00	\$40.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Picco		First Kelsey		MI	Contribution ID # 0196
Residential Street Address 34 Pachaug River Dr		City Jewett City		State CT	Zip Code 06351-1333
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		☐ Yes ☒ No ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		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 # 02272026B	Date Received 02/27/2026		Aggregate Contributions \$5.00		

Last Name Picco		First Jared		MI T	Contribution ID # 0195
Residential Street Address 34 Pachaug River Dr		City Jewett City		State CT	Zip Code 06351-1333
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		☐ Yes ☒ No ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		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 # 02272026B	Date Received 02/27/2026		Aggregate Contributions \$25.00		

Last Name Picco Jr		First Joseph		MI S	Contribution ID # 0194
Residential Street Address 107 James Rd		City Voluntown		State CT	Zip Code 06384-2021
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		☐ Yes ☒ No ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		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 # 02272026B	Date Received 02/27/2026		Aggregate Contributions \$5.00		

Last Name Palmer		First Martha		MI	Contribution ID # 0193
Residential Street Address 32 Elmwood Ave		City Norwich		State CT	Zip Code 06360-4325
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		☐ Yes ☒ No ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	Amount of Contribution \$40.00
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 02272026B	Date Received 02/27/2026		Aggregate Contributions \$40.00		

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Mastroianni		First Stephanie		MI H	Contribution ID # 0192
Residential Street Address 115 Hangman Hill Rd		City North Stonington		State CT	Zip Code 06359-1307
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 # 02272026B	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/27/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Post		First Christopher		MI R	Contribution ID # 0210
Residential Street Address 46 Pleasant St		City Plainfield		State CT	Zip Code 06374-1027
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 02/28/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Pensis		First Teresa		MI A	Contribution ID # 0209
Residential Street Address 1 Cedar Crest Dr		City North Stonington		State CT	Zip Code 06359-1606
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 02/28/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Miller		First Nicole		MI L	Contribution ID # 0208
Residential Street Address 46 Pleasant St		City Plainfield		State CT	Zip Code 06374-1027
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 02/28/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Grzelak		First Alexander		MI J	Contribution ID # 0207
Residential Street Address 59 Sunset Vw		City Griswold		State CT	Zip Code 06351-3548
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 02/28/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Grijalva		First Kimberly		MI A	Contribution ID # 0206
Residential Street Address 222 NW Corner Rd		City North Stonington		State CT	Zip Code 06359-1019
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 02/28/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Ali		First Sara		MI	Contribution ID # 0205
Residential Street Address 42 Canterbury Rd Apt E		City Plainfield		State CT	Zip Code 06374-1047
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 02/28/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Mickus		First Stanley		MI	Contribution ID # 0211
Residential Street Address 12 Hinckley St		City Mystic		State CT	Zip Code 06355-1908
Principal Occupation Public Affairs		Name of Employer Cross Sound Ferry Services Inc.			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/01/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Niaz		First Zeeshan		MI	Contribution ID # 0218
Residential Street Address 128 River Rd		City Sterling		State CT	Zip Code 06377-0000
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/03/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Niaz		First Mohammad		MI	Contribution ID # 0217
Residential Street Address 128 River Rd		City Sterling		State CT	Zip Code 06377-0000
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/03/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Niaz		First Irfan		MI	Contribution ID # 0216
Residential Street Address 128 River Rd		City Sterling		State CT	Zip Code 06377-0000
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/03/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Niaz		First Faizan		MI	Contribution ID # 0215
Residential Street Address 128 River Rd		City Sterling		State CT	Zip Code 06377-0000
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/03/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Nabi		First Ishrat		MI	Contribution ID # 0214
Residential Street Address 128 River Rd		City Sterling		State CT	Zip Code 06377-0000
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/03/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Eman		First Momina		MI	Contribution ID # 0213
Residential Street Address 128 River Rd		City Sterling		State CT	Zip Code 06377-0000
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/03/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Begum		First Khurshid		MI	Contribution ID # 0212
Residential Street Address 128 River Rd		City Sterling		State CT	Zip Code 06377-0000
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/03/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Hornyak		First Diane		MI M	Contribution ID # 0220
Residential Street Address 90 Circle Dr		City Stonington		State CT	Zip Code 06378-1508
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/04/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Feng		First Yue Jin		MI CT	Contribution ID # 0219
Residential Street Address 48 Greene Ave		City Norwich		State CT	Zip Code 06360-4325
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/04/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Still		First Debora		MI A	Contribution ID # 0232
Residential Street Address 14 Doolittle Rd		City Preston		State CT	Zip Code 06365-8608
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/05/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Rose		First Marjorie		MI A	Contribution ID # 0231
Residential Street Address 135 Rocky Hollow Rd		City North Stonington		State CT	Zip Code 06359-1642
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/05/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Quinn		First Seumas		MI CT	Contribution ID # 0230
Residential Street Address 26 Bel Aire Dr		City Mystic		State CT	Zip Code 06355-2002
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/05/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Phippen		First Clark		MI 	Contribution ID # 0229
Residential Street Address 31 Ice House Ln		City Mystic		State CT	Zip Code 06355-2234
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/05/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Patel		First Snehal		MI B	Contribution ID # 0228
Residential Street Address 26 Green St		City Plainfield		State CT	Zip Code 06374-1317
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/05/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Menard		First Betty		MI R	Contribution ID # 0227
Residential Street Address 23 Ryder Rd		City North Stonington		State CT	Zip Code 06359-1317
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/05/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Martin		First Harry		MI F	Contribution ID # 0226
Residential Street Address 193 Cove Rd		City Stonington		State CT	Zip Code 06378-2305
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/05/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Marley		First Brandon		MI H	Contribution ID # 0225
Residential Street Address 174 Sandy Hollow Rd		City Mystic		State CT	Zip Code 06355-1720
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/05/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Ciccotti		First Stephanie		MI CT	Contribution ID # 0224
Residential Street Address 25 Lakeview Dr		City Preston		State CT	Zip Code 06365-8712
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/05/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Ciccotti		First Daniel		MI CT	Contribution ID # 0223
Residential Street Address 25 Lakeview Dr		City Preston		State CT	Zip Code 06365-8712
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/05/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Adrian		First George		MI D	Contribution ID # 0222
Residential Street Address 110 Crosswinds Dr		City Groton		State CT	Zip Code 06340-4875
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/05/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Adrian		First Elizabeth		MI	Contribution ID # 0221
Residential Street Address 110 Crosswinds Dr		City Groton		State CT	Zip Code 06340-4875
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/05/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Thornton		First Thomas		MI W	Contribution ID # 0246
Residential Street Address 63 Latimer Point Rd		City Stonington		State CT	Zip Code 06378-2603
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/06/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Tabor		First Robert		MI W	Contribution ID # 0245
Residential Street Address 13 Boulder Ave		City Stonington		State CT	Zip Code 06378-2709
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/06/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Storey		First Susan		MI B	Contribution ID # 0244
Residential Street Address 64 Yawbux Valley Rd		City North Stonington		State CT	Zip Code 06359-1327
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/06/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Rutherford		First A. William		MI	Contribution ID # 0243
Residential Street Address 26 Northwest St		City Stonington		State CT	Zip Code 06378-1234
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/06/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Quinn		First Jillian		MI	Contribution ID # 0242
Residential Street Address 26 Bel Aire Dr		City Mystic		State CT	Zip Code 06355-2002
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/06/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Quinn		First Christopher		MI	Contribution ID # 0241
Residential Street Address 1156 Flanders Rd		City Mystic		State CT	Zip Code 06355-1006
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/06/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Quinn		First Carolann		MI	Contribution ID # 0240
Residential Street Address 1156 Flanders Rd		City Mystic		State CT	Zip Code 06355-1006
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/06/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Klein		First Jonathan		MI H	Contribution ID # 0239
Residential Street Address 9 Chesebro Ln		City Stonington		State CT	Zip Code 06378-1105
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/06/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Hewson		First Dana		MI C	Contribution ID # 0238
Residential Street Address 4 Courtland St		City Pawcatuck		State CT	Zip Code 06379-2125
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/06/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Gourd		First Henri		MI N	Contribution ID # 0237
Residential Street Address 315 Mistuxet Ave		City Stonington		State CT	Zip Code 06378-2121
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/06/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Frishman		First Glenn		MI J	Contribution ID # 0236
Residential Street Address 1219 Pequot Trl		City Stonington		State CT	Zip Code 06378-1926
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/06/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name DeStefano		First Carmine		MI A	Contribution ID # 0235
Residential Street Address 540 Noank Ledyard Rd		City Mystic		State CT	Zip Code 06355-1519
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/06/2026	Aggregate Contributions \$5.00	\$5.00

Last Name De Oliveira		First Rolando		MI C	Contribution ID # 0234
Residential Street Address 11 William St		City Pawcatuck		State CT	Zip Code 06379-2110
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/06/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Alonso		First Luis		MI	Contribution ID # 0233
Residential Street Address 17 Trumbull St		City Stonington		State CT	Zip Code 06378-1439
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/06/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Sponn		First William		MI	Contribution ID # 0250
Residential Street Address 7 B West Mystic Ave		City Mystic		State CT	Zip Code 06355-2339
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/07/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Richards		First Roger		MI	Contribution ID # 0249
Residential Street Address 169 Payer Ln		City Mystic		State CT	Zip Code 06355-1644
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/07/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Nicholas		First Frederick		MI S	Contribution ID # 0248
Residential Street Address 186 Jerry Browne Rd		City Mystic		State CT	Zip Code 06355-4015
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/07/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Caneloro		First Gerry		MI	Contribution ID # 0247
Residential Street Address 62 Washington St		City Mystic		State CT	Zip Code 06355-2811
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/07/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Ranck		First Robert		MI	Contribution ID # 0252
Residential Street Address 24 Denison Ave		City Mystic		State CT	Zip Code 06355-2810
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/08/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name MacMillan		First Robert		MI J	Contribution ID # 0251
Residential Street Address 38 Shea Dr		City Pawcatuck		State CT	Zip Code 06379-2234
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/08/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Pavone		First Phillip		MI F	Contribution ID # 0254
Residential Street Address 20 Denison Ave		City Mystic		State CT	Zip Code 06355-2810
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$255.00	\$5.00

Last Name Lane		First Michael		MI G	Contribution ID # 0257
Residential Street Address 900 Noank-Ledyard Rd		City Mystic		State CT	Zip Code 06355-1319
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Lane		First Loretta		MI M	Contribution ID # 0256
Residential Street Address 900 Noank-Ledyard Rd		City Mystic		State CT	Zip Code 06355-1319
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$20.00	\$20.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Lane		First Gregory		MI T	Contribution ID # 0255
Residential Street Address 900 Noank-Ledyard Rd		City Mystic		State CT	Zip Code 06355-1319
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Waidler		First Julia		MI D	Contribution ID # 0266
Residential Street Address 6106 Maple Tree Ln		City East Lyme		State CT	Zip Code 06333-1691
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/11/2026	Aggregate Contributions \$40.00-	\$20.00-

Last Name Strunk		First Jennifer		MI D	Contribution ID # 0265
Residential Street Address 359 Norwich Westerly Rd		City North Stonington		State CT	Zip Code 06359-1547
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/11/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Kapszukiewicz		First Jennie		MI A	Contribution ID # 0264
Residential Street Address 265 Gendron Rd		City Plainfield		State CT	Zip Code 06374-1715
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/11/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Kapszukiewicz		First Ivy		MI L	Contribution ID # 0263
Residential Street Address 265 Gendron Rd		City Plainfield		State CT	Zip Code 06374-1715
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/11/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Kapszukiewicz		First Ezra		MI D	Contribution ID # 0262
Residential Street Address 265 Gendron Rd		City Plainfield		State CT	Zip Code 06374-1715
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/11/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Kapszukiewicz		First Eli		MI R	Contribution ID # 0261
Residential Street Address 265 Gendron Rd		City Plainfield		State CT	Zip Code 06374-1715
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/11/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Kapszukiewicz		First Daniel		MI R	Contribution ID # 0260
Residential Street Address 265 Gendron Rd		City Plainfield		State CT	Zip Code 06374-1715
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/11/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Hanif		First Muhammad		MI W	Contribution ID # 0259
Residential Street Address 21 Green Hollow Rd		City Moosup		State CT	Zip Code 06354-1751
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/11/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Hanif		First Muhammad		MI A	Contribution ID # 0258
Residential Street Address 21 Green Hollow Rd		City Moosup		State CT	Zip Code 06354-1751
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/11/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Waidler		First Julia		MI D	Contribution ID # 0266
Residential Street Address 762 Hopeville Rd		City Jewett City		State CT	Zip Code 06351-1211
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/11/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Suprenant		First Michael		MI G	Contribution ID # 0275
Residential Street Address 142 Lovers Ln		City Plainfield		State CT	Zip Code 06374-1526
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/12/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Smith		First Robert		MI R	Contribution ID # 0274
Residential Street Address 96 Community Ave		City Plainfield		State CT	Zip Code 06374-1317
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/12/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Smith		First Naomia		MI E	Contribution ID # 0273
Residential Street Address 96 Community Ave		City Plainfield		State CT	Zip Code 06374-1317
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/12/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Landry		First Arriana		MI G	Contribution ID # 0272
Residential Street Address 14 Champagne St		City Moosup		State CT	Zip Code 06354-1202
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/12/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Javed		First Umar		MI	Contribution ID # 0271
Residential Street Address 193 Tarbox Rd		City Plainfield		State CT	Zip Code 06374-1960
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/12/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Javed		First Sultan		MI A	Contribution ID # 0270
Residential Street Address 193 Tarbox Rd		City Plainfield		State CT	Zip Code 06374-1960
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/12/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Javed		First Noor		MI CT	Contribution ID # 0269
Residential Street Address 193 Tarbox Rd		City Plainfield		State CT	Zip Code 06374-1960
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/12/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Javed		First Amer		MI CT	Contribution ID # 0268
Residential Street Address 193 Tarbox Rd		City Plainfield		State CT	Zip Code 06374-1960
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/12/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Furlotte		First Starr		MI CT	Contribution ID # 0267
Residential Street Address 153 Neptune Dr		City Groton		State CT	Zip Code 06340-5403
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/12/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Bleau		First Eric		MI P	Contribution ID # 0276
Residential Street Address 524 Tollgate Rd		City Groton		State CT	Zip Code 06340-6237
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/13/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Weber		First Leslie		MI CT	Contribution ID # 0282
Residential Street Address 25 Pheasant Run Rd		City Stonington		State CT	Zip Code 06378-1935
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/14/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Weber		First Carl		MI CT	Contribution ID # 0281
Residential Street Address 25 Pheasant Run Rd		City Stonington		State CT	Zip Code 06378-1935
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/14/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Pena-Velilla		First Janice		MI CT	Contribution ID # 0280
Residential Street Address 3 Nutmeg Ln		City Milford		State CT	Zip Code 06461-2625
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/14/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Galetta		First Michael		MI	Contribution ID # 0279
Residential Street Address 443 New London Tpke		City Stonington		State CT	Zip Code 06378-1716
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/14/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Furlotte		First Nicolas		MI	Contribution ID # 0278
Residential Street Address 153 Neptune Dr		City Groton		State CT	Zip Code 06340-5403
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/14/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Bond		First Stephen		MI N	Contribution ID # 0277
Residential Street Address 286 Haley Rd		City Mystic		State CT	Zip Code 06355-1059
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/14/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Townsend		First Patrick		MI A	Contribution ID # 0295
Residential Street Address 22 North Rd		City Groton		State CT	Zip Code 06340-3223
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/15/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Thomson		First Jeffry		MI W	Contribution ID # 0294
Residential Street Address 705 New London Tpke		City Stonington		State CT	Zip Code 06378-1611
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/15/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Speh		First Warren		MI G	Contribution ID # 0293
Residential Street Address 647 Lantern Hill Rd		City North Stonington		State CT	Zip Code 06359-1222
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/15/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Pollock		First Ralph		MI J	Contribution ID # 0292
Residential Street Address 53 Jimmy Rd		City Canterbury		State CT	Zip Code 06331-1315
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/15/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Lewis		First Misty		MI L	Contribution ID # 0291
Residential Street Address 17 Maxson St		City Mystic		State CT	Zip Code 06355-3312
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/15/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Lacey Jr		First William		MI R	Contribution ID # 0290
Residential Street Address 231 Vauxhall St		City New London		State CT	Zip Code 06320-3823
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/15/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Hughes		First Raymond		MI W	Contribution ID # 0289
Residential Street Address 8 Meadow Wood Dr		City North Stonington		State CT	Zip Code 06359-1509
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/15/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Giordano		First Gary		MI E	Contribution ID # 0288
Residential Street Address 580 Gales Ferry Rd		City Groton		State CT	Zip Code 06340-2769
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/15/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Fratus		First Raymond		MI G	Contribution ID # 0287
Residential Street Address 17 Maxson St		City Mystic		State CT	Zip Code 06355-3312
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/15/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Forsberg		First John		MI P	Contribution ID # 0286
Residential Street Address 586 Shewville Rd		City Ledyard		State CT	Zip Code 06339-1439
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/15/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Fisher		First Michael		MI D	Contribution ID # 0285
Residential Street Address 67 Flintlock Rd		City Ledyard		State CT	Zip Code 06339-4896
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/15/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Cupp		First Scot		MI B	Contribution ID # 0284
Residential Street Address 41 Forest Ave		City Mystic		State CT	Zip Code 06355-1007
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/15/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Clark		First Christopher		MI	Contribution ID # 0283
Residential Street Address 67 Edmond Rd		City Griswold		State CT	Zip Code 06351-1512
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/15/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Lindquist		First Eric		MI 	Contribution ID # 0298
Residential Street Address 157 Dutka Dr		City Griswold		State CT	Zip Code 06351-8815
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/16/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Joubert		First John		MI C	Contribution ID # 0297
Residential Street Address 4 Caprre Ln		City Plainfield		State CT	Zip Code 06374-1317
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/16/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Evans		First Kelly		MI S	Contribution ID # 0296
Residential Street Address 5 Second St		City Plainfield		State CT	Zip Code 06374-1118
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/16/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Barber		First Robert		MI F	Contribution ID # 0253
Residential Street Address 144 Sandy Hollow Rd		City Mystic		State CT	Zip Code 06355-1720
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/16/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Miller Jr		First Joseph		MI G	Contribution ID # 0300
Residential Street Address 212 Congdon Rd		City Voluntown		State CT	Zip Code 06384-1115
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		☐ Yes ☒ No ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card	Date Received 03/17/2026	Aggregate Contributions \$5.00	\$5.00	

Last Name Maloney		First Devin		MI T	Contribution ID # 0299
Residential Street Address 101 Pequot Trl		City Pawcatuck		State CT	Zip Code 06379-1435
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		☐ Yes ☒ No ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card	Date Received 03/17/2026	Aggregate Contributions \$5.00	\$5.00	

Last Name Watson		First Richard		MI B	Contribution ID # 0389
Residential Street Address 8 Broad St Unit 1		City Stonington		State CT	Zip Code 06378-1282
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		☐ Yes ☒ No ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card	Date Received 03/17/2026	Aggregate Contributions \$5.00	\$5.00	

Last Name Watson		First Patricia		MI W	Contribution ID # 0388
Residential Street Address 8 Broad St Unit 1		City Stonington		State CT	Zip Code 06378-1282
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		☐ Yes ☒ No ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card	Date Received 03/17/2026	Aggregate Contributions \$5.00	\$5.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Taylor		First Patricia		MI L	Contribution ID # 0309
Residential Street Address 54 Jeremy Hill Rd		City North Stonington		State CT	Zip Code 06359-1201
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/18/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Taylor		First Julia		MI A	Contribution ID # 0308
Residential Street Address 54 Jeremy Hill Rd		City North Stonington		State CT	Zip Code 06359-1201
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/18/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Taylor		First Erick		MI L	Contribution ID # 0307
Residential Street Address 54 Jeremy Hill Rd		City North Stonington		State CT	Zip Code 06359-1201
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/18/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Taylor		First Alexandra		MI W	Contribution ID # 0306
Residential Street Address 54 Jeremy Hill Rd		City North Stonington		State CT	Zip Code 06359-1201
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/18/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Tassias		First Brot		MI D	Contribution ID # 0305
Residential Street Address 60 Sandy Hollow Rd		City Mystic		State CT	Zip Code 06355-1718
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/18/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Przystas		First John		MI J	Contribution ID # 0304
Residential Street Address 301 Buddington		City Groton		State CT	Zip Code 06340-3249
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/18/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Menezes		First John		MI K	Contribution ID # 0303
Residential Street Address 40 Seneca Dr		City Noank		State CT	Zip Code 06340-5509
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/18/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Hardesty		First Michael		MI A	Contribution ID # 0302
Residential Street Address 14 Fort Rachel Pl		City Mystic		State CT	Zip Code 06355-2506
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/18/2026	Aggregate Contributions \$20.00	\$20.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Carr		First Joseph		MI J	Contribution ID # 0301
Residential Street Address 29 Aimee Dr		City Pawcatuck		State CT	Zip Code 06379-2428
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/18/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Talbot		First Dianne		MI S	Contribution ID # 0314
Residential Street Address 3 N Pleasant St		City Plainfield		State CT	Zip Code 06374-1014
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/19/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Schneider		First Jeffrey		MI	Contribution ID # 0313
Residential Street Address 76 Montauk Ave		City Stonington		State CT	Zip Code 06378-2316
Principal Occupation Sales		Name of Employer ASA Environmental Products Inc.			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/19/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Schneider		First Ana Maria		MI	Contribution ID # 0312
Residential Street Address 76 Montauk Ave		City Stonington		State CT	Zip Code 06378-2316
Principal Occupation Owner		Name of Employer ASA Environmental Products Inc.			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/19/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Davidson		First Roxanne		MI C	Contribution ID # 0311
Residential Street Address 206 Congdon Rd		City Voluntown		State CT	Zip Code 06384-1115
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/19/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Davidson		First Gracie		MI E	Contribution ID # 0310
Residential Street Address 206 Congdon Rd		City Voluntown		State CT	Zip Code 06384-1115
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/19/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Valenti		First Robert		MI A	Contribution ID # 0383
Residential Street Address 22 Quarry Path		City Stonington		State CT	Zip Code 06378-2752
Principal Occupation Auto Dealer		Name of Employer Valenti Ford			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/19/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Robinson		First James		MI W	Contribution ID # 0319
Residential Street Address 25 Lemont Rd		City Groton		State CT	Zip Code 06340-4811
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/20/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Davidson		First Scott		MI B	Contribution ID # 0318
Residential Street Address 206 Congdon Rd		City Voluntown		State CT	Zip Code 06384-1115
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/20/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Dailey		First Crystal		MI A	Contribution ID # 0317
Residential Street Address 29 Schupp Rd		City Hamden		State CT	Zip Code 06514-2026
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/20/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Cooper		First Claudia		MI	Contribution ID # 0316
Residential Street Address 68 Main St		City Noank		State CT	Zip Code 06340-5757
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/20/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Andrus		First Veronica		MI C	Contribution ID # 0315
Residential Street Address 40 Jeremy Hill Rd		City North Stonington		State CT	Zip Code 06359-1201
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/20/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Laabs		First Kimberly		MI E	Contribution ID # 0323
Residential Street Address 35 Pond Dr		City North Stonington		State CT	Zip Code 06359-1622
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/22/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Laabs		First John		MI	Contribution ID # 0322
Residential Street Address 35 Pond Dr		City North Stonington		State CT	Zip Code 06359-1622
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/22/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Dussault		First Richard		MI	Contribution ID # 0321
Residential Street Address 49 Pond Dr		City North Stonington		State CT	Zip Code 06359-1623
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/22/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Dussault		First Cindy		MI M	Contribution ID # 0320
Residential Street Address 49 Pond Dr		City North Stonington		State CT	Zip Code 06359-1623
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/22/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Welch		First Thomas		MI P	Contribution ID # 0327
Residential Street Address 36 Coveside Ln		City Stonington		State CT	Zip Code 06378-2902
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/23/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Robinson		First Mark		MI C	Contribution ID # 0326
Residential Street Address 25 Lemont Rd		City Groton		State CT	Zip Code 06340-4811
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/23/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Robinson		First Beth-Ann		MI M	Contribution ID # 0325
Residential Street Address 25 Lemont Rd		City Groton		State CT	Zip Code 06340-4811
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/23/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Haag		First Annemarie		MI C	Contribution ID # 0324
Residential Street Address 73 Water St		City Stonington		State CT	Zip Code 06378-1433
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/23/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Furlotte		First Sarah		MI R	Contribution ID # 0395
Residential Street Address 258 Neptune Dr		City Groton		State CT	Zip Code 06340-5441
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/23/2026	Aggregate Contributions \$5.00	
				\$5.00	

Last Name Furlotte		First Robert Adrian		MI 	Contribution ID # 0394
Residential Street Address 258 Neptune Dr		City Groton		State CT	Zip Code 06340-5441
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/23/2026	Aggregate Contributions \$5.00	
				\$5.00	

Last Name Robinson		First David		MI S	Contribution ID # 0328
Residential Street Address 25 Lemont Rd		City Groton		State CT	Zip Code 06340-4811
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/24/2026	Aggregate Contributions \$5.00	
				\$5.00	

Last Name Zelinsky		First Julie		MI L	Contribution ID # 0343
Residential Street Address 247 Brown Rd		City Voluntown		State CT	Zip Code 06384-1101
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/25/2026	Aggregate Contributions \$5.00	
				\$5.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Wesa		First Jack		MI S	Contribution ID # 0342
Residential Street Address 844 Pendleton Hill Rd		City Voluntown		State CT	Zip Code 06384-2202
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/25/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Patel		First Kantilal		MI M	Contribution ID # 0341
Residential Street Address 29 Maple St		City Jewett City		State CT	Zip Code 06351-2317
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/25/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Patel		First Jagdish		MI R	Contribution ID # 0340
Residential Street Address 29 Maple St		City Jewett City		State CT	Zip Code 06351-2317
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/25/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Patel		First Anjanaben		MI J	Contribution ID # 0339
Residential Street Address 29 Maple St		City Jewett City		State CT	Zip Code 06351-2317
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/25/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Patel		First Anil		MI K	Contribution ID # 0338
Residential Street Address 14 Talcott Ave		City Jewett City		State CT	Zip Code 06351-1820
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/25/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Muschiano		First Valerie		MI K	Contribution ID # 0337
Residential Street Address 30 Beach Pond Rd		City Voluntown		State CT	Zip Code 06384-1802
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/25/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Muschiano		First Brian		MI A	Contribution ID # 0336
Residential Street Address 30 Beach Pond Rd		City Voluntown		State CT	Zip Code 06384-1802
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/25/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Menezes		First John		MI K	Contribution ID # 0335
Residential Street Address 40 Seneca Dr		City Noank		State CT	Zip Code 06340-5509
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/25/2026	Aggregate Contributions \$105.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Grant		First Catherine		MI A	Contribution ID # 0334
Residential Street Address 159 Shetucket Tpke		City Voluntown		State CT	Zip Code 06384-1405
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/25/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Conrad		First Nadine		MI C	Contribution ID # 0333
Residential Street Address 83 Old Farm Rd		City Groton		State CT	Zip Code 06340-4511
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/25/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Conrad		First Edmund		MI A	Contribution ID # 0332
Residential Street Address 83 Old Farm Rd		City Groton		State CT	Zip Code 06340-4511
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/25/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Choquette		First Susan		MI P	Contribution ID # 0331
Residential Street Address 101 Pendleton Hill Rd		City Voluntown		State CT	Zip Code 06384-1921
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/25/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Bergen		First Christopher		MI G	Contribution ID # 0330
Residential Street Address 600 Meridian Street Ext Apt 1001		City Groton		State CT	Zip Code 06340-4157
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/25/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Ackerman		First Andrea		MI L	Contribution ID # 0329
Residential Street Address 824 Groton Long Point Rd		City Noank		State CT	Zip Code 06340-5604
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/25/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Zelinsky		First Stephen		MI E	Contribution ID # 0344
Residential Street Address 247 Brown Rd		City Voluntown		State CT	Zip Code 06384-1101
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/25/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Murphy		First Judith		MI A	Contribution ID # 0346
Residential Street Address 298 L Meridian St		City Groton		State CT	Zip Code 06340-4031
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/26/2026	Aggregate Contributions \$20.00	\$20.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Grim		First Gregory		MI W	Contribution ID # 0345
Residential Street Address 27 Meech Ave		City Groton		State CT	Zip Code 06340-5807
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/26/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Palmer		First Candy		MI L	Contribution ID # 0347
Residential Street Address 31 C Clark Falls Rd		City North Stonington		State CT	Zip Code 06359-1438
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/27/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Palmer		First George		MI C	Contribution ID # 0348
Residential Street Address 31 C Clark Falls Rd		City North Stonington		State CT	Zip Code 06359-1438
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/27/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Myers		First Karen		MI L	Contribution ID # 0351
Residential Street Address 439 Pequot Ave		City Mystic		State CT	Zip Code 06355-1745
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/28/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Lovely		First Philip		MI	Contribution ID # 0350
Residential Street Address 46 E Canterbury Rd		City Plainfield		State CT	Zip Code 06374-1047
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/28/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Gamboa		First Obed		MI	Contribution ID # 0349
Residential Street Address 8 Church St		City Plainfield		State CT	Zip Code 06374-1206
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/28/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Stimpson		First Mabel		MI A	Contribution ID # 0375
Residential Street Address 421 N Wyassup Rd		City North Stonington		State CT	Zip Code 06359-1123
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 # <u>03292026C</u>	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/29/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Stearns		First Tamar		MI	Contribution ID # 0374
Residential Street Address 44 Cedars Rd		City North Stonington		State CT	Zip Code 06359-1091
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 # <u>03292026C</u>	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/29/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Smith III		First Charles		MI M	Contribution ID # 0373
Residential Street Address 411 Wyassup Rd		City North Stonington		State CT	Zip Code 06359-1123
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 # 03292026C	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/29/2026	Aggregate Contributions \$5.00	\$5.00

Last Name McDermott		First Patricia		MI CT	Contribution ID # 0372
Residential Street Address 138 Pawcatuck Ave		City Pawcatuck		State CT	Zip Code 06379-2414
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 # 03292026C	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/29/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Cassidy		First Melissa		MI L	Contribution ID # 0357
Residential Street Address 177 Campbell Rd		City Griswold		State CT	Zip Code 06351-1630
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 # 03292026C	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/29/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Buffon		First Christopher		MI E	Contribution ID # 0356
Residential Street Address 185 Cossaduck Hill Rd		City North Stonington		State CT	Zip Code 06359-1009
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 # 03292026C	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/29/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Buffon		First Christine		MI S	Contribution ID # 0355
Residential Street Address 185 Cossaduck Hill Rd		City North Stonington		State CT	Zip Code 06359-1009
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 # 03292026C	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/29/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Bonelli		First Cecilia		MI D	Contribution ID # 0354
Residential Street Address 27 Meech Ave		City Groton		State CT	Zip Code 06340-5807
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 # 03292026C	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/29/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Barber		First Charles		MI W	Contribution ID # 0353
Residential Street Address 115 Hangman Hill Rd		City North Stonington		State CT	Zip Code 06359-1307
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 # 03292026C	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/29/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Barber		First Anna		MI E	Contribution ID # 0352
Residential Street Address 115 Hangman Hill Rd		City North Stonington		State CT	Zip Code 06359-1307
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 # 03292026C	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/29/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Mastroianni		First Stella		MI M	Contribution ID # 0371
Residential Street Address 445 Pendleton Hill Rd		City North Stonington		State CT	Zip Code 06359-1417
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 # 03292026C	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/29/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Mastroianni		First Louis		MI T	Contribution ID # 0370
Residential Street Address 445 Pendleton Hill Rd		City North Stonington		State CT	Zip Code 06359-1417
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 # 03292026C	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/29/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Lewis		First Priscilla		MI A	Contribution ID # 0369
Residential Street Address 116 Boom Bridge Rd		City North Stonington		State CT	Zip Code 06359-1426
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 # 03292026C	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/29/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Kennedy		First Patrick		MI	Contribution ID # 0368
Residential Street Address 39 Spruce Ln		City Oakdale		State CT	Zip Code 06370-1330
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 # 03292026C	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/29/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Jeckel		First Mark		MI	Contribution ID # 0367
Residential Street Address 337 Wyassup Rd		City North Stonington		State CT	Zip Code 06359-1333
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches 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? If yes, list Event # <u>03292026C</u>	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/29/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Hoadley		First Jillian		MI R	Contribution ID # 0366
Residential Street Address 40 Foote St		City Pawcatuck		State CT	Zip Code 06379-2405
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches 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? If yes, list Event # <u>03292026C</u>	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/29/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Healey		First Christina		MI	Contribution ID # 0365
Residential Street Address 24 Olivia Ln		City Stonington		State CT	Zip Code 06378-1538
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches 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? If yes, list Event # <u>03292026C</u>	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/29/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Hanson		First Sophie		MI M	Contribution ID # 0364
Residential Street Address 14 Pawcatuck Trl		City Voluntown		State CT	Zip Code 06384-1204
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches 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? If yes, list Event # <u>03292026C</u>	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/29/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Hanson		First Matthew		MI J	Contribution ID # 0363
Residential Street Address 14 Pawcatuck Trl		City Voluntown		State CT	Zip Code 06384-1204
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 # 03292026C	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/29/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Gingerella		First Louis		MI W	Contribution ID # 0362
Residential Street Address 44 Wyassup Lake Rd # Q		City North Stonington		State CT	Zip Code 06359-0000
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 # 03292026C	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/29/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Gingerella		First Geraldine		MI M	Contribution ID # 0361
Residential Street Address 44 Wyassup Lake Rd # Q		City North Stonington		State CT	Zip Code 06359-0000
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 # 03292026C	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/29/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Durning		First Joseph		MI	Contribution ID # 0360
Residential Street Address 138 Pawcatuck Ave		City Pawcatuck		State CT	Zip Code 06379-2414
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 # 03292026C	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/29/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Crofts		First Nancy		MI E	Contribution ID # 0359
Residential Street Address 337 Wyassup Rd		City North Stonington		State CT	Zip Code 06359-1333
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 # 03292026C	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/29/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Corey		First Matthew		MI 	Contribution ID # 0358
Residential Street Address 181 Center St		City Manchester		State CT	Zip Code 06040-5049
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 # 03292026C	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/29/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Walker		First Brittney		MI R	Contribution ID # 0378
Residential Street Address 99 Great Brook Rd		City Groton		State CT	Zip Code 06340-2764
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 # 03292026C	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/29/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Turner		First Stephanie		MI A	Contribution ID # 0377
Residential Street Address 17 Foote St		City Pawcatuck		State CT	Zip Code 06379-2405
Principal Occupation Unemployed		Name of Employer Unemployed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 03292026C	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/29/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Turner Jr		First John		MI W	Contribution ID # 0376
Residential Street Address 17 Foote St		City Pawcatuck		State CT	Zip Code 06379-2405
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 # 03292026C	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/29/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Patel		First Manjulaben		MI G	Contribution ID # 0380
Residential Street Address 26 Green St		City Plainfield		State CT	Zip Code 06374-1317
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/30/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Patel		First Amisha		MI G	Contribution ID # 0379
Residential Street Address 26 Green St		City Plainfield		State CT	Zip Code 06374-1317
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/30/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Talbot		First Jamie		MI R	Contribution ID # 0382
Residential Street Address 3 N Pleasant St		City Plainfield		State CT	Zip Code 06374-1014
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Talbot		First Eileen		MI E	Contribution ID # 0381
Residential Street Address 3 N Pleasant St		City Plainfield		State CT	Zip Code 06374-1014
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Densmore		First Mark		MI 	Contribution ID # 0393
Residential Street Address 82 Pequot Ave		City Mystic		State CT	Zip Code 06355-1723
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Butler		First Lisa		MI S	Contribution ID # 0392
Residential Street Address 12 Cove St		City Noank		State CT	Zip Code 06340-5713
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Weatherup		First Mary		MI 	Contribution ID # 0391
Residential Street Address 39 Church St		City Stonington		State CT	Zip Code 06378-1344
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Weatherup		First Brock		MI	Contribution ID # 0390
Residential Street Address 39 Church St		City Stonington		State CT	Zip Code 06378-1344
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Butler		First Claire		MI E	Contribution ID # 0387
Residential Street Address 12 Cove St		City Noank		State CT	Zip Code 06340-5713
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Feeney		First Valerie		MI	Contribution ID # 0386
Residential Street Address 295 Taugwonk Rd		City Stonington		State CT	Zip Code 06378-1802
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Harens		First Hannah		MI J	Contribution ID # 0385
Residential Street Address 70 Farmstead Ave		City Mystic		State CT	Zip Code 06355-2106
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Alfieri		First Laurie		MI J	Contribution ID # 0384
Residential Street Address 70 Farmstead Ave		City Mystic		State CT	Zip Code 06355-2106
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Watson		First Kim		MI S	Contribution ID # 0407
Residential Street Address 175 Shennecossett Pkwy		City Groton		State CT	Zip Code 06340-5833
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Watson		First Harry		MI A	Contribution ID # 0406
Residential Street Address 175 Shennecossett Pkwy		City Groton		State CT	Zip Code 06340-5833
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Chappell		First Allen		MI M	Contribution ID # 0405
Residential Street Address 37 Pheasant Run Rd		City Stonington		State CT	Zip Code 06378-1935
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Rathjen		First Theodore		MI E	Contribution ID # 0404
Residential Street Address 245 Elm St		City Groton		State CT	Zip Code 06340-5508
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Rathjen		First Christine		MI L	Contribution ID # 0403
Residential Street Address 245 Elm St		City Groton		State CT	Zip Code 06340-5508
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Rendeiro		First Joseph		MI F	Contribution ID # 0402
Residential Street Address 133 Cove Rd		City Stonington		State CT	Zip Code 06378-2330
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Main		First George		MI R	Contribution ID # 0401
Residential Street Address 25 Cove St		City Noank		State CT	Zip Code 06340-5700
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name McGugan		First Patrick		MI B	Contribution ID # 0400
Residential Street Address 310 Elm St		City Stonington		State CT	Zip Code 06378-2925
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$5.00	\$5.00

Last Name McGugan		First Keith		MI A	Contribution ID # 0399
Residential Street Address 310 Elm St		City Stonington		State CT	Zip Code 06378-2925
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Hunt		First Kimberly		MI 	Contribution ID # 0398
Residential Street Address 56 High St		City Noank		State CT	Zip Code 06340-5754
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Butler		First John		MI D	Contribution ID # 0397
Residential Street Address 12 Cove St		City Noank		State CT	Zip Code 06340-5713
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Brown		First Richard		MI M	Contribution ID # 0396
Residential Street Address 4 Spicer Ave		City Noank		State CT	Zip Code 06340-5601
Principal Occupation			Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$5.00
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #		Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/31/2026 Aggregate Contributions \$5.00	

Total of Section B		\$22,135.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Total on Line 14, Column A of Summary Page)		\$22,135.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Somers for Senate	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	
Somers for Senate				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	
Somers for Senate				April 10 Filing - Amendment	
D. Loans Received this Period					
Name of Lender		Source of Loan:			Date of Receipt
		Bank	Candidate	Individual	Other
Street Address		City	State	Zip Code	Is there a cosigner or Guarantor of this loan?
					Yes No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address		City	Stat	Zip Code	
Total of Section D					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Somers for Senate	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
Somers for Senate	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
Somers for Senate	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	Primary General Election Special Election		
Supplemental/Post Election Deficit			
Total of Section H			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Somers for Senate				April 10 Filing - Amendment	
I. Miscellaneous Monetary Receipts not Considered Contributions					
Name			Date of Transaction		Amount Received
SEEC			02/18/2026		
Street Address	City	State	Zip Code		
20 Trinity St	Hartford	CT	06106		
Description					\$0.03
Penny Test					
Total of Section I					\$0.03

II. EVENT ACTIVITY (Sections J1 - J4)

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

J1. Event Information					
Event # Date of Event 01/11/2026	Letter A	Description Other Event	Was this a fundraising event? ☒ Yes ☐ No		
Location: Street Address 11 Buddington Rd		City Groton	State CT	Zip Code 06340-3280	
Was this event hosted at a personal residence?		☐ Yes ☒ No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.		
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		☐ Yes ☒ No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.		
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		☐ Yes ☒ No	(If yes, enter Total Receipts here.)		\$0.00

Event # Date of Event 02/27/2026	Letter B	Description Other Event	Was this a fundraising event? ☒ Yes ☐ No		
Location: Street Address 263 Taylor Hill Rd		City Jewett City	State CT	Zip Code 06351-2511	
Was this event hosted at a personal residence?		☐ Yes ☒ No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.		
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		☐ Yes ☒ No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.		
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		☐ Yes ☒ No	(If yes, enter Total Receipts here.)		\$0.00

Event # Date of Event 03/29/2026	Letter C	Description Other Event	Was this a fundraising event? ☒ Yes ☐ No		
Location: Street Address 2 Wyassup Rd		City North Stonington	State CT	Zip Code 06359-1321	
Was this event hosted at a personal residence?		☐ Yes ☒ No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.		
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		☐ Yes ☒ No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.		
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		☐ Yes ☒ No	(If yes, enter Total Receipts here.)		\$0.00

Total of Section J1	\$0.00
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II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Somers for Senate	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	
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II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Somers for Senate	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	
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III. NONMONETARY RECEIPTS (Sections K - L)

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

TYPE OF REPORT

Somers for Senate

April 10 Filing - Amendment

K. In-Kind Contributions

Name

Street Address

City

State

Zip Code

Is this contribution associated with an event reported in Section J1?

Yes

No

Description of In-Kind Contribution

If yes, list Event#

Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?

Yes

No

Is contributor a principal of a state contractor or prospective state contractor?

Yes

No

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

Executive

Legislative

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

Somers for Senate

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
Somers for Senate	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 01/10/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 10202 Perkins Rowe Ste 2006		City Baton Rouge	State LA	Zip Code 70810-8201
Purpose of Expendit Misc *	Description			Amount \$10.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 01/11/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 10202 Perkins Rowe Ste 2006		City Baton Rouge	State LA	Zip Code 70810-8201
Purpose of Expendit Misc *	Description			Amount \$53.90
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 01/12/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 10202 Perkins Rowe Ste 2006		City Baton Rouge	State LA	Zip Code 70810-8201
Purpose of Expendit Misc *	Description			Amount \$10.90
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Anedot, Inc.		Date of Payment 01/13/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 10202 Perkins Rowe Ste 2006		City Baton Rouge	State LA	Zip Code 70810-8201
Purpose of Expendit Misc *	Description			Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 01/14/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 10202 Perkins Rowe Ste 2006		City Baton Rouge	State LA	Zip Code 70810-8201
Purpose of Expendit Misc *	Description			Amount \$10.90
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 01/15/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 10202 Perkins Rowe Ste 2006		City Baton Rouge	State LA	Zip Code 70810-8201
Purpose of Expendit Misc *	Description			Amount \$10.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Anedot, Inc.		Date of Payment 01/16/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 10202 Perkins Rowe Ste 2006		City Baton Rouge	State LA Zip Code 70810-8201
Purpose of Expendit Misc *	Description		Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 01/18/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 10202 Perkins Rowe Ste 2006		City Baton Rouge	State LA Zip Code 70810-8201
Purpose of Expendit Misc *	Description Processing fee		Amount \$4.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 01/20/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 10202 Perkins Rowe Ste 2006		City Baton Rouge	State LA Zip Code 70810-8201
Purpose of Expendit Misc *	Description		Amount \$13.40
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
Somers for Senate	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 01/21/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 10202 Perkins Rowe Ste 2006		City Baton Rouge	State LA Zip Code 70810-8201
Purpose of Expendit Misc *	Description		Amount \$76.80
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 U.S. Post Office		Date of Payment 01/21/2026	Method of Payment ☒ Check # <u>90</u> ☐ Debit Card ☐ EFT
Street Address 23 E Main St		City Mystic	State CT Zip Code 06355-7700
Purpose of Expendit POST	Description Postage		Amount \$237.90
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 01/22/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 10202 Perkins Rowe Ste 2006		City Baton Rouge	State LA Zip Code 70810-8201
Purpose of Expendit Misc *	Description		Amount \$14.60
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
Somers for Senate	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 01/23/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 10202 Perkins Rowe Ste 2006		City Baton Rouge	State LA	Zip Code 70810-8201
Purpose of Expendit Misc *	Description			Amount \$4.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 01/27/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 10202 Perkins Rowe Ste 2006		City Baton Rouge	State LA	Zip Code 70810-8201
Purpose of Expendit Misc *	Description			Amount \$4.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 02/03/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 10202 Perkins Rowe Ste 2006		City Baton Rouge	State LA	Zip Code 70810-8201
Purpose of Expendit Misc *	Description			Amount \$2.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Anedot, Inc.		Date of Payment 02/04/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 10202 Perkins Rowe Ste 2006		City Baton Rouge	State LA	Zip Code 70810-8201
Purpose of Expendit Misc *	Description			Amount \$4.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 02/05/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 10202 Perkins Rowe Ste 2006		City Baton Rouge	State LA	Zip Code 70810-8201
Purpose of Expendit Misc *	Description			Amount \$13.90
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Somers, Heather		Date of Payment 02/05/2026	Method of Payment ☒ Check # <u>91</u> ☐ Debit Card ☐ EFT	
Street Address 218 N Water St		City Stonington	State CT	Zip Code 06378-1023
Purpose of Expendit RMB	Description			Amount \$200.00
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
Somers for Senate	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 02/06/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 10202 Perkins Rowe Ste 2006		City Baton Rouge	State LA Zip Code 70810-8201
Purpose of Expendit Misc *	Description		Amount \$4.80
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 02/08/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 10202 Perkins Rowe Ste 2006		City Baton Rouge	State LA Zip Code 70810-8201
Purpose of Expendit Misc *	Description		Amount \$15.20
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 02/09/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 10202 Perkins Rowe Ste 2006		City Baton Rouge	State LA Zip Code 70810-8201
Purpose of Expendit Misc *	Description		Amount \$1.00
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
Somers for Senate	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 02/11/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 10202 Perkins Rowe Ste 2006		City Baton Rouge	State LA	Zip Code 70810-8201
Purpose of Expendit Misc *	Description			Amount \$2.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 02/12/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 10202 Perkins Rowe Ste 2006		City Baton Rouge	State LA	Zip Code 70810-8201
Purpose of Expendit Misc *	Description			Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 02/19/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 10202 Perkins Rowe Ste 2006		City Baton Rouge	State LA	Zip Code 70810-8201
Purpose of Expendit Misc *	Description			Amount \$4.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Anedot, Inc.		Date of Payment 02/22/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 10202 Perkins Rowe Ste 2006		City Baton Rouge	State LA	Zip Code 70810-8201
Purpose of Expendit Misc *	Description			Amount \$2.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 02/26/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 10202 Perkins Rowe Ste 2006		City Baton Rouge	State LA	Zip Code 70810-8201
Purpose of Expendit Misc *	Description			Amount \$4.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 02/27/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 10202 Perkins Rowe Ste 2006		City Baton Rouge	State LA	Zip Code 70810-8201
Purpose of Expendit Misc *	Description			Amount \$7.20
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
Somers for Senate	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 02/28/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 10202 Perkins Rowe Ste 2006		City Baton Rouge	State LA	Zip Code 70810-8201
Purpose of Expendit Misc *	Description			Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/01/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 10202 Perkins Rowe Ste 2006		City Baton Rouge	State LA	Zip Code 70810-8201
Purpose of Expendit Misc *	Description			Amount \$13.90
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/11/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 10202 Perkins Rowe Ste 2006		City Baton Rouge	State LA	Zip Code 70810-8201
Purpose of Expendit Misc *	Description			Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Anedot, Inc.		Date of Payment 03/14/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 10202 Perkins Rowe Ste 2006		City Baton Rouge	State LA Zip Code 70810-8201
Purpose of Expendit Misc *	Description		Amount \$3.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/16/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 10202 Perkins Rowe Ste 2006		City Baton Rouge	State LA Zip Code 70810-8201
Purpose of Expendit Misc *	Description		Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/19/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 10202 Perkins Rowe Ste 2006		City Baton Rouge	State LA Zip Code 70810-8201
Purpose of Expendit Misc *	Description		Amount \$27.80
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
Somers for Senate	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot, Inc.		Date of Payment 03/20/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 10202 Perkins Rowe Ste 2006		City Baton Rouge	State LA	Zip Code 70810-8201
Purpose of Expendit Misc *	Description			Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot, Inc.		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 10202 Perkins Rowe Ste 2006		City Baton Rouge	State LA	Zip Code 70810-8201
Purpose of Expendit Misc *	Description			Amount \$2.60
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 Somers, Heather		Date of Payment 03/31/2026	Method of Payment ☒ Check # <u>94</u> ☐ Debit Card ☐ EFT	
Street Address 218 N Water St		City Stonington	State CT	Zip Code 06378-1023
Purpose of Expendit RMB	Description			Amount \$416.00
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 #	

Total of Section N**\$1,184.10**

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Somers for Senate	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?
The Spot		02/05/2026		☒ Yes ☐ No
Street Address	City	State	Zip Code	Amount
11 Buddington Rd	Groton	CT	06340-3280	
Purpose of Expenditure (by code)	Description	Event #		\$200.00
FNDR *		01112026A		

Name of Payee (Name of vendor who candidate paid directly)		Date of Payment		Is Reimbursement Claimed?
VFW Post 10004		02/27/2026		☒ Yes ☐ No
Street Address	City	State	Zip Code	Amount
263 Taylor Hill Rd	Jewett City	CT	06351-2511	
Purpose of Expenditure (by code)	Description	Event #		\$416.00
FNDR *		02272026B		

Total of Section O**\$616.00**

IV. EXPENDITURES (Sections N - S)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Somers for Senate				April 10 Filing - Amendment	
P. Expenses Incurred on Committee Credit Card					
Name of Issuing Institution			Type of Credit Card: Visa Master Card Discover American Express Other		
Name of Vendor				Date of Transaction	
Street Address			City		State
Zip Code					
Purpose of Expenditure (by code)	Description				Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No		Expenditure # (if applicable)	Event #		
If yes, assign an Expenditure # and complete Itemization in Addendum P					
Total of Section P					

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

IV. EXPENDITURES (Sections N - S)

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

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N: Check # Debit Card EFT
Name of Vendor Paid by Committee Worker/Consultant				
Street Address of Vendor		City		State Zip Code
Purpose of Expenditure (by code)	Description			
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Yes No	Expenditure # (if applicable)	Event #	Amount
If yes, assign an Expenditure # and completes Itemization in Addendum R				
Total of Section R				

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Somers for Senate	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