SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

Electronic Filing

Do Not Mark in This Space For Official Use Only

COVER PAGE

1. NAME OF COMMITTEE	2. TYPE OF COMMITTEE
Slap For Senate 2026	[x] Candidate Committee [_] Exploratory Committee

3. TREASURER NAME

First	MI	Last	Suffix
William	**H**	**Major**	

4. TREASURER ADDRESS

Streen Address	City	State	Zip Code
10 Frederick Rd	**West Hartford**	**CT**	**06119**

5. ELECTION DATE	6. OFFICE SOUGHT *(Complete only if Candidate Committee)*	7. DISTRICT NUMBER *(if applicable)*
11/03/2026	**State Senator**	**S005**

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

First	MI	Last	Suffix
Derek	**M**	**Slap**	

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	**William Major**	**07/19/2026**
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED

A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to $25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
Slap For Senate 2026	**April 10 Filing - Amendment**	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		**$0.00**
13. Balance on hand at the beginning of Reporting Period	**$0.00**	
14. Contributions received from Individuals (Section A and B)	**$19,531.00**	**$19,531.00**
15. Receipts from Other Committees (Sections C1 and C2)	**$0.00**	**$0.00**
16. Other Monetary Receipts (Section D through I)	**$0.00**	**$0.00**
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	**$0.00**	**$0.00**
18. Total Monetary Receipts (add totals for lines 14 through 17)	**$19,531.00**	**$19,531.00**
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	**$19,531.00**	**$19,531.00**
20. Expenses Paid by Committee (Section N)	**$180.93**	**$180.93**
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	**$19,350.07**	**$19,350.07**
22. In-Kind Donations not Considered Contributions Received (Section J3)	**$0.00**	**$0.00**
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	**$0.00**	**$0.00**
24. In-Kind Contributions Received (Section K)	**$0.00**	**$0.00**
25. Refundable Deposit to Telephone Company (Section L)	**$0.00**	**$0.00**
26. Beginning Loan Balance	**$0.00**	
26a. + Loans Received (Section D)	**$0.00**	**$0.00**
26b. + Interest and Penalties on Loan(s)	**$0.00**	**$0.00**
26c. - Payments on Loan(s)	**$0.00**	**$0.00**
26d. Total Outstanding Loan Amount	**$0.00**	
27. Campaign Expenses Paid By Candidate (Section O)	**$0.00**	**$0.00**
28. Expenses Incurred on Committee Credit Card (Section P)	**$894.93**	**$894.93**
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
Slap For Senate 2026	April 10 Filing - Amendment

A. Total Contributions from Small Contributors-Received this Period ONLY

For Nonparticipating Candidates ONLY

$5,041.00

B. Itemized Contributions from Individuals

Last Name	First Name	MI	Contribution ID #
Brakeman	Beverly		0270

Residential Street Address	City	State	Zip Code
189 Newington Rd	West Hartford	CT	06110

Principal Occupation	Name of Employer
Lobbyist	Brakeman Advocacy

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
01/29/2026	$100.00	$100.00

Last Name	First Name	MI	Contribution ID #
Zyjeski	Jeffrey		0265

Residential Street Address	City	State	Zip Code
1176 N Main St	West Hartford	CT	06117

Principal Occupation	Name of Employer
Lobbyist	Gaffney, Bennett and Assoc

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
01/30/2026	$100.00	$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI	Contribution ID #
McCluskey	David		0264

Residential Street Address	City	State	Zip Code
251 Westpoint Ter	West Hartford	CT	06107

Principal Occupation	Name of Employer
Legislative Liaison	State of CT

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
01/30/2026	$100.00	$100.00

Last Name	First Name	MI	Contribution ID #
Aresimowicz	Joseph		0263

Residential Street Address	City	State	Zip Code
137 Brewster Rd	West Hartford	CT	06117

Principal Occupation	Name of Employer
Lobbyist	Gaffney Bennett

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
01/30/2026	$100.00	$100.00

Last Name	First Name	MI	Contribution ID #
Lohman	Judith		0262

Residential Street Address	City	State	Zip Code
87 Wood Pond Rd	West Hartford	CT	06107

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
01/30/2026	$100.00	$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI	Contribution ID #
Hughes	Josh		0261

Residential Street Address	City	State	Zip Code
34 Lexington Rd	West Hartford	CT	06119

Principal Occupation	Name of Employer
Lobbyist	Capitol Consulting

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
01/30/2026	$100.00	$100.00

Last Name	First Name	MI	Contribution ID #
Schmitt	Terry		0257

Residential Street Address	City	State	Zip Code
14 Waterside Ln	West Hartford	CT	06107

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
01/30/2026	$100.00	$100.00

Last Name	First Name	MI	Contribution ID #
Campbell	Karin		0255

Residential Street Address	City	State	Zip Code
39 Linbrook Rd	West Hartford	CT	06107

Principal Occupation	Name of Employer
Chief of Staff	Definitive healthcare

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
01/30/2026	$100.00	$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI	Contribution ID #
MacDonnell	William		0254

Residential Street Address	City	State	Zip Code
158 Hunter Dr	West Hartford	CT	06107

Principal Occupation	Name of Employer
retired dental anesthesiologist	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 L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
01/30/2026	$125.00	$125.00

Last Name	First Name	MI	Contribution ID #
Sullivan	Kevin		0252

Residential Street Address	City	State	Zip Code
70 Timberwood Rd	West Hartford	CT	06117

Principal Occupation	Name of Employer
retired	retired

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

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

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

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
01/30/2026	$100.00	$100.00

Last Name	First Name	MI	Contribution ID #
Slap	Edward		0249

Residential Street Address	City	State	Zip Code
259 Ridge Trail Dr	Chesterfield	MO	63017

Principal Occupation	Name of Employer
Accountant	US Strategic Metals

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

If yes, indicate which 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 L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
01/30/2026	$100.00	$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI	Contribution ID #
Gerratana	Terry		0245

Residential Street Address	City	State	Zip Code
11 Dorset Ln	Farmington	CT	06032

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 01/30/2026

Aggregate Contributions: $100.00

Amount of Contribution: $100.00

Last Name	First Name	MI	Contribution ID #
Burns	Sarah		0243

Residential Street Address	City	State	Zip Code
3 Hidden Spring Ln	Farmington	CT	06032

Principal Occupation	Name of Employer
Educator	UChicago STEM Education

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 01/30/2026

Aggregate Contributions: $100.00

Amount of Contribution: $100.00

Last Name	First Name	MI	Contribution ID #
Siuta	Ellen		~~0241~~

Residential Street Address	City	State	Zip Code
~~19 Canterbury Ln~~	~~Unionville~~	~~CT~~	~~06085~~

Principal Occupation	Name of Employer
~~N/A~~	~~N/A~~

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: ~~01/30/2026~~

Aggregate Contributions: **~~$200.00~~**

Amount of Contribution: **~~$100.00~~**

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI	Contribution ID #
Grabarz	Joseph		0240

Residential Street Address	City	State	Zip Code
66 Third St	New Britain	CT	06051-1635

Principal Occupation	Name of Employer
Lobbyist	Gallo Robinson

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
01/30/2026	$100.00	$100.00

Last Name	First Name	MI	Contribution ID #
Joseph	Chuck		0239

Residential Street Address	City	State	Zip Code
220 Sedgwick Rd	West Hartford	CT	06107

Principal Occupation	Name of Employer
CEP and President	Joseph Family Markets, 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 L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
01/30/2026	$340.00	$340.00

Last Name	First Name	MI	Contribution ID #
Exum	Tammy		0236

Residential Street Address	City	State	Zip Code
40 Gin Still Ln	West Hartford	CT	06107

Principal Occupation	Name of Employer
Legislator	CT General Assembly

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
01/30/2026	$340.00	$340.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI	Contribution ID #
Giannaros	Demetrios		0235

Residential Street Address	City	State	Zip Code
56 Basswood Rd	Farmington	CT	06032

Principal Occupation	Name of Employer
retired economist	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 L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 01/30/2026

Aggregate Contributions: $150.00

Amount of Contribution: $150.00

Last Name	First Name	MI	Contribution ID #
Gemski	Elizabeth		0232

Residential Street Address	City	State	Zip Code
35 Garden St	Farmington	CT	06032

Principal Occupation	Name of Employer
Lobbyist	Kozak and Salina

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 01/30/2026

Aggregate Contributions: $100.00

Amount of Contribution: $100.00

Last Name	First Name	MI	Contribution ID #
Heckman	James		0231

Residential Street Address	City	State	Zip Code
42 Forest St	Unionville	CT	06085

Principal Occupation	Name of Employer
General Counsel	CT Realtors

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 01/30/2026

Aggregate Contributions: $100.00

Amount of Contribution: $100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI	Contribution ID #
Sweeney	Liam		0230

Residential Street Address	City	State	Zip Code
29 Penn Dr	West Hartford	CT	06119

Principal Occupation	Name of Employer
Lobbyist	Penn Lincoln Strategies

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
01/30/2026	$100.00	$100.00

Last Name	First Name	MI	Contribution ID #
Salina	Adam		0229

Residential Street Address	City	State	Zip Code
95 Spicewood Rd	Berlin	CT	06037

Principal Occupation	Name of Employer
Government Relations	Kozak and Salina, 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 L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
01/30/2026	$100.00	$100.00

Last Name	First Name	MI	Contribution ID #
Conway	Sharon		0226

Residential Street Address	City	State	Zip Code
200 Westmont	West Hartford	CT	06117

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
01/30/2026	$150.00	$150.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI	Contribution ID #
Facey	Robert		0221

Residential Street Address	City	State	Zip Code
19 Visgrove Ln	West Hartford	CT	06117

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 01/30/2026

Aggregate Contributions: $100.00

Amount of Contribution: $100.00

Last Name	First Name	MI	Contribution ID #
Welz	William		0219

Residential Street Address	City	State	Zip Code
113 Highland Rd	Mansfield	CT	06250

Principal Occupation	Name of Employer
Lobbyist	Gallo and Robinson

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 01/30/2026

Aggregate Contributions: $100.00

Amount of Contribution: $100.00

Last Name	First Name	MI	Contribution ID #
Bush	Rick		0218

Residential Street Address	City	State	Zip Code
62 Linbrook Rd	West Hartford	CT	06107

Principal Occupation	Name of Employer
Property Managers	Connecticut Home Services

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 01/30/2026

Aggregate Contributions: $100.00

Amount of Contribution: $100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI	Contribution ID #
Siuta	Ellen		**0241**

Residential Street Address	City	State	Zip Code
19 Canterbury Ln	**Unionville**	**CT**	**06085**

Principal Occupation	Name of Employer
homemaker	**N/A**

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
01/30/2026	**$100.00**	**$100.00**

Last Name	First Name	MI	Contribution ID #
Lytle	Robert		0277

Residential Street Address	City	State	Zip Code
5607 Essex Rd	Lisle	IL	60532

Principal Occupation	Name of Employer
Manager	Centri Analytics

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
01/30/2026	$340.00	$340.00

Last Name	First Name	MI	Contribution ID #
Graff	Kevin		0276

Residential Street Address	City	State	Zip Code
50 Red Hill Dr	Glastonbury	CT	06033

Principal Occupation	Name of Employer
Lobbyist/Consultant	Graff Public Solutions

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
01/30/2026	$100.00	$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI	Contribution ID #
Ginsburg	Andrew		0275

Residential Street Address	City	State	Zip Code
272 Westmont	West Hartford	CT	06117

Principal Occupation	Name of Employer
GM	Hartford Distributors

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
01/30/2026	$250.00	$250.00

Last Name	First Name	MI	Contribution ID #
Mccabe	Patrick		0273

Residential Street Address	City	State	Zip Code
11 Forest Rd	West Hartford	CT	06119

Principal Occupation	Name of Employer
Public affairs	Capitol Strategies Group

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
01/30/2026	$100.00	$100.00

Last Name	First Name	MI	Contribution ID #
Peterson	Alex		0201

Residential Street Address	City	State	Zip Code
29 Middlefield Dr	West Hartford	CT	06107

Principal Occupation	Name of Employer
Government Affairs	Ct Airport Authority

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
01/30/2026	$250.00	$250.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI	Contribution ID #
Becker	Julie		0200

Residential Street Address	City	State	Zip Code
1207 Bayliss Dr	Alexandria	VA	22302

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
01/30/2026	$200.00	$200.00

Last Name	First Name	MI	Contribution ID #
Salner	Matthew		0196

Residential Street Address	City	State	Zip Code
98 Timberwood Rd	West Hartford	CT	06117

Principal Occupation	Name of Employer
Product development	Cigna healthcare

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
01/30/2026	$100.00	$100.00

Last Name	First Name	MI	Contribution ID #
Shortell	Patrick		0195

Residential Street Address	City	State	Zip Code
60 Hyde Rd	West Hartford	CT	06117

Principal Occupation	Name of Employer
Lobbyist	Hillside strategies

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
01/30/2026	$100.00	$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI	Contribution ID #
Jordan	Laura		0207

Residential Street Address	City	State	Zip Code
43 Girard Ave	Hartford	CT	06105

Principal Occupation	Name of Employer
Government affairs	Stamford 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 L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
01/31/2026	$100.00	$100.00

Last Name	First Name	MI	Contribution ID #
Sayers	Clement		0204

Residential Street Address	City	State	Zip Code
22 Trotwood Dr	West Hartford	CT	06117

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
01/31/2026	$100.00	$100.00

Last Name	First Name	MI	Contribution ID #
Leonard	Gerry		0168

Residential Street Address	City	State	Zip Code
246 Westmont	West Hartford	CT	06117-2907

Principal Occupation	Name of Employer
physician	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 L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
02/01/2026	$75.00	$75.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI	Contribution ID #
Ginis	Alexander		0216

Residential Street Address	City	State	Zip Code
168 Westland Ave	West Hartford	CT	06107

Principal Occupation	Name of Employer
Lobbyist	Reynolds Strategy Group

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
02/01/2026	$100.00	$100.00

Last Name	First Name	MI	Contribution ID #
Green	Joan		0213

Residential Street Address	City	State	Zip Code
67 Sylvan Ave	West Hartford	CT	06107

Principal Occupation	Name of Employer
Administration	State of CT

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
02/01/2026	$100.00	$100.00

Last Name	First Name	MI	Contribution ID #
Marlin	Jay		**0183**

Residential Street Address	City	State	Zip Code
1008 Aster Blvd	**Rockville**	**MD**	**20850**

Principal Occupation	Name of Employer
Consultant	**Marlin Strategies, 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 L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
02/02/2026	**$100.00**	**$100.00**

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI	Contribution ID #
Sovronsky	Ruth		0188

Residential Street Address	City	State	Zip Code
25 Old Brook Rd	West Hartford	CT	06117

Principal Occupation	Name of Employer
Developmental Consultant	Self employed, Developmental Consultant

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
02/02/2026	$150.00	$150.00

Last Name	First Name	MI	Contribution ID #
Gough	Kevin		0186

Residential Street Address	City	State	Zip Code
5 Bear Ridge Dr	Bloomfield	CT	06002

Principal Occupation	Name of Employer
actuary	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 L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
02/02/2026	$100.00	$100.00

Last Name	First Name	MI	Contribution ID #
Camilliere	Tony		0185

Residential Street Address	City	State	Zip Code
60 Old Cmn	Wethersfield	CT	06109

Principal Occupation	Name of Employer
Lobbyist	Camilliere, Cloud adn Kennedy

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
02/02/2026	$100.00	$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI	Contribution ID #
Marlin	Jay		~~0183~~

Residential Street Address	City	State	Zip Code
~~Unknown~~	~~Rockville~~	~~MD~~	~~20850~~

Principal Occupation	Name of Employer
~~Consultant~~	~~Self~~

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ ~~x~~ No

If yes, list Event #

Method of Contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ ~~x~~ Credit/Debit Card

Date Received	Aggregate Contributions	Amount of Contribution
~~02/02/2026~~	~~**$200.00**~~	~~**$100.00**~~

Last Name	First Name	MI	Contribution ID #
Crane	Jon		0180

Residential Street Address	City	State	Zip Code
102 Mance Rd	Burlington	CT	06013

Principal Occupation	Name of Employer
Media Director	8th Amendment Project

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ X No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
02/02/2026	$100.00	$100.00

Last Name	First Name	MI	Contribution ID #
Johnson	Michael		0178

Residential Street Address	City	State	Zip Code
1418 Boulevard	West Hartford	CT	06119

Principal Occupation	Name of Employer
Lobbyist	Sullivan and LeShane

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ X No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
02/02/2026	$100.00	$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI	Contribution ID #
Cantor	Shari		0176

Residential Street Address	City	State	Zip Code
39 Colony Rd	West Hartford	CT	06117

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? _ Yes ☒ No

If yes, list Event #

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

Date Received: 02/02/2026

Aggregate Contributions: $250.00

Amount of Contribution: $250.00

Last Name	First Name	MI	Contribution ID #
Christ	Michael		0189

Residential Street Address	City	State	Zip Code
89 Ridgewood Rd	West Hartford	CT	06107

Principal Occupation	Name of Employer
Lobbyist	Levin, Paolino and Christ

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? _ Yes ☒ No

If yes, list Event #

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

Date Received: 02/03/2026

Aggregate Contributions: $100.00

Amount of Contribution: $100.00

Last Name	First Name	MI	Contribution ID #
Livingston	Daniel		0151

Residential Street Address	City	State	Zip Code
260 Whiting Ln	West Hartford	CT	06119

Principal Occupation	Name of Employer
Attorney	LAPMK, PC

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? _ Yes ☒ No

If yes, list Event #

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

Date Received: 02/03/2026

Aggregate Contributions: $100.00

Amount of Contribution: $100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI	Contribution ID #
Kozak	David		0148

Residential Street Address	City	State	Zip Code
31 Hunters Rdg	Rocky Hill	CT	06067

Principal Occupation	Name of Employer
Government Relations	Kozak & Salina, 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 L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
02/03/2026	$100.00	$100.00

Last Name	First Name	MI	Contribution ID #
Dodge	Dallas		0147

Residential Street Address	City	State	Zip Code
188 Westmont St	West Hartford	CT	06117

Principal Occupation	Name of Employer
Consultant	Roy and Leroy

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
02/03/2026	$100.00	$100.00

Last Name	First Name	MI	Contribution ID #
Caplan	Marc		0146

Residential Street Address	City	State	Zip Code
129 Ridge Dr	West Hartford	CT	06117

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
02/03/2026	$250.00	$250.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI	Contribution ID #
Mitchell	Mark		0145

Residential Street Address	City	State	Zip Code
14 High Wood Rd	Bloomfield	CT	06002

Principal Occupation	Name of Employer
auto dealer	auto dealer

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
02/03/2026	$150.00	$150.00

Last Name	First Name	MI	Contribution ID #
Rapoport	Miles		0144

Residential Street Address	City	State	Zip Code
30 Montclair Dr	West Hartford	CT	06107

Principal Occupation	Name of Employer
Executive Director	100% Democracy: An Initiative for Universal Voting

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
02/03/2026	$100.00	$100.00

Last Name	First Name	MI	Contribution ID #
Robinson	Catherine		0155

Residential Street Address	City	State	Zip Code
47 Four Mile Rd	West Hartford	CT	06119

Principal Occupation	Name of Employer
Lobbyist	Gallo and Robinson

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
02/04/2026	$100.00	$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI	Contribution ID #
Malcynsky	Jay		0154

Residential Street Address	City	State	Zip Code
25 Parkers Point Rd	Chester	CT	06412

Principal Occupation	Name of Employer
Attorney/Lobbyist	Gaffney Bennett and Associates

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
02/04/2026	$100.00	$100.00

Last Name	First Name	MI	Contribution ID #
Nunez	Paul		0153

Residential Street Address	City	State	Zip Code
70 Marvel Rd	New Haven	CT	06515

Principal Occupation	Name of Employer
Lobbyist	Depino Nunez and Biggs

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
02/04/2026	$100.00	$100.00

Last Name	First Name	MI	Contribution ID #
Bolton	Philip		0159

Residential Street Address	City	State	Zip Code
37 Candlewood Dr	West Hartford	CT	06117

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
02/05/2026	$100.00	$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI	Contribution ID #
Kindall	Clare		0166

Residential Street Address	City	State	Zip Code
27 High Hill Rd	Bloomfield	CT	06002

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ 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

Amount of Contribution: $100.00

Last Name	First Name	MI	Contribution ID #
Conway	Stephen		0164

Residential Street Address	City	State	Zip Code
200 Westmont St	West Hartford	CT	06117

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ 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

Amount of Contribution: $200.00

Last Name	First Name	MI	Contribution ID #
McCaffrey	Jim		0163

Residential Street Address	City	State	Zip Code
122 Main St	Farmington	CT	06032

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ 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

Amount of Contribution: $200.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI	Contribution ID #
Jones	Paula		0119

Residential Street Address	City	State	Zip Code
5 Bear Ridge Dr	Bloomfield	CT	06002

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ 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

Amount of Contribution: $100.00

Last Name	First Name	MI	Contribution ID #
MD	Rahman		0117

Residential Street Address	City	State	Zip Code
6 Penny Ln	Manchester	CT	06040

Principal Occupation	Name of Employer
President	Anushka 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 L1? ☐ 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

Amount of Contribution: $340.00

Last Name	First Name	MI	Contribution ID #
Wong	Danielle		0130

Residential Street Address	City	State	Zip Code
16 Whitehall Pl	Farmington	CT	06032

Principal Occupation	Name of Employer
Project Manager	HNTB

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 02/09/2026

Aggregate Contributions: $100.00

Amount of Contribution: $100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI	Contribution ID #
Reiss	Max		0139

Residential Street Address	City	State	Zip Code
311 Quaker Ln S	West Hartford	CT	06119

Principal Occupation	Name of Employer
executive	Eversource energy

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
02/10/2026	$100.00	$100.00

Last Name	First Name	MI	Contribution ID #
Weiner	Jonathan		0135

Residential Street Address	City	State	Zip Code
37 Rumford St	West Hartford	CT	06107

Principal Occupation	Name of Employer
Attorney	State of CT

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
02/10/2026	$100.00	$100.00

Last Name	First Name	MI	Contribution ID #
Warshauer	Matthew		0141

Residential Street Address	City	State	Zip Code
115 N Main St	West Hartford	CT	06107

Principal Occupation	Name of Employer
Histor professor	State of CT

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
02/11/2026	$100.00	$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI	Contribution ID #
Temkin	Gayle		0098

Residential Street Address	City	State	Zip Code
14 Northridge Dr	West Hartford	CT	06117

Principal Occupation	Name of Employer
homemaker	homemaker

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 02/11/2026

Aggregate Contributions: $340.00

Amount of Contribution: $340.00

Last Name	First Name	MI	Contribution ID #
Brennan	Timothy		0094

Residential Street Address	City	State	Zip Code
111 Garfield Rd	West Hartford	CT	06107

Principal Occupation	Name of Employer
Attorney/CCO	The Hartford

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 02/11/2026

Aggregate Contributions: $250.00

Amount of Contribution: $250.00

Last Name	First Name	MI	Contribution ID #
Lee	Rafeena	B	0093

Residential Street Address	City	State	Zip Code
3 Hamilton Way	Farmington	CT	06032

Principal Occupation	Name of Employer
Attorney	State of CT/Office of Attorney General

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 02/11/2026

Aggregate Contributions: $100.00

Amount of Contribution: $100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI	Contribution ID #
Shekhman	Eveline		0105

Residential Street Address	City	State	Zip Code
12 Pembroke Hi	Farmington	CT	06032

Principal Occupation	Name of Employer
CEO	American Jewish Medical Association

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
02/12/2026	$300.00	$300.00

Last Name	First Name	MI	Contribution ID #
Andrews	Peter		0102

Residential Street Address	City	State	Zip Code
893 Farmington Ave # 6H	West Hartford	CT	06119

Principal Occupation	Name of Employer
Constituent Engagement Coordinator	State of CT

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
02/12/2026	$100.00	$100.00

Last Name	First Name	MI	Contribution ID #
Borre	Darlene		0106

Residential Street Address	City	State	Zip Code
16 Foot Path Ln	West Hartford	CT	06107

Principal Occupation	Name of Employer
Director of The Co-op	Futures, 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 L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
02/13/2026	$100.00	$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI	Contribution ID #
Quinn	Joseph		0110

Residential Street Address	City	State	Zip Code
22 Howland Rd	West Hartford	CT	06107

Principal Occupation	Name of Employer
Lawyer	State of CT, OLM, Senate Democrats

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 02/16/2026

Aggregate Contributions: $100.00

Amount of Contribution: $100.00

Last Name	First Name	MI	Contribution ID #
Sergi	Theodore		0116

Residential Street Address	City	State	Zip Code
11 Castlewood Rd	West Hartford	CT	06107

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 02/17/2026

Aggregate Contributions: $250.00

Amount of Contribution: $250.00

Last Name	First Name	MI	Contribution ID #
Healy	James		0115

Residential Street Address	City	State	Zip Code
102 Griswold Dr	West Hartford	CT	06119

Principal Occupation	Name of Employer
Attorney	Cowderty, Murphy&Healy, 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 L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 02/17/2026

Aggregate Contributions: $100.00

Amount of Contribution: $100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI	Contribution ID #
Gipson	Keith		0113

Residential Street Address	City	State	Zip Code
1093 Prospect Ave	West Hartford	CT	06105

Principal Occupation	Name of Employer
Anesthesiologist	Charter Anesthesiology

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
02/17/2026	$100.00	$100.00

Last Name	First Name	MI	Contribution ID #
Vidwans	Lalavika		0072

Residential Street Address	City	State	Zip Code
1 Stratford Rd	Farmington	CT	06032

Principal Occupation	Name of Employer
Pathologist	Labcorp

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
02/17/2026	$100.00	$100.00

Last Name	First Name	MI	Contribution ID #
Stockman	Carolyn		0071

Residential Street Address	City	State	Zip Code
350 Westmont St	West Hartford	CT	06117

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
02/17/2026	$100.00	$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
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B. Itemized Contributions from Individuals

Last Name	First Name	MI	Contribution ID #
Saunders	Mark		0070

Residential Street Address	City	State	Zip Code
13 Pent Rd	Bloomfield	CT	06002

Principal Occupation	Name of Employer
musician	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 L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 02/17/2026

Aggregate Contributions: $100.00

Amount of Contribution: $100.00

Last Name	First Name	MI	Contribution ID #
Ballette	Kenneth		0078

Residential Street Address	City	State	Zip Code
30 Spring Ln	West Hartford	CT	06107

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 02/18/2026

Aggregate Contributions: $80.00

Amount of Contribution: $80.00

Last Name	First Name	MI	Contribution ID #
Schoenhorn	Jon		0073

Residential Street Address	City	State	Zip Code
155 Town Farm Rd	Farmington	CT	06032

Principal Occupation	Name of Employer
Attorney	unknown

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ 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

Amount of Contribution: $100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI	Contribution ID #
Egan	Owen		0081

Residential Street Address	City	State	Zip Code
24 Arapahoe Rd # 2D Floor	West Hartford	CT	06107

Principal Occupation	Name of Employer
Attorney	State of CT

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
02/19/2026	$100.00	$100.00

Last Name	First Name	MI	Contribution ID #
Roldan	Kevin		0080

Residential Street Address	City	State	Zip Code
156 Garfield Ave	West Hartford	CT	06107

Principal Occupation	Name of Employer
Commisioner in Residence	Amira Learning

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
02/19/2026	$100.00	$100.00

Last Name	First Name	MI	Contribution ID #
Egan	Judith	H	0018

Residential Street Address	City	State	Zip Code
100 Westminster Dr	West Hartford	CT	06107

Principal Occupation	Name of Employer
Paralegal	Egan Donohue

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
02/20/2026	$100.00	$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI	Contribution ID #
Rixon	John	D	0009

Residential Street Address	City	State	Zip Code
55 Webster Hill Blvd .	West Hartford	CT	06107

Principal Occupation	Name of Employer
Retired	Unknown

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
02/23/2026	$100.00	$100.00

Last Name	First Name	MI	Contribution ID #
Peltier	Edward	F	0007

Residential Street Address	City	State	Zip Code
4 Hunter Dr	West Hartford	CT	06107

Principal Occupation	Name of Employer
School administration	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 L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
02/23/2026	$100.00	$100.00

Last Name	First Name	MI	Contribution ID #
Needleman	Norman		0010

Residential Street Address	City	State	Zip Code
9 Foxboro Rd	West Hartford	CT	06426

Principal Occupation	Name of Employer
Executive	Tower Labs Ltd

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
02/24/2026	$340.00	$340.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI	Contribution ID #
Aronson	Amanda		0083

Residential Street Address	City	State	Zip Code
4 Berwyn Ln	West Hartford	CT	06107

Principal Occupation	Name of Employer
Consultant	StoryB

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 02/24/2026

Aggregate Contributions: $100.00

Amount of Contribution: $100.00

Last Name	First Name	MI	Contribution ID #
Brandwein	William		0085

Residential Street Address	City	State	Zip Code
17 Drury Ln	West Hartford	CT	06117-1611

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 02/25/2026

Aggregate Contributions: $100.00

Amount of Contribution: $100.00

Last Name	First Name	MI	Contribution ID #
Grady-Benson	Catharine		0064

Residential Street Address	City	State	Zip Code
32 Mountain Rd	Farmington	CT	06032

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 02/25/2026

Aggregate Contributions: $250.00

Amount of Contribution: $250.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI	Contribution ID #
Collins	Theresa		0059

Residential Street Address	City	State	Zip Code
83 Van Buren Ave	West Hartford	CT	06107

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 02/27/2026

Aggregate Contributions: $100.00

Amount of Contribution: $100.00

Last Name	First Name	MI	Contribution ID #
kundahl	Margaret		0058

Residential Street Address	City	State	Zip Code
83 Hillsboro Dr	West Hartford	CT	06107

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 02/28/2026

Aggregate Contributions: $100.00

Amount of Contribution: $100.00

Last Name	First Name	MI	Contribution ID #
Lytle	Jackie		0048

Residential Street Address	City	State	Zip Code
5607 Essex Rd	Lisle	IL	60532

Principal Occupation	Name of Employer
social work	Prarie state legal servides

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 03/06/2026

Aggregate Contributions: $340.00

Amount of Contribution: $340.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI	Contribution ID #
Benadiva	Lee Ann		~~0043~~

Residential Street Address	City	State	Zip Code
~~3 Wentworth Park~~	~~Farmington~~	~~CT~~	~~06032~~

Principal Occupation	Name of Employer
~~household engineer~~	~~Self employed real estate~~

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
~~03/07/2026~~	~~**$500.00**~~	~~**$250.00**~~

Last Name	First Name	MI	Contribution ID #
Benadiva	Lee Ann		**0043**

Residential Street Address	City	State	Zip Code
3 Wentworth Park	**Farmington**	**CT**	**06032**

Principal Occupation	Name of Employer
inactive real estate agent	**inactive real estage agent: William Raveis**

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
03/07/2026	**$250.00**	**$250.00**

Last Name	First Name	MI	Contribution ID #
Gnazzo	Carol	W	0001

Residential Street Address	City	State	Zip Code
275 Steele Rd Apt A23	West Hartford	CT	06117

Principal Occupation	Name of Employer
REtired	Retired

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
03/12/2026	$100.00	$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI	Contribution ID #
Rahman	Yelena		0024

Residential Street Address	City	State	Zip Code
6 Penny Ln	Manchester	CT	06040

Principal Occupation	Name of Employer
Director	Anushka 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 L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
03/14/2026	$340.00	$340.00

Last Name	First Name	MI	Contribution ID #
Levy	Coleman	B	0012

Residential Street Address	City	State	Zip Code
22 Avondale Rd	West Hartford	CT	06117

Principal Occupation	Name of Employer
Attorney	Coleman Levy, 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 L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
03/19/2026	$250.00	$250.00

Last Name	First Name	MI	Contribution ID #
Easman	Lynette		0028

Residential Street Address	City	State	Zip Code
8 Jackson Rd	Bloomfield	CT	06002

Principal Occupation	Name of Employer
Corporate Security	Voya Financial

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
03/25/2026	$100.00	$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI	Contribution ID #
Hennessy	Matthew		0032

Residential Street Address	City	State	Zip Code
161 Tremont St	Hartford	CT	06105

Principal Occupation	Name of Employer
Managing Director	Tremont Public Advisors

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
03/26/2026	$100.00	$100.00

Last Name	First Name	MI	Contribution ID #
Feldman	Julie	M	0013

Residential Street Address	City	State	Zip Code
47 Juniper Ln	West Hartford	CT	06117

Principal Occupation	Name of Employer
Insurance product executive	The Hartford

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
03/26/2026	$340.00	$340.00

Last Name	First Name	MI	Contribution ID #
Weisinger	Lis		**0282**

Residential Street Address	City	State	Zip Code
22 Arrowwood Ln	**Bloomfield**	**CT**	**06002**

Principal Occupation	Name of Employer
unknown	**Trinity 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 L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
03/27/2026	**$100.00**	**$100.00**

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI	Contribution ID #
Tulchinsky	Amir		**0283**

Residential Street Address	City	State	Zip Code
99 Timberwood Rd	**West Hartford**	**CT**	**06117**

Principal Occupation	Name of Employer
Unknown	**IAA**

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

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

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

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
03/28/2026	**$100.00**	**$100.00**

Last Name	First Name	MI	Contribution ID #
Ugalde	Gregory		0038

Residential Street Address	City	State	Zip Code
15 South Rd	Burlington	CT	06013

Principal Occupation	Name of Employer
Home builder, developer	T&M Building Co, 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 L1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
03/29/2026	$100.00	$100.00

Total of Section B	**$14,490.00**
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) *(Total on Line 14, Column A of Summary Page)*	**$19,531.00**

I. MONETARY RECEIPTS (Section A-I)

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

C1. Contributions from Other Committees

Name of Committee			Name of Treasurer		
Address			Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #		Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions	
				Total of Section C1	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Slap For Senate 2026	April 10 Filing - Amendment

C2. Reimbursements or Surplus Distributions from other Committees

Name of Committee			Name of Treasurer	
Address			Date Received	Amount of Receipt
City	State	Zip Code	Payment Type ☐ Reimbursement for shared expense ☐ Surplus distribution from exploratory committee	
Expenditure # (if applicable)	Description			
			Total of Section C2	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Slap For Senate 2026	April 10 Filing - Amendment

D. Loans Received this Period

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Slap For Senate 2026	April 10 Filing - Amendment

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

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Slap For Senate 2026	Amended 04/10/2026

G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury *(Organization Committees ONLY)*

Date of Receipt	Amount
	Total of Section G

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Slap For Senate 2026	April 10 Filing - Amendment

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

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Slap For Senate 2026	April 10 Filing - Amendment

I. Miscellaneous Monetary Receipts not Considered Contributions

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

II. EVENT ACTIVITY (Sections J1 - J4)

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

J1. Event Information

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

Location: Street Address	City	State	Zip Code

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

Total of Section J1	

II.EVENT ACTIVITY (Sections J1 - J4)

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

J3. In-Kind Donations Not Considered Contributions

Name of the Donor			
Street Address	City	State	Zip Code

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

Total of Section J3	

II.EVENT ACTIVITY (Sections J1 - J4)

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

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

Name of Host	Is this event supporting more than one candidate? ☐ Yes ☐ No If yes, complete Itemization in Addendum J4		
Street Address	City	State	Zip Code
Description of Donation			Fair Market Value of Donation

Event #	Date Received	Aggregate value of this Event - all hosts	Aggregate value of all Events - this host/candidate

Total of Section J4

III. NONMONETARY RECEIPTS (Sections K - L)

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

K. In-Kind Contributions

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

Total of Section K

III. Non Monetary Receipts (Sections K - L)

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

L. Refundable Deposit to Telephone Company

Last Name of Individual	First Name	MI	Date Deposit Made

Residential Street Address	City	State	Zip Code	Amount of Deposit

Name of Telephone company

Street Address	City	State	Zip Code

Total of Section L	

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Daniela Luna	01/22/2026	[X] Check # 101 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
17 Cyr Dr	Manchester	CT	06040

Purpose of Expenditure (by code)	Description
Misc *	Direct bulk email marketing

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$26.77

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Daniela Luna	02/14/2026	[x] Check # 101 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
17 Cyr Dr	Manchester	CT	06040

Purpose of Expenditure (by code)	Description
OFFICE	envelopes, pens

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [x] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$53.66

Name of Payee	Date of Payment	Method of Payment
Daniela Luna	02/14/2026	[x] Check # 101 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
17 Cyr Dr	Manchester	CT	06040

Purpose of Expenditure (by code)	Description
POST	stamps

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [x] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$31.20

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Daniela Luna	02/17/2026	[x] Check # 103 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
17 Cyr Dr	Manchester	CT	06040

Purpose of Expenditure (by code)	Description
OFFICE	envelopes

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [x] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$42.53

Name of Payee	Date of Payment	Method of Payment
Daniela Luna	02/23/2026	[x] Check # 101 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
17 Cyr Dr	Manchester	CT	06040

Purpose of Expenditure (by code)	Description
Misc *	Direct bulk email marketing

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [x] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$26.77

Total of Section N	**$180.93**

IV. EXPENDITURES (Sections N - S)

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

O. Expenses Paid By Candidate

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

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card:			
~~Webster Bank~~	☐ Visa	☒ Master Card	☐ Discover	☐ American Express
	☐ Other			

Name of Vendor	Date of Transaction
~~US Postal Service~~	~~03/10/2026~~

Street Address	City	State	Zip Code
~~141 Weston St~~	~~West Hartford~~	~~CT~~	~~06101~~

Purpose of Expenditure (by code)	Description	Amount
~~POST~~	~~stamps~~	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
☐ Yes ☒ No			
~~If yes, assign an Expenditure # and complete Itemization in Addendum P~~			~~$234.00~~

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card:
~~Webster Bank~~	☐ Visa ☒ Master Card ☐ Discover ☐ American Express ☐ Other

Name of Vendor	Date of Transaction
~~Staples~~	~~03/10/2026~~

Street Address	City	State	Zip Code
~~49 Putnam Blvd~~	~~Glastonbury~~	~~CT~~	~~06033~~

Purpose of Expenditure (by code)	Description	Amount
~~OFFICE~~	~~envelopes~~	~~$28.70~~

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

Name of Issuing Institution	Type of Credit Card:
~~Webster Bank~~	☐ Visa ☒ Master Card ☐ Discover ☐ American Express ☐ Other

Name of Vendor	Date of Transaction
~~Staples~~	~~03/11/2026~~

Street Address	City	State	Zip Code
~~49 Putnam Blvd~~	~~Glastonbury~~	~~CT~~	~~06033~~

Purpose of Expenditure (by code)	Description	Amount
~~OFFICE~~	~~thank you cards~~	~~$116.97~~

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

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card:
~~Webster Bank~~	~~x~~ Visa ☐ Master Card ☐ Discover ☐ American Express ☐ Other

Name of Vendor	Date of Transaction
~~US Postal Service~~	~~03/17/2026~~

Street Address	City	State	Zip Code
~~888 Silver Ln~~	~~East Hartford~~	~~CT~~	~~06118~~

Purpose of Expenditure (by code)	Description	Amount
~~POST~~	~~stamps~~	~~$234.00~~

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

Name of Issuing Institution	Type of Credit Card:
~~Webster Bank~~	☐ Visa ~~x~~ Master Card ☐ Discover ☐ American Express ☐ Other

Name of Vendor	Date of Transaction
~~Staples~~	~~03/21/2026~~

Street Address	City	State	Zip Code
~~49 Putnam Blvd~~	~~Glastonbury~~	~~CT~~	~~06033~~

Purpose of Expenditure (by code)	Description	Amount
~~OFFICE~~	~~address labels and ink for printer~~	~~$125.26~~

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

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card:
~~Webster Bank~~	☐ Visa ☒ Master Card ☐ Discover ☐ American Express ☐ Other

Name of Vendor	Date of Transaction
~~US Postal Service~~	~~03/21/2026~~

Street Address	City	State	Zip Code
~~111 Sheldon Rd~~	~~Manchester~~	~~CT~~	~~06042~~

Purpose of Expenditure (by code)	Description	Amount
~~POST~~	~~Stamps~~	~~$156.00~~

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

Total of Section P	**$0.00**

IV. EXPENDITURES (Sections N - S)

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

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

Name of Creditor	Date Incurred

Street Address	City	State	Zip Code

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

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☐ No ~~If yes, assign an Expenditure # and complete 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
Slap For Senate 2026	April 10 Filing - Amendment

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
Luna	Daniela		01/22/2026	[X] Check # 101 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Mailchimp

Street Address of Vendor	City	State	Zip Code
405 N Angier Ave NE	Atlanta	GA	30308

Purpose of Expenditure (by code)	Description
Misc *	Direct bulk email marketing

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum R			$26.77

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
Luna	Daniela		02/23/2026	[X] Check # 101 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Mailchimp

Street Address of Vendor	City	State	Zip Code
405 N Angier Ave NE	Atlanta	GA	30308

Purpose of Expenditure (by code)	Description
Misc *	Direct bulk email marketing

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum R			$26.77

IV. EXPENDITURES (Sections N - S)

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

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
Luna	Daniela		02/14/2026	[X] Check # 101 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Staples

Street Address of Vendor	City	State	Zip Code
49 Putnam Blvd	Glastonbury	CT	06033

Purpose of Expenditure (by code)	Description
OFFICE	envelopes, pens

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum R			$53.66

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
Luna	Daniela		02/14/2026	[X] Check # 101 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: US Postal Service

Street Address of Vendor	City	State	Zip Code
888 Silver Ln	East Hartford	CT	06118

Purpose of Expenditure (by code)	Description
POST	stamps

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum R			$31.20

IV. EXPENDITURES (Sections N - S)

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

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
Luna	Daniela		02/17/2026	[x] Check # 103 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Staples

Street Address of Vendor	City	State	Zip Code
2550 Albany Ave	West Hartford	CT	06117

Purpose of Expenditure (by code)	Description
OFFICE	envelopes

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [x] No If yes, assign an Expenditure # and complete Itemization in Addendum R			$42.53

Total of Section R	**$180.93**

IV. EXPENDITURES (Sections N - S)

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

S. Surplus Distribution of Equipment and Furniture

Name of Recipient

Street Address	City	State	Zip Code	Original Purchase Amount of Item

Description of Item

Total of Section S	

Section J4 Addendum, In - Kind Donations Not Considered Contribution Associated with a House Party, contains no transactions.

Section N Addendum, Expenses Paid By Committee, contains no transactions.

Section P Addendum, Expenses Incurred on Committee Credit Card, contains no transactions.

Section Q Addendum, Expenses Incurred by Committee but Not Paid During this Period, contains no transactions.

Section R Addendum, Itemization of Reimbursements and Secondary Payees, contains no transactions.