

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				☒ Candidate Committee ☐ Exploratory Committee	
3. TREASURER NAME					
First William	MI H	Last Major	Suffix		
4. TREASURER ADDRESS					
Street Address 10 Frederick Rd	City West Hartford		State CT	Zip Code 06119	
5. ELECTION DATE		6. OFFICE SOUGHT <i>(Complete only if Candidate Committee)</i>		7. DISTRICT NUMBER <i>(if applicable)</i>	
11/03/2026		State Senator		S005	
8. CANDIDATE NAME <i>(Complete only if Candidate or Exploratory Committee)</i>					
First Derek	MI M	Last Slap	Suffix		
9. TYPE OF REPORT					
April 10 Filing - Amendment					
10. PERIOD COVERED					
Beginning Date 01/01/2026		Ending Date 03/31/2026			
thru					
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		07/20/2026		
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)	\$19,936.00	\$19,936.00
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)	\$19,936.00	\$19,936.00
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$19,936.00	\$19,936.00
20. Expenses Paid by Committee (Section N)	\$1,075.86	\$1,075.86
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	\$18,860.14	\$18,860.14
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	\$0.00	\$0.00
24. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
25. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00	

I. MONETARY RECEIPTS (Section A-I)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Slap For Senate 2026				April 10 Filing - Amendment	
A. Total Contributions from Small Contributors-Received this Period ONLY				For Nonparticipating Candidates ONLY \$0.00	
B. Itemized Contributions from Individuals					
Last Name Major		First Name William		MI H	Contribution ID # 0278
Residential Street Address 10 Frederick Rd		City West Hartford		State CT	Zip Code 06119
Principal Occupation Professor		Name of Employer Univ of Hartford			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	
Is this contribution associated with an event reported in Section L1? ☐ Yes If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/07/2026	Aggregate Contributions \$50.00
\$50.00					
Last Name Major		First Name William		MI 	Contribution ID # 0267
Residential Street Address 19 Frederick Rd		City West Hartford		State CT	Zip Code 06119
Principal Occupation Professor		Name of Employer Univ of Hartford			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	
Is this contribution associated with an event reported in Section L1? ☐ Yes If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/23/2026	Aggregate Contributions \$5.00
\$5.00					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
Slap For Senate 2026			April 10 Filing - Amendment	
B. Itemized Contributions from Individuals				
Last Name Sipe	First Name Abe	MI	Contribution ID # 0268	
Residential Street Address 11 Fairlee Rd	City West Hartford	State CT	Zip Code 06107	
Principal Occupation Communications	Name of Employer RTX			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor 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 If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 01/29/2026	Aggregate Contributions \$5.00	\$5.00
Last Name Sipe	First Name Megan	MI	Contribution ID # 0269	
Residential Street Address 11 Fairlee Rd	City West Hartford	State CT	Zip Code 06107	
Principal Occupation Paraprofessional	Name of Employer West Hartford Public Schools			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? ☐ Yes If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 01/29/2026	Aggregate Contributions \$5.00	\$5.00
Last Name Brakeman	First Name Beverly	MI	Contribution ID # 0270	
Residential Street Address 189 Newington Rd	City West Hartford	State CT	Zip Code 06110	
Principal Occupation Lobbyist	Name of Employer 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 If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 01/29/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
Slap For Senate 2026			April 10 Filing - Amendment	
B. Itemized Contributions from Individuals				
Last Name Bloom	First Name Michael	MI	Contribution ID # 0271	
Residential Street Address 18 Avondale Rd	City West Hartford	State CT	Zip Code 06117	
Principal Occupation Director of External Affairs	Name of Employer Dept of Emergency Services and public protection			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor 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 If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 01/30/2026	Aggregate Contributions \$36.00	\$36.00
Last Name Shimer	First Name Gregory	MI	Contribution ID # 0272	
Residential Street Address 41 Danforth Ln	City West Hartford	State CT	Zip Code 06110	
Principal Occupation Sales and marketing	Name of Employer American Business Media			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? ☐ Yes If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 01/30/2026	Aggregate Contributions \$27.00	\$27.00
Last Name Mccabe	First Name Patrick	MI	Contribution ID # 0273	
Residential Street Address 11 Forest Rd	City West Hartford	State CT	Zip Code 06119	
Principal Occupation Public affairs	Name of Employer 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 If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 01/30/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
Slap For Senate 2026			April 10 Filing - Amendment	
B. Itemized Contributions from Individuals				
Last Name Connolly	First Name Brian	MI	Contribution ID # 0274	
Residential Street Address 43 Gail Rd	City West Hartford	State CT	Zip Code 06032	
Principal Occupation Marketing	Name of Employer LiveWell			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$5.00
Is this contribution associated with an event reported in Section 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 \$5.00		
Last Name Ginsburg	First Name Andrew	MI	Contribution ID # 0275	
Residential Street Address 272 Westmont	City West Hartford	State CT	Zip Code 06117	
Principal Occupation GM	Name of Employer 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 \$250.00
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 \$250.00		
Last Name Graff	First Name Kevin	MI	Contribution ID # 0276	
Residential Street Address 50 Red Hill Dr	City Glastonbury	State CT	Zip Code 06033	
Principal Occupation Lobbyist/Consultant	Name of Employer 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 \$100.00
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		

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 Lytle	First Name Robert	MI	Contribution ID # 0277	
Residential Street Address 5607 Essex Rd	City Lisle	State IL	Zip Code 60532	
Principal Occupation Manager	Name of Employer 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 If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 01/30/2026	Aggregate Contributions \$340.00	\$340.00
Last Name Salina	First Name Adam	MI	Contribution ID # 0229	
Residential Street Address 95 Spicewood Rd	City Berlin	State CT	Zip Code 06037	
Principal Occupation Government Relations	Name of Employer 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 If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 01/30/2026	Aggregate Contributions \$100.00	\$100.00
Last Name Sweeney	First Name Liam	MI	Contribution ID # 0230	
Residential Street Address 29 Penn Dr	City West Hartford	State CT	Zip Code 06119	
Principal Occupation Lobbyist	Name of Employer 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 If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 01/30/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
Slap For Senate 2026			April 10 Filing - Amendment	
B. Itemized Contributions from Individuals				
Last Name Heckman	First Name James	MI	Contribution ID # 0231	
Residential Street Address 42 Forest St	City Unionville	State CT	Zip Code 06085	
Principal Occupation General Counsel	Name of Employer 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 If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 01/30/2026	Aggregate Contributions \$100.00	\$100.00
Last Name Gemski	First Name Elizabeth	MI	Contribution ID # 0232	
Residential Street Address 35 Garden St	City Farmington	State CT	Zip Code 06032	
Principal Occupation Lobbyist	Name of Employer 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 If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 01/30/2026	Aggregate Contributions \$100.00	\$100.00
Last Name Biffer	First Name Ava	MI	Contribution ID # 0233	
Residential Street Address 17 Terry Plains Rd	City Bloomfield	State CT	Zip Code 06002	
Principal Occupation retired	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? ☐ Yes If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 01/30/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
Slap For Senate 2026			April 10 Filing - Amendment	
B. Itemized Contributions from Individuals				
Last Name Merritt	First Name Mark	MI	Contribution ID # 0234	
Residential Street Address 145 Robin Rd	City West Hartford	State CT	Zip Code 06119	
Principal Occupation Financial Services	Name of Employer Simplicity Holdings			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$50.00
Is this contribution associated with an event reported in Section 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 \$50.00	
Last Name Giannaros	First Name Demetrios	MI	Contribution ID # 0235	
Residential Street Address 56 Basswood Rd	City Farmington	State CT	Zip Code 06032	
Principal Occupation retired economist	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$150.00
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	
Last Name Exum	First Name Tammy	MI	Contribution ID # 0236	
Residential Street Address 40 Gin Still Ln	City West Hartford	State CT	Zip Code 06107	
Principal Occupation Legislator	Name of Employer 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 \$340.00
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 \$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 Werner	First Name Elaine	MI	Contribution ID # 0237	
Residential Street Address 48 Mallard Dr	City Avon	State CT	Zip Code 06001	
Principal Occupation retired	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section 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 \$15.00	\$15.00
Last Name Chapdelaine	First Name Jim	MI	Contribution ID # 0238	
Residential Street Address 27 Auburn Rd	City West Hartford	State CT	Zip Code 06119	
Principal Occupation Musician	Name of Employer Musician/producer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor 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 \$25.00	\$25.00
Last Name Joseph	First Name Chuck	MI	Contribution ID # 0239	
Residential Street Address 220 Sedgwick Rd	City West Hartford	State CT	Zip Code 06107	
Principal Occupation CEP and President	Name of Employer 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 01/30/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
Slap For Senate 2026			April 10 Filing - Amendment	
B. Itemized Contributions from Individuals				
Last Name Grabarz	First Name Joseph	MI	Contribution ID # 0240	
Residential Street Address 66 Third St	City New Britain	State CT	Zip Code 06051-1635	
Principal Occupation Lobbyist	Name of Employer 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 01/30/2026	Aggregate Contributions \$100.00	\$100.00
Last Name Siuta	First Name Ellen	MI	Contribution ID # 0241	
Residential Street Address 19 Canterbury Ln	City Unionville	State CT	Zip Code 06085	
Principal Occupation N/A	Name of Employer 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	\$100.00
Last Name Wyman	First Name Judy	MI	Contribution ID # 0242	
Residential Street Address 38 Loomis Dr # B2	City West Hartford	State CT	Zip Code 06107	
Principal Occupation Educator	Name of Employer Univ of Hartford			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
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 \$5.00	\$5.00

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 Burns	First Name Sarah	MI	Contribution ID # 0243	
Residential Street Address 3 Hidden Spring Ln	City Farmington	State CT	Zip Code 06032	
Principal Occupation Educator	Name of Employer 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 If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 01/30/2026	Aggregate Contributions \$100.00	\$100.00
Last Name Lantz	First Name Carl	MI	Contribution ID # 0244	
Residential Street Address 35 Quaker Ln N	City West Hartford	State CT	Zip Code 06119	
Principal Occupation Realtor	Name of Employer self			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? ☐ Yes If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 01/30/2026	Aggregate Contributions \$10.00	\$10.00
Last Name Gerratana	First Name Terry	MI	Contribution ID # 0245	
Residential Street Address 11 Dorset Ln	City Farmington	State CT	Zip Code 06032	
Principal Occupation retired	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? ☐ Yes If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 01/30/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
Slap For Senate 2026			April 10 Filing - Amendment	
B. Itemized Contributions from Individuals				
Last Name Luna	First Name Daniela	MI	Contribution ID # 0246	
Residential Street Address 17 Cyr Dr	City Manchester	State CT	Zip Code 06040	
Principal Occupation Legislative Assistant	Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$10.00
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 \$10.00	
Last Name Farmer	First Name Sharon	MI	Contribution ID # 0247	
Residential Street Address 38 Mine Rd	City Burlington	State CT	Zip Code 06013	
Principal Occupation retired	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$25.00
Is this contribution associated with an event reported in Section 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 \$25.00	
Last Name Billings-Smith	First Name Adrienne	MI	Contribution ID # 0248	
Residential Street Address 103 Sunny Reach Dr	City West Hartford	State CT	Zip Code 06117	
Principal Occupation Manager, Employee Development	Name of Employer Twon of West 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 \$5.00
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 \$5.00	

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 Slap	First Name Edward	MI	Contribution ID # 0249	
Residential Street Address 259 Ridge Trail Dr	City Chesterfield	State MO	Zip Code 63017	
Principal Occupation Accountant	Name of Employer 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		Amount of Contribution
Is this contribution associated with an event reported in Section L1? ☐ Yes If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 01/30/2026	Aggregate Contributions \$100.00	\$100.00
Last Name Blauvelt	First Name George	MI	Contribution ID # 0250	
Residential Street Address 28 Whitman Ave	City West Hartford	State CT	Zip Code 06107	
Principal Occupation retired	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? ☐ Yes If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 01/30/2026	Aggregate Contributions \$50.00	\$50.00
Last Name Bergenn	First Name James	MI	Contribution ID # 0251	
Residential Street Address 50 Castlewood Rd	City West Hartford	State CT	Zip Code 06107	
Principal Occupation Attorney	Name of Employer Shipman and Goodwin LLP			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? ☐ Yes If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 01/30/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
Slap For Senate 2026			April 10 Filing - Amendment	
B. Itemized Contributions from Individuals				
Last Name Sullivan		First Name Kevin		MI 0252
Residential Street Address 70 Timberwood Rd		City West Hartford		State CT
Principal Occupation retired		Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$100.00
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		
Last Name Stafford		First Name Joseph		MI 0253
Residential Street Address 48 Claybar Dr		City West Hartford		State CT
Principal Occupation Realtor		Name of Employer Self employed		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$25.00
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 \$25.00		
Last Name MacDonnell		First Name William		MI 0254
Residential Street Address 158 Hunter Dr		City West Hartford		State CT
Principal Occupation retired dental anesthesiologist		Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$125.00
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 \$125.00		

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 Campbell	First Name Karin	MI	Contribution ID # 0255	
Residential Street Address 39 Linbrook Rd	City West Hartford	State CT	Zip Code 06107	
Principal Occupation Chief of Staff	Name of Employer 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 If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 01/30/2026	Aggregate Contributions \$100.00	\$100.00
Last Name Agrella-Raupach	First Name Deborah	MI M	Contribution ID # 0256	
Residential Street Address 67 Cherryfield Dr	City West Hartford	State CT	Zip Code 06107	
Principal Occupation retired IT Professional	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? ☐ Yes If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 01/30/2026	Aggregate Contributions \$35.00	\$35.00
Last Name Schmitt	First Name Terry	MI	Contribution ID # 0257	
Residential Street Address 14 Waterside Ln	City West Hartford	State CT	Zip Code 06107	
Principal Occupation retired	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? ☐ Yes If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 01/30/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
Slap For Senate 2026			April 10 Filing - Amendment	
B. Itemized Contributions from Individuals				
Last Name Heimer	First Name Win	MI	Contribution ID # 0258	
Residential Street Address 799 Prospect Ave # A2	City West Hartford	State CT	Zip Code 06105	
Principal Occupation retired	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section 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 \$5.00	\$5.00
Last Name Bye	First Name Beth	MI	Contribution ID # 0259	
Residential Street Address 53 Bathcrescent Ln	City Bloomfield	State CT	Zip Code 06002	
Principal Occupation retired	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section 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 \$50.00	\$50.00
Last Name Raider	First Name Adam	MI	Contribution ID # 0260	
Residential Street Address 30 Seminole Cir	City West Hartford	State CT	Zip Code 06117	
Principal Occupation Communications Professional	Name of Employer Masonicare			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor 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 \$15.00	\$15.00

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 Hughes	First Name Josh	MI	Contribution ID # 0261	
Residential Street Address 34 Lexington Rd	City West Hartford	State CT	Zip Code 06119	
Principal Occupation Lobbyist	Name of Employer 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 If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 01/30/2026	Aggregate Contributions \$100.00	\$100.00
Last Name Lohman	First Name Judith	MI	Contribution ID # 0262	
Residential Street Address 87 Wood Pond Rd	City West Hartford	State CT	Zip Code 06107	
Principal Occupation retired	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? ☐ Yes If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 01/30/2026	Aggregate Contributions \$100.00	\$100.00
Last Name Aresimowicz	First Name Joseph	MI	Contribution ID # 0263	
Residential Street Address 137 Brewster Rd	City West Hartford	State CT	Zip Code 06117	
Principal Occupation Lobbyist	Name of Employer 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 If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 01/30/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
Slap For Senate 2026			April 10 Filing - Amendment	
B. Itemized Contributions from Individuals				
Last Name McCluskey		First Name David		Contribution ID # 0264
Residential Street Address 251 Westpoint Ter		City West Hartford	State CT	Zip Code 06107
Principal Occupation Legislative Liaison		Name of Employer State of CT		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
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	\$100.00
Last Name Zyjeski		First Name Jeffrey		Contribution ID # 0265
Residential Street Address 1176 N Main St		City West Hartford	State CT	Zip Code 06117
Principal Occupation Lobbyist		Name of Employer 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 01/30/2026	Aggregate Contributions \$100.00	\$100.00
Last Name Melita		First Name Gus		Contribution ID # 0266
Residential Street Address 1823 Asylum Ave		City West Hartford	State CT	Zip Code 06117
Principal Occupation Government Relations		Name of Employer CT Educ 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 01/30/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
Slap For Senate 2026			April 10 Filing - Amendment	
B. Itemized Contributions from Individuals				
Last Name Siuta	First Name Ellen	MI	Contribution ID # 0241	
Residential Street Address 19 Canterbury Ln	City Unionville	State CT	Zip Code 06085	
Principal Occupation homemaker	Name of Employer 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 \$100.00		\$100.00
Last Name Eddy	First Name Brian	MI	Contribution ID # 0192	
Residential Street Address 46 Fairlee Rd	City West Hartford	State CT	Zip Code 06107	
Principal Occupation Self employed community psychiatrist	Name of Employer Brian Eddy MD, 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 01/30/2026	
		Aggregate Contributions \$10.00		\$10.00
Last Name Julian	First Name Laurie	MI	Contribution ID # 0193	
Residential Street Address 43 Maple Ave	City Bloomfield	State CT	Zip Code 06002	
Principal Occupation part time lobbyist	Name of Employer self			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution
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 \$5.00		\$5.00

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 Martin	First Name Kate	MI	Contribution ID # 0194	
Residential Street Address 57 Garfield Rd	City West Hartford	State CT	Zip Code 06107	
Principal Occupation lawyer	Name of Employer 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 01/30/2026	Aggregate Contributions \$25.00	\$25.00
Last Name Shortell	First Name Patrick	MI	Contribution ID # 0195	
Residential Street Address 60 Hyde Rd	City West Hartford	State CT	Zip Code 06117	
Principal Occupation Lobbyist	Name of Employer 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 01/30/2026	Aggregate Contributions \$100.00	\$100.00
Last Name Salner	First Name Matthew	MI	Contribution ID # 0196	
Residential Street Address 98 Timberwood Rd	City West Hartford	State CT	Zip Code 06117	
Principal Occupation Product development	Name of Employer 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 01/30/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
Slap For Senate 2026			April 10 Filing - Amendment	
B. Itemized Contributions from Individuals				
Last Name Deutsch	First Name Bob	MI	Contribution ID # 0197	
Residential Street Address 245 Ballard Dr	City West Hartford	State CT	Zip Code 06119-1006	
Principal Occupation Psychologist	Name of Employer Bob Deutsch, Ph.D			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$25.00
Is this contribution associated with an event reported in Section 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 \$25.00	
Last Name Gold	First Name Lee	MI	Contribution ID # 0198	
Residential Street Address 69 Mohawk Dr	City West Hartford	State CT	Zip Code 06117	
Principal Occupation Lawyer	Name of Employer Butler Norris and Gold			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$50.00
Is this contribution associated with an event reported in Section 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 \$50.00	
Last Name Greenfield	First Name Jeffrey	MI	Contribution ID # 0199	
Residential Street Address 11 S Main St Apt 11	City West Hartford	State CT	Zip Code 06107	
Principal Occupation Legislation Staff	Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$25.00
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 \$25.00	

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 Becker	First Name Julie	MI	Contribution ID # 0200	
Residential Street Address 1207 Bayliss Dr	City Alexandria	State VA	Zip Code 22302	
Principal Occupation retired	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? ☐ Yes If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 01/30/2026	Aggregate Contributions \$200.00	\$200.00
Last Name Peterson	First Name Alex	MI	Contribution ID # 0201	
Residential Street Address 29 Middlefield Dr	City West Hartford	State CT	Zip Code 06107	
Principal Occupation Government Affairs	Name of Employer 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 If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 01/30/2026	Aggregate Contributions \$250.00	\$250.00
Last Name Glick	First Name Linda	MI	Contribution ID # 0202	
Residential Street Address 184 Hunter Dr	City West Hartford	State CT	Zip Code 06107	
Principal Occupation retired	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? ☐ Yes If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 01/30/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
Slap For Senate 2026			April 10 Filing - Amendment	
B. Itemized Contributions from Individuals				
Last Name Washburn	First Name Sarah	MI	Contribution ID # 0217	
Residential Street Address 9 Court Park	City West Hartford	State CT	Zip Code 06119	
Principal Occupation Musician	Name of Employer Univ of Hartford; Easter CT State Univ			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$10.00
Is this contribution associated with an event reported in Section 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 \$10.00		
Last Name Bush	First Name Rick	MI	Contribution ID # 0218	
Residential Street Address 62 Linbrook Rd	City West Hartford	State CT	Zip Code 06107	
Principal Occupation Property Managers	Name of Employer 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 \$100.00
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		
Last Name Welz	First Name William	MI	Contribution ID # 0219	
Residential Street Address 113 Highland Rd	City Mansfield	State CT	Zip Code 06250	
Principal Occupation Lobbyist	Name of Employer 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 \$100.00
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		

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 McQueen		First Name Patricia		MI
Residential Street Address 28 Rundelane		City Bloomfield		Contribution ID # 0220
Principal Occupation Public Relations		State CT		
		Zip Code 06002		
Name of Employer Self employed				
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$25.00
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 \$25.00		
Last Name Facey		First Name Robert		MI
Residential Street Address 19 Visgrove Ln		City West Hartford		Contribution ID # 0221
Principal Occupation retired		State CT		
		Zip Code 06117		
Name of Employer retired				
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$100.00
Is this contribution associated with an event reported in Section 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		
Last Name Crockett		First Name Gail		MI M
Residential Street Address 31 Plainfield Rd		City West Hartford		Contribution ID # 0222
Principal Occupation retired		State CT		
		Zip Code 06117		
Name of Employer retired				
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$15.00
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 \$15.00		

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 Sondheimer		First Name Norman		MI 0223
Residential Street Address 25 Nottingham Rdg		City Avon		State CT
Principal Occupation retired		Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	
Is this contribution associated with an event reported in Section L1? ☐ Yes If yes, list Event # ☒ No			Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	
			Date Received 01/30/2026	Aggregate Contributions \$50.00 Amount of Contribution \$50.00
Last Name Kintner		First Name Beth		MI 0224
Residential Street Address 24 Farmstead Ln		City Farmington		State CT
Principal Occupation Registrar of Voters		Name of Employer Town of Farmington		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which 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 If yes, list Event # ☒ No			Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	
			Date Received 01/30/2026	Aggregate Contributions \$25.00 Amount of Contribution \$25.00
Last Name Das		First Name Riju		MI 0225
Residential Street Address 4 Talcott Gin B		City Farmington		State CT
Principal Occupation Attorney		Name of Employer State of Virginia		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which 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 If yes, list Event # ☒ No			Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	
			Date Received 01/30/2026	Aggregate Contributions \$5.00 Amount of Contribution \$5.00

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 Conway		First Name Sharon		MI
Residential Street Address 200 Westmont		City West Hartford		State CT
Principal Occupation retired		Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section 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	\$150.00
Last Name Vibert		First Name John		MI
Residential Street Address 126 Main St		City Unionville		State CT
Principal Occupation retired		Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section 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 \$10.00	\$10.00
Last Name Polsky		First Name Bruce		MI
Residential Street Address 30 Hatters Ln		City Farmington		State CT
Principal Occupation retired		Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section 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 \$5.00	\$5.00

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 Vozzola		First Name Elizabeth		MI 0203
Residential Street Address 163 Griswold Dr		City West Hartford		State CT
Principal Occupation retired professor		Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 01/31/2026	Aggregate Contributions \$25.00	\$25.00
Last Name Sayers		First Name Clement		MI 0204
Residential Street Address 22 Trotwood Dr		City West Hartford		State CT
Principal Occupation retired		Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 01/31/2026	Aggregate Contributions \$100.00	\$100.00
Last Name Silverberg		First Name Mary		MI 0205
Residential Street Address 111 Newington Rd		City West Hartford		State CT
Principal Occupation retired		Name of Employer NA		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
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 01/31/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
Slap For Senate 2026			April 10 Filing - Amendment	
B. Itemized Contributions from Individuals				
Last Name Johnson	First Name Jacqueline	MI	Contribution ID # 0206	
Residential Street Address 9 Park Place Cir	City West Hartford	State CT	Zip Code 06110	
Principal Occupation Self employed Leadership coach	Name of Employer Choice Coaching and 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 \$20.00
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 01/31/2026		Aggregate Contributions \$20.00		
Last Name Jordan	First Name Laura	MI	Contribution ID # 0207	
Residential Street Address 43 Girard Ave	City Hartford	State CT	Zip Code 06105	
Principal Occupation Government affairs	Name of Employer 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 \$100.00
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 01/31/2026		Aggregate Contributions \$100.00		
Last Name Pressman	First Name Jeremy	MI	Contribution ID # 0208	
Residential Street Address 39 Warwick St	City West Hartford	State CT	Zip Code 06119	
Principal Occupation Professor	Name of Employer Uconn			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$10.00
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
Date Received 01/31/2026		Aggregate Contributions \$10.00		

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 Demicco		First Name Michael		MI 0209
Residential Street Address 6 Deborah Ln		City Farmington		State CT
Principal Occupation Legislator		Name of Employer 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 \$50.00
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 01/31/2026		Aggregate Contributions \$50.00		
Last Name Peterson		First Name Patrice		MI 0210
Residential Street Address 212 Warrenton Ave		City West Hartford		State CT
Principal Occupation retired		Name of Employer NA		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$50.00
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 01/31/2026		Aggregate Contributions \$50.00		
Last Name Stone		First Name George		MI 0211
Residential Street Address 174 Selden Hill Dr		City West Hartford		State CT
Principal Occupation retired		Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$50.00
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
Date Received 01/31/2026		Aggregate Contributions \$50.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
Slap For Senate 2026			April 10 Filing - Amendment	
B. Itemized Contributions from Individuals				
Last Name Hurvitz	First Name Robert	MI	Contribution ID # 0212	
Residential Street Address 344 Westmont St	City West Hartford	State CT	Zip Code 06117-2938	
Principal Occupation retired	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 01/31/2026	Aggregate Contributions \$35.00	\$35.00
Last Name Green	First Name Joan	MI	Contribution ID # 0213	
Residential Street Address 67 Sylvan Ave	City West Hartford	State CT	Zip Code 06107	
Principal Occupation Administration	Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
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 02/01/2026	Aggregate Contributions \$100.00	\$100.00
Last Name Michael	First Name Eleanor	MI	Contribution ID # 0214	
Residential Street Address 52 Newport Ave	City West Hartford	State CT	Zip Code 06107	
Principal Occupation Attorney	Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
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 02/01/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
Slap For Senate 2026			April 10 Filing - Amendment	
B. Itemized Contributions from Individuals				
Last Name Farrar	First Name Kate	MI	Contribution ID # 0215	
Residential Street Address 253 Ridgewood Rd	City West Hartford	State CT	Zip Code 06107	
Principal Occupation Legislator	Name of Employer 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 02/01/2026	Aggregate Contributions \$10.00	\$10.00
Last Name Ginis	First Name Alexander	MI	Contribution ID # 0216	
Residential Street Address 168 Westland Ave	City West Hartford	State CT	Zip Code 06107	
Principal Occupation Lobbyist	Name of Employer 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 02/01/2026	Aggregate Contributions \$100.00	\$100.00
Last Name Albini	First Name Lia	MI	Contribution ID # 0167	
Residential Street Address 168 Westland Ave	City West Hartford	State CT	Zip Code 06107	
Principal Occupation Communications Professional	Name of Employer Travelers			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution
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 02/01/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
Slap For Senate 2026			April 10 Filing - Amendment	
B. Itemized Contributions from Individuals				
Last Name Leonard		First Name Gerry		MI CT
Contribution ID # 0168				
Residential Street Address 246 Westmont		City West Hartford		State CT
Zip Code 06117-2907				
Principal Occupation physician		Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$75.00
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 02/01/2026		Aggregate Contributions \$75.00		
Last Name Roessler		First Name Curtis		MI CT
Contribution ID # 0169				
Residential Street Address 14 Brattle St		City West Hartford		State CT
Zip Code 06119				
Principal Occupation Letter Carrier		Name of Employer USPS		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$25.00
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
Date Received 02/01/2026		Aggregate Contributions \$25.00		
Last Name Ferguson-Hull		First Name Heather		MI CT
Contribution ID # 0170				
Residential Street Address 24 Fairlee Rd		City West Hartford		State CT
Zip Code 06117				
Principal Occupation Lead Planning Analyst		Name of Employer State of CT		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$25.00
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 02/01/2026		Aggregate Contributions \$25.00		

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 Ferguson-Hull		First Name Richard		MI
Residential Street Address 24 Fairlee Rd		City West Hartford		State CT
Principal Occupation Animation Director		Name of Employer Self-Employed, Richard Ferguson-Hull Animation		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$25.00
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
Date Received 02/01/2026		Aggregate Contributions \$25.00		
Last Name Baram		First Name David		MI
Residential Street Address 5 Warbler Cir		City Bloomfield		State CT
Principal Occupation Attorney		Name of Employer O'Malley Deneed Leary Messina Oswecki		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$25.00
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
Date Received 02/01/2026		Aggregate Contributions \$25.00		
Last Name Kramer		First Name David		MI
Residential Street Address 60 Sulgrave Rd		City West Hartford		State CT
Principal Occupation Teacher		Name of Employer Farmington Public schools		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$5.00
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
Date Received 02/01/2026		Aggregate Contributions \$5.00		

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 Bysiewicz	First Name Susan	MI	Contribution ID # 0174	
Residential Street Address 15 Tall Timbers Rd	City Middletown	State CT	Zip Code 06457-7116	
Principal Occupation Lt. Governor/attorney	Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$20.00
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 02/01/2026		Aggregate Contributions \$20.00		
Last Name Sousa	First Name Diana	MI	Contribution ID # 0175	
Residential Street Address 995 Prospect Ave	City West Hartford	State CT	Zip Code 06105	
Principal Occupation retired	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution \$50.00
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
Date Received 02/01/2026		Aggregate Contributions \$50.00		
Last Name Cantor	First Name Shari	MI	Contribution ID # 0176	
Residential Street Address 39 Colony Rd	City West Hartford	State CT	Zip Code 06117	
Principal Occupation retired	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$250.00
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		

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 Frey	First Name Sara	MI	Contribution ID # 0177	
Residential Street Address 34 Walton Dr	City West Hartford	State CT	Zip Code 06107	
Principal Occupation retired	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? ☐ Yes If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 02/02/2026	Aggregate Contributions \$25.00	\$25.00
Last Name Johnson	First Name Michael	MI	Contribution ID # 0178	
Residential Street Address 1418 Boulevard	City West Hartford	State CT	Zip Code 06119	
Principal Occupation Lobbyist	Name of Employer Sullivan and LeShane			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor 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 If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 02/02/2026	Aggregate Contributions \$100.00	\$100.00
Last Name Weaver	First Name Kate	MI	Contribution ID # 0179	
Residential Street Address 45 Ten Acre Ln	City West Hartford	State CT	Zip Code 06107	
Principal Occupation Meeting Planner	Name of Employer ACG			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor 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 If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 02/02/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
Slap For Senate 2026			April 10 Filing - Amendment	
B. Itemized Contributions from Individuals				
Last Name Crane		First Name Jon		MI
Residential Street Address 102 Mance Rd		City Burlington		State CT
Principal Occupation Media Director		Name of Employer 8th Amendment Project		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$100.00
Is this contribution associated with an event reported in Section 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 \$100.00		
Last Name Weaver		First Name Gregory		MI
Residential Street Address 45 Ten Acre Ln		City West Hartford		State CT
Principal Occupation Attorney		Name of Employer United Natural Foods, 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 \$25.00
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 \$25.00		
Last Name Gilmartin		First Name Robin		MI
Residential Street Address 737 Farmington Ave		City West Hartford		State CT
Principal Occupation Social worker		Name of Employer Robin M. Gilmartin, LCSW, LLC		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$25.00
Is this contribution associated with an event reported in Section 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 \$25.00		

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 Marlin		First Name Jay		MI MD
Contribution ID # 0183				
Residential Street Address Unknown		City Rockville		State MD
Zip Code 20850				
Principal Occupation Consultant		Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$100.00
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 \$200.00		
Last Name Bond		First Name William		MI CT
Contribution ID # 0184				
Residential Street Address 39 Fairlee Rd		City West Hartford		State CT
Zip Code 06107				
Principal Occupation retired		Name of Employer None		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$50.00
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 \$50.00		
Last Name Camilliere		First Name Tony		MI CT
Contribution ID # 0185				
Residential Street Address 60 Old Cmn		City Wethersfield		State CT
Zip Code 06109				
Principal Occupation Lobbyist		Name of Employer 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 \$100.00
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 \$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 Gough	First Name Kevin	MI	Contribution ID # 0186	
Residential Street Address 5 Bear Ridge Dr	City Bloomfield	State CT	Zip Code 06002	
Principal Occupation actuary	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? ☐ Yes If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 02/02/2026	Aggregate Contributions \$100.00	\$100.00
Last Name Kedderis	First Name Pamela	MI	Contribution ID # 0187	
Residential Street Address 42 Northwoods Rd	City Farmington	State CT	Zip Code 06032	
Principal Occupation retired	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? ☐ Yes If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 02/02/2026	Aggregate Contributions \$10.00	\$10.00
Last Name Sovronsky	First Name Ruth	MI	Contribution ID # 0188	
Residential Street Address 25 Old Brook Rd	City West Hartford	State CT	Zip Code 06117	
Principal Occupation Developmental Consultant	Name of Employer 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 If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 02/02/2026	Aggregate Contributions \$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 Marlin		First Name Jay		MI 0183
Residential Street Address 1008 Aster Blvd		City Rockville		State MD
Principal Occupation Consultant		Name of Employer 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 \$100.00
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 \$100.00		
Last Name Christ		First Name Michael		MI 0189
Residential Street Address 89 Ridgewood Rd		City West Hartford		State CT
Principal Occupation Lobbyist		Name of Employer 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 \$100.00
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		
Last Name Magnan		First Name Maureen		MI 0190
Residential Street Address 120 Elmfield St		City West Hartford		State CT
Principal Occupation Lobbyist		Name of Employer Przbyasz 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 \$50.00
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 \$50.00		

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 Polsky	First Name Suzanne	MI	Contribution ID # 0191	
Residential Street Address 30 Hatters Ln	City Farmington	State CT	Zip Code 06032	
Principal Occupation retired	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section 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 \$5.00	\$5.00
Last Name Solger	First Name Shane	MI	Contribution ID # 0142	
Residential Street Address 1 Park Rd # 134	City West Hartford	State CT	Zip Code 06119	
Principal Occupation Physician	Name of Employer Hartford Hospital			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
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 \$50.00	\$50.00
Last Name Hallisey	First Name Matthew	MI	Contribution ID # 0143	
Residential Street Address 13 Stancliff Rd	City Glastonbury	State CT	Zip Code 06033	
Principal Occupation Lobbyist	Name of Employer Matthew Hallisey Government Affairs, 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 02/03/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
Slap For Senate 2026			April 10 Filing - Amendment	
B. Itemized Contributions from Individuals				
Last Name Rapoport	First Name Miles	MI	Contribution ID # 0144	
Residential Street Address 30 Montclair Dr	City West Hartford	State CT	Zip Code 06107	
Principal Occupation Executive Director	Name of Employer 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 If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 02/03/2026	Aggregate Contributions \$100.00	\$100.00
Last Name Mitchell	First Name Mark	MI	Contribution ID # 0145	
Residential Street Address 14 High Wood Rd	City Bloomfield	State CT	Zip Code 06002	
Principal Occupation auto dealer	Name of Employer 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 If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 02/03/2026	Aggregate Contributions \$150.00	\$150.00
Last Name Caplan	First Name Marc	MI	Contribution ID # 0146	
Residential Street Address 129 Ridge Dr	City West Hartford	State CT	Zip Code 06117	
Principal Occupation retired	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? ☐ Yes If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 02/03/2026	Aggregate Contributions \$250.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
Slap For Senate 2026			April 10 Filing - Amendment	
B. Itemized Contributions from Individuals				
Last Name Dodge	First Name Dallas	MI	Contribution ID # 0147	
Residential Street Address 188 Westmont St	City West Hartford	State CT	Zip Code 06117	
Principal Occupation Consultant	Name of Employer 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 If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 02/03/2026	Aggregate Contributions \$100.00	\$100.00
Last Name Kozak	First Name David	MI	Contribution ID # 0148	
Residential Street Address 31 Hunters Rdg	City Rocky Hill	State CT	Zip Code 06067	
Principal Occupation Government Relations	Name of Employer 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 If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 02/03/2026	Aggregate Contributions \$100.00	\$100.00
Last Name Mantilla	First Name Evelyn	MI	Contribution ID # 0149	
Residential Street Address 25 Hamlin Dr	City West Hartford	State CT	Zip Code 06117	
Principal Occupation Consultant	Name of Employer Self, Mantilla Leadership 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 If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 02/03/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
Slap For Senate 2026			April 10 Filing - Amendment	
B. Itemized Contributions from Individuals				
Last Name Volpe	First Name Mario	MI	Contribution ID # 0150	
Residential Street Address 29 Rockwell Pl	City West Hartford	State CT	Zip Code 06107	
Principal Occupation Polic and Advocate Manager	Name of Employer Ct Coalition Against Domestic Violence			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor 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 \$5.00	\$5.00
Last Name Livingston	First Name Daniel	MI	Contribution ID # 0151	
Residential Street Address 260 Whiting Ln	City West Hartford	State CT	Zip Code 06119	
Principal Occupation Attorney	Name of Employer 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	\$100.00
Last Name Thomas-Farquharson	First Name Lorna	MI	Contribution ID # 0152	
Residential Street Address 181 Edgemont Ave	City West Hartford	State CT	Zip Code 06110	
Principal Occupation program manager	Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
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 \$25.00	\$25.00

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 Nunez	First Name Paul	MI	Contribution ID # 0153	
Residential Street Address 70 Marvel Rd	City New Haven	State CT	Zip Code 06515	
Principal Occupation Lobbyist	Name of Employer 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 02/04/2026	Aggregate Contributions \$100.00	\$100.00
Last Name Malcynsky	First Name Jay	MI	Contribution ID # 0154	
Residential Street Address 25 Parkers Point Rd	City Chester	State CT	Zip Code 06412	
Principal Occupation Attorney/Lobbyist	Name of Employer 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 02/04/2026	Aggregate Contributions \$100.00	\$100.00
Last Name Robinson	First Name Catherine	MI	Contribution ID # 0155	
Residential Street Address 47 Four Mile Rd	City West Hartford	State CT	Zip Code 06119	
Principal Occupation Lobbyist	Name of Employer 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 02/04/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
Slap For Senate 2026			April 10 Filing - Amendment	
B. Itemized Contributions from Individuals				
Last Name Parajuli	First Name Rupesh	MI	Contribution ID # 0156	
Residential Street Address 32 Burnham Dr	City West Hartford	State CT	Zip Code 06110	
Principal Occupation Cybersecurity Director	Name of Employer Travelers			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
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 02/04/2026	Aggregate Contributions \$25.00	\$25.00
Last Name Heimer	First Name Win	MI	Contribution ID # 0157	
Residential Street Address 799 Prospect Ave # A2	City West Hartford	State CT	Zip Code 06105	
Principal Occupation retired	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 02/04/2026	Aggregate Contributions \$5.00	\$5.00
Last Name Poliquin	First Name Shawna	MI	Contribution ID # 0158	
Residential Street Address 45 1/2 N Spaulding Ave	City Los Angeles	State CA	Zip Code 90036	
Principal Occupation Designer	Name of Employer You Are Here Design			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor 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 02/05/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
Slap For Senate 2026			April 10 Filing - Amendment	
B. Itemized Contributions from Individuals				
Last Name Bolton	First Name Philip	MI	Contribution ID # 0159	
Residential Street Address 37 Candlewood Dr	City West Hartford	State CT	Zip Code 06117	
Principal Occupation retired	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 02/05/2026	Aggregate Contributions \$100.00	\$100.00
Last Name Davidson	First Name Joshua	MI	Contribution ID # 0160	
Residential Street Address 74 Basswood Rd	City Farmington	State CT	Zip Code 06032	
Principal Occupation retired	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 02/05/2026	Aggregate Contributions \$10.00	\$10.00
Last Name Zande	First Name Jane	MI	Contribution ID # 0161	
Residential Street Address 16 Dorset Rd	City West Hartford	State CT	Zip Code 06119	
Principal Occupation retired	Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 02/05/2026	Aggregate Contributions \$25.00	\$25.00

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 Glanzer		First Name Theodore		MI CT
Residential Street Address 228A Mohawk Dr		City Unionville		Contribution ID # 0162
State CT		Zip Code 06085		
Principal Occupation Communications		Name of Employer State of CT		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$10.00
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 \$10.00		
Last Name McCaffrey		First Name Jim		MI CT
Residential Street Address 122 Main St		City Farmington		Contribution ID # 0163
State CT		Zip Code 06032		
Principal Occupation retired		Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$200.00
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		
Last Name Conway		First Name Stephen		MI CT
Residential Street Address 200 Westmont St		City West Hartford		Contribution ID # 0164
State CT		Zip Code 06117		
Principal Occupation retired		Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$200.00
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		

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 Kipnis		First Name Robin		MI
Residential Street Address 14 Birch Rd		City West Hartford		Contribution ID # 0165
State CT		Zip Code 06119		
Principal Occupation retired		Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$50.00
Is this contribution associated with an event reported in Section 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 \$50.00		
Last Name Kindall		First Name Clare		MI
Residential Street Address 27 High Hill Rd		City Bloomfield		Contribution ID # 0166
State CT		Zip Code 06002		
Principal Occupation retired		Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$100.00
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		
Last Name MD		First Name Rahman		MI
Residential Street Address 6 Penny Ln		City Manchester		Contribution ID # 0117
State CT		Zip Code 06040		
Principal Occupation President		Name of Employer 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 \$340.00
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		

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 Daniels		First Name Jeffrey		MI 0118
Residential Street Address 102 Arundel Ave		City West Hartford		State CT
Principal Occupation Policy Consultant		Name of Employer Jeffrey Daniels 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 \$10.00
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 \$10.00		
Last Name Jones		First Name Paula		MI 0119
Residential Street Address 5 Bear Ridge Dr		City Bloomfield		State CT
Principal Occupation retired		Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$100.00
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		
Last Name Tucci		First Name Michael		MI 0120
Residential Street Address 369 Main St		City Farmington		State CT
Principal Occupation Town Clerk		Name of Employer Town of Farmington		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$25.00
Is this contribution associated with an event reported in Section 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 \$25.00		

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 Kaliney	First Name Emily	MI	Contribution ID # 0121	
Residential Street Address 30 High St	City Farmington	State CT	Zip Code 06032	
Principal Occupation Homemaker	Name of Employer None			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$10.00
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 \$10.00	
Last Name McGinnis	First Name Matthew	MI	Contribution ID # 0122	
Residential Street Address 363 Quaker Ln	City West Hartford	State CT	Zip Code 06119	
Principal Occupation Analyst	Name of Employer Evernorth			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$50.00
Is this contribution associated with an event reported in Section 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 \$50.00	
Last Name Hoopess	First Name Bruce	MI	Contribution ID # 0123	
Residential Street Address 80 Flagg Rd	City West Hartford	State CT	Zip Code 06117	
Principal Occupation retired	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$50.00
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 02/07/2026	Aggregate Contributions \$50.00	

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 Lake	First Name Nicole	MI	Contribution ID # 0124	
Residential Street Address 18 Garfield Rd	City West Hartford	State CT	Zip Code 06107	
Principal Occupation Attorney	Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$25.00
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 02/08/2026 Aggregate Contributions \$25.00	
Last Name Wallett	First Name Megan	MI	Contribution ID # 0125	
Residential Street Address 132 Elmfield St	City West Hartford	State CT	Zip Code 06110	
Principal Occupation Regional Political Organizer	Name of Employer Ned for CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$10.00
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #	Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/08/2026 Aggregate Contributions \$10.00	
Last Name Cantor	First Name Jacqueline	MI	Contribution ID # 0126	
Residential Street Address 21 Farnham Rd	City West Hartford	State CT	Zip Code 06119	
Principal Occupation Professor	Name of Employer CCSU			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$50.00
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #	Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/08/2026 Aggregate Contributions \$50.00	

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 Chang	First Name Jason	MI	Contribution ID # 0127	
Residential Street Address 397 Quaker Ln	City West Hartford	State CT	Zip Code 06119	
Principal Occupation Professor	Name of Employer Univ 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 02/08/2026	Aggregate Contributions \$5.00	\$5.00
Last Name Verrengia	First Name Joseph	MI	Contribution ID # 0128	
Residential Street Address 160 Colonial St	City West Hartford	State CT	Zip Code 06110	
Principal Occupation retired	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section 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 \$50.00	\$50.00
Last Name Slap	First Name Alex	MI	Contribution ID # 0129	
Residential Street Address 51 Fairlee Rd	City West Hartford	State CT	Zip Code 06107	
Principal Occupation Library Manager	Name of Employer Univ of Hartford			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
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 \$5.00	\$5.00

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 Wong	First Name Danielle	MI	Contribution ID # 0130	
Residential Street Address 16 Whitehall Pl	City Farmington	State CT	Zip Code 06032	
Principal Occupation Project Manager	Name of Employer 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 If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 02/09/2026	Aggregate Contributions \$100.00	\$100.00
Last Name James	First Name Renae	MI	Contribution ID # 0131	
Residential Street Address 23 Mayfair Rd	City Bloomfield	State CT	Zip Code 06002	
Principal Occupation Senior Consultant	Name of Employer Brigham and women's hospital			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? ☐ Yes If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 02/10/2026	Aggregate Contributions \$25.00	\$25.00
Last Name Adell	First Name Marsha	MI	Contribution ID # 0132	
Residential Street Address 2175 Boulevard D7	City West Hartford	State CT	Zip Code 06107	
Principal Occupation Director	Name of Employer Episcopal Church in 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 If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 02/10/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
Slap For Senate 2026			April 10 Filing - Amendment	
B. Itemized Contributions from Individuals				
Last Name Tate	First Name Rosemarie	MI	Contribution ID # 0133	
Residential Street Address 598 S Quaker Ln	City West Hartford	State CT	Zip Code 06110	
Principal Occupation registered dietician	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$50.00
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
Date Received 02/10/2026		Aggregate Contributions \$50.00		
Last Name Wenograd	First Name Ben	MI	Contribution ID # 0134	
Residential Street Address 39 Lilly Rd	City West Hartford	State CT	Zip Code 06119	
Principal Occupation Union Representative	Name of Employer AFT Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$25.00
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
Date Received 02/10/2026		Aggregate Contributions \$25.00		
Last Name Weiner	First Name Jonathan	MI	Contribution ID # 0135	
Residential Street Address 37 Rumford St	City West Hartford	State CT	Zip Code 06107	
Principal Occupation Attorney	Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$100.00
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
Date Received 02/10/2026		Aggregate Contributions \$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 Bourns		First Name Courtney		MI 0136
Residential Street Address 24 Saddle Ridge Dr		City West Hartford		State CT
Principal Occupation retired		Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$50.00
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
Date Received 02/10/2026		Aggregate Contributions \$50.00		
Last Name Gerratana		First Name Frank		MI 0137
Residential Street Address 11 Dorset Ln		City Farmington		State CT
Principal Occupation retired		Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$5.00
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
Date Received 02/10/2026		Aggregate Contributions \$5.00		
Last Name Tucker		First Name John		MI 0138
Residential Street Address 1 Holbrook Rd		City West Hartford		State CT
Principal Occupation Attorney		Name of Employer State of CT		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$50.00
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 02/10/2026		Aggregate Contributions \$50.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
Slap For Senate 2026			April 10 Filing - Amendment	
B. Itemized Contributions from Individuals				
Last Name Reiss	First Name Max	MI	Contribution ID # 0139	
Residential Street Address 311 Quaker Ln S	City West Hartford	State CT	Zip Code 06119	
Principal Occupation executive	Name of Employer 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 If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 02/10/2026	Aggregate Contributions \$100.00	\$100.00
Last Name Yousman	First Name William	MI	Contribution ID # 0140	
Residential Street Address 104 Thistle Pond Rd	City Bloomfield	State CT	Zip Code 06002	
Principal Occupation Professor	Name of Employer Sacred Heart Univ			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor 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 If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 02/11/2026	Aggregate Contributions \$50.00	\$50.00
Last Name Warshauer	First Name Matthew	MI	Contribution ID # 0141	
Residential Street Address 115 N Main St	City West Hartford	State CT	Zip Code 06107	
Principal Occupation Histor professor	Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? ☐ Yes If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 02/11/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
Slap For Senate 2026			April 10 Filing - Amendment	
B. Itemized Contributions from Individuals				
Last Name Lee	First Name Rafeena	MI B	Contribution ID # 0093	
Residential Street Address 3 Hamilton Way	City Farmington	State CT	Zip Code 06032	
Principal Occupation Attorney	Name of Employer 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 \$100.00
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		
Last Name Brennan	First Name Timothy	MI	Contribution ID # 0094	
Residential Street Address 111 Garfield Rd	City West Hartford	State CT	Zip Code 06107	
Principal Occupation Attorney/CCO	Name of Employer 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 \$250.00
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		
Last Name Derby	First Name Steven	MI	Contribution ID # 0095	
Residential Street Address 54 White Ave	City West Hartford	State CT	Zip Code 06119	
Principal Occupation retirefd	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$50.00
Is this contribution associated with an event reported in Section 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 \$50.00		

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 Hutvagner	First Name Matt	MI	Contribution ID # 0096	
Residential Street Address 4 Deepwood Rd	City Farmington	State CT	Zip Code 06032	
Principal Occupation Senior Manager, Financial Accounting	Name of Employer Walt Disney Co			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$10.00
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 \$10.00	
Last Name Lieu	First Name Chan	MI	Contribution ID # 0097	
Residential Street Address 253 Ridgewood Rd	City West Hartford	State CT	Zip Code 06107	
Principal Occupation Senior Manager	Name of Employer Aurora			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$10.00
Is this contribution associated with an event reported in Section 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 \$10.00	
Last Name Temkin	First Name Gayle	MI	Contribution ID # 0098	
Residential Street Address 14 Northridge Dr	City West Hartford	State CT	Zip Code 06117	
Principal Occupation homemaker	Name of Employer homemaker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$340.00
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	

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 Tempkin	First Name Steven	MI H	Contribution ID # 0358	
Residential Street Address 14 Northridge Dr	City West Hartford	State CT	Zip Code 06117	
Principal Occupation Home Builder	Name of Employer T&M Building			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$340.00
Is this contribution associated with an event reported in Section 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	
Last Name Labrot	First Name Essie	MI	Contribution ID # 0099	
Residential Street Address 12 Chateau Margaux	City Bloomfield	State CT	Zip Code 06002	
Principal Occupation retired	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$50.00
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #	Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	Date Received 02/12/2026	Aggregate Contributions \$50.00	
Last Name Bloom	First Name Alicia	MI	Contribution ID # 0100	
Residential Street Address 81 Alpine Dr	City Burlington	State CT	Zip Code 06013	
Principal Occupation retired	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$50.00
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #	Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	Date Received 02/12/2026	Aggregate Contributions \$50.00	

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 Andrews	First Name Mary	MI	Contribution ID # 0101	
Residential Street Address 893 Farmington Ave # 6H	City West Hartford	State CT	Zip Code 06119	
Principal Occupation retired	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 02/12/2026	Aggregate Contributions \$50.00	\$50.00
Last Name Andrews	First Name Peter	MI	Contribution ID # 0102	
Residential Street Address 893 Farmington Ave # 6H	City West Hartford	State CT	Zip Code 06119	
Principal Occupation Constituent Engagement Coordinator	Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
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 02/12/2026	Aggregate Contributions \$100.00	\$100.00
Last Name Blanks	First Name Carol	MI	Contribution ID # 0103	
Residential Street Address 112 St Augustine St	City West Hartford	State CT	Zip Code 06110	
Principal Occupation retired	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 02/12/2026	Aggregate Contributions \$25.00	\$25.00

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 DeDominicis	First Name Felicia	MI	Contribution ID # 0104	
Residential Street Address 4 Old Gate Ln	City Farmington	State CT	Zip Code 06032	
Principal Occupation retired	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$25.00
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
Date Received 02/12/2026		Aggregate Contributions \$25.00		
Last Name Shekhman	First Name Eveline	MI	Contribution ID # 0105	
Residential Street Address 12 Pembroke Hi	City Farmington	State CT	Zip Code 06032	
Principal Occupation CEO	Name of Employer 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 \$300.00
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 02/12/2026		Aggregate Contributions \$300.00		
Last Name Borre	First Name Darlene	MI	Contribution ID # 0106	
Residential Street Address 16 Foot Path Ln	City West Hartford	State CT	Zip Code 06107	
Principal Occupation Director of The Co-op	Name of Employer 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 \$100.00
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 02/13/2026		Aggregate Contributions \$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 McGinnis	First Name Tiffani	MI	Contribution ID # 0107	
Residential Street Address 363 Quaker Ln	City West Hartford	State CT	Zip Code 06119	
Principal Occupation unemployed	Name of Employer unemployed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$50.00
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 02/13/2026 Aggregate Contributions \$50.00	
Last Name Rodriguez	First Name Galo	MI	Contribution ID # 0108	
Residential Street Address 127 Meadow Ln	City West Hartford	State CT	Zip Code 06107	
Principal Occupation retired	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$15.00
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 02/13/2026 Aggregate Contributions \$15.00	
Last Name Rozen	First Name Inbal	MI	Contribution ID # 0109	
Residential Street Address 44 Juniper Ln	City West Hartford	State CT	Zip Code 06117	
Principal Occupation retired	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$15.00
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 02/13/2026 Aggregate Contributions \$15.00	

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 Quinn	First Name Joseph	MI	Contribution ID # 0110	
Residential Street Address 22 Howland Rd	City West Hartford	State CT	Zip Code 06107	
Principal Occupation Lawyer	Name of Employer 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 If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 02/16/2026	Aggregate Contributions \$100.00	\$100.00
Last Name Quinn	First Name Lucille	MI	Contribution ID # 0111	
Residential Street Address 22 Howland Rd	City West Hartford	State CT	Zip Code 06107	
Principal Occupation marriage and family therapist	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? ☐ Yes If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 02/16/2026	Aggregate Contributions \$50.00	\$50.00
Last Name Gordon	First Name Barbara	MI C	Contribution ID # 0005	
Residential Street Address 195 Wood Pond Rd	City West Hartford	State CT	Zip Code 06109	
Principal Occupation Staff, House Democrats	Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? ☐ Yes If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		
		Date Received 02/16/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
Slap For Senate 2026			April 10 Filing - Amendment	
B. Itemized Contributions from Individuals				
Last Name Das	First Name Swapna	MI	Contribution ID # 0068	
Residential Street Address 1 Crabapple Ln	City Unionville	State CT	Zip Code 06085	
Principal Occupation retired	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? ☐ Yes If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 02/17/2026	Aggregate Contributions \$5.00	\$5.00
Last Name Fleischli	First Name Mary	MI	Contribution ID # 0069	
Residential Street Address 28 Runswick Ave	City West Hartford	State CT	Zip Code 06107	
Principal Occupation Data Scientist	Name of Employer Mt. Holyoke College			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? ☐ Yes If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 02/17/2026	Aggregate Contributions \$50.00	\$50.00
Last Name Saunders	First Name Mark	MI	Contribution ID # 0070	
Residential Street Address 13 Pent Rd	City Bloomfield	State CT	Zip Code 06002	
Principal Occupation musician	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? ☐ Yes If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 02/17/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
Slap For Senate 2026			April 10 Filing - Amendment	
B. Itemized Contributions from Individuals				
Last Name Stockman	First Name Carolyn	MI	Contribution ID # 0071	
Residential Street Address 350 Westmont St	City West Hartford	State CT	Zip Code 06117	
Principal Occupation retired	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? ☐ Yes If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 02/17/2026	Aggregate Contributions \$100.00	\$100.00
Last Name Vidwans	First Name Lalavika	MI	Contribution ID # 0072	
Residential Street Address 1 Stratford Rd	City Farmington	State CT	Zip Code 06032	
Principal Occupation Pathologist	Name of Employer 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 If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 02/17/2026	Aggregate Contributions \$100.00	\$100.00
Last Name Connolly	First Name Denise	MI	Contribution ID # 0112	
Residential Street Address 43 Gail Rd	City Farmington	State CT	Zip Code 06032	
Principal Occupation sales associate	Name of Employer 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 If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 02/17/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
Slap For Senate 2026			April 10 Filing - Amendment	
B. Itemized Contributions from Individuals				
Last Name Gipson		First Name Keith		MI CT
Residential Street Address 1093 Prospect Ave		City West Hartford		Zip Code 06105
Principal Occupation Anesthesiologist		Name of Employer 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 \$100.00
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		
Last Name Kramer		First Name Virginia		MI CT
Residential Street Address 60 Sulgrave Rd		City West Hartford		Zip Code 06107-3347
Principal Occupation teacher		Name of Employer Windsor Public Schools		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$5.00
Is this contribution associated with an event reported in Section 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 \$5.00		
Last Name Healy		First Name James		MI CT
Residential Street Address 102 Griswold Dr		City West Hartford		Zip Code 06119
Principal Occupation Attorney		Name of Employer 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 \$100.00
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		

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 Sergi	First Name Theodore	MI	Contribution ID # 0116	
Residential Street Address 11 Castlewood Rd	City West Hartford	State CT	Zip Code 06107	
Principal Occupation retired	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? ☐ Yes If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 02/17/2026	Aggregate Contributions \$250.00	\$250.00
Last Name Schoenhorn	First Name Jon	MI	Contribution ID # 0073	
Residential Street Address 155 Town Farm Rd	City Farmington	State CT	Zip Code 06032	
Principal Occupation Attorney	Name of Employer 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 If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 02/18/2026	Aggregate Contributions \$100.00	\$100.00
Last Name Cook	First Name Lawrence	MI	Contribution ID # 0074	
Residential Street Address 91 Fuller Dr	City West Hartford	State CT	Zip Code 06117	
Principal Occupation Press Aide	Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? ☐ Yes If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 02/18/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
Slap For Senate 2026			April 10 Filing - Amendment	
B. Itemized Contributions from Individuals				
Last Name Russell	First Name Mary Beth	MI	Contribution ID # 0075	
Residential Street Address 8 Locust Ln	City Farmington	State CT	Zip Code 06032	
Principal Occupation retired	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$25.00
Is this contribution associated with an event reported in Section 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 \$25.00	
Last Name Goodrum	First Name Thomas	MI	Contribution ID # 0076	
Residential Street Address 57 Gin Still Ln	City West Hartford	State CT	Zip Code 06107	
Principal Occupation retired	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$25.00
Is this contribution associated with an event reported in Section 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 \$25.00	
Last Name Blauvelt	First Name George	MI	Contribution ID # 0077	
Residential Street Address 28 Whitman Ave	City West Hartford	State CT	Zip Code 06107	
Principal Occupation retired	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$50.00
Is this contribution associated with an event reported in Section 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 \$50.00	

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 Ballete	First Name Kenneth	MI	Contribution ID # 0078	
Residential Street Address 30 Spring Ln	City West Hartford	State CT	Zip Code 06107	
Principal Occupation retired	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$80.00
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	
Last Name Freedman	First Name Elizabeth	MI	Contribution ID # 0079	
Residential Street Address 125 Clifton Ave .	City West Hartford	State CT	Zip Code 06107	
Principal Occupation MD	Name of Employer EGFP			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$50.00
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 02/19/2026	Aggregate Contributions \$50.00	
Last Name Roldan	First Name Kevin	MI	Contribution ID # 0080	
Residential Street Address 156 Garfield Ave	City West Hartford	State CT	Zip Code 06107	
Principal Occupation Commisioner in Residence	Name of Employer 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 \$100.00
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 02/19/2026	Aggregate Contributions \$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 Egan		First Name Owen		MI 0081
Residential Street Address 24 Arapahoe Rd # 2D Floor		City West Hartford		State CT
Principal Occupation Attorney		Name of Employer State of CT		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$100.00
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
Date Received 02/19/2026		Aggregate Contributions \$100.00		
Last Name Marinan		First Name Sharon		MI A
Residential Street Address 98 Northbrook Rd		City West Hartford		State CT
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$5.00
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #		Method of Contribution ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		
Date Received 02/20/2026		Aggregate Contributions \$5.00		
Last Name Marinan		First Name James		MI L
Residential Street Address 98 Northbrook Rd		City West Hartford		State CT
Principal Occupation Retired		Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$5.00
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #		Method of Contribution ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		
Date Received 02/20/2026		Aggregate Contributions \$5.00		

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 Egan	First Name Judith	MI H	Contribution ID # 0018	
Residential Street Address 100 Westminster Dr	City West Hartford	State CT	Zip Code 06107	
Principal Occupation Paralegal	Name of Employer 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 \$100.00
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 02/20/2026 Aggregate Contributions \$100.00		
Last Name Egan	First Name Mary Ann	MI CT	Contribution ID # 0019	
Residential Street Address 243 Steele Rd Unit 832	City West Hartford	State CT	Zip Code 06117	
Principal Occupation Unknown	Name of Employer 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 \$10.00
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 02/21/2026 Aggregate Contributions \$10.00		
Last Name Goldberg	First Name Susan	MI C	Contribution ID # 0011	
Residential Street Address 39 Waterside Ln	City West Hartford	State CT	Zip Code 06107	
Principal Occupation Unknown	Name of Employer 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 \$25.00
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 02/21/2026 Aggregate Contributions \$25.00		

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 Bagdigian	First Name Peter	MI	Contribution ID # 0006	
Residential Street Address 481 Middle Rd	City Farmington	State CT	Zip Code 06032	
Principal Occupation Unknown	Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #		Method of Contribution ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		
		Date Received 02/23/2026	Aggregate Contributions \$10.00	\$10.00
Last Name Peltier	First Name Edward	MI F	Contribution ID # 0007	
Residential Street Address 4 Hunter Dr	City West Hartford	State CT	Zip Code 06107	
Principal Occupation School administration	Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #		Method of Contribution ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		
		Date Received 02/23/2026	Aggregate Contributions \$100.00	\$100.00
Last Name Stafford	First Name Gail	MI R	Contribution ID # 0008	
Residential Street Address 48 Claybar Dr	City West Hartford	State CT	Zip Code 06117	
Principal Occupation Unknown	Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #		Method of Contribution ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		
		Date Received 02/23/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
Slap For Senate 2026			April 10 Filing - Amendment	
B. Itemized Contributions from Individuals				
Last Name Rixon	First Name John	MI D	Contribution ID # 0009	
Residential Street Address 55 Webster Hill Blvd .	City West Hartford	State CT	Zip Code 06107	
Principal Occupation Retired	Name of Employer 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 \$100.00
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 02/23/2026		Aggregate Contributions \$100.00		
Last Name Rausch	First Name Keryn	MI	Contribution ID # 0082	
Residential Street Address 8 Montclair Dr	City West Hartford	State CT	Zip Code 06107	
Principal Occupation Nurse Practitioner	Name of Employer 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 \$5.00
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 02/23/2026		Aggregate Contributions \$5.00		
Last Name Aronson	First Name Amanda	MI	Contribution ID # 0083	
Residential Street Address 4 Berwyn Ln	City West Hartford	State CT	Zip Code 06107	
Principal Occupation Consultant	Name of Employer 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 \$100.00
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		

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 Rausch	First Name Fernando	MI	Contribution ID # 0084	
Residential Street Address 8 Montclair Dr	City West Hartford	State CT	Zip Code 06107	
Principal Occupation Licensed clinical social worker	Name of Employer Self employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
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 \$5.00	\$5.00
Last Name Needleman	First Name Norman	MI	Contribution ID # 0010	
Residential Street Address 9 Foxboro Rd	City West Hartford	State CT	Zip Code 06426	
Principal Occupation Executive	Name of Employer 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 02/24/2026	Aggregate Contributions \$340.00	\$340.00
Last Name Brandwein	First Name William	MI	Contribution ID # 0085	
Residential Street Address 17 Drury Ln	City West Hartford	State CT	Zip Code 06117-1611	
Principal Occupation retired	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section 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 \$200.00	\$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 Mack		First Name Diane		Contribution ID # 0086
Residential Street Address 737 Farmington Ave		City West Hartford	State CT	Zip Code 06119
Principal Occupation retired		Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	
Is this contribution associated with an event reported in Section L1? ☐ Yes If yes, list Event # ☒ No			Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	
			Date Received 02/25/2026	Aggregate Contributions \$25.00 Amount of Contribution \$25.00
Last Name Willett		First Name Sarah Jean		Contribution ID # 0087
Residential Street Address 54 Garden St		City Farmington	State CT	Zip Code 06132
Principal Occupation homemaker		Name of Employer homemaker		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	
Is this contribution associated with an event reported in Section L1? ☐ Yes If yes, list Event # ☒ No			Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	
			Date Received 02/25/2026	Aggregate Contributions \$25.00 Amount of Contribution \$25.00
Last Name Moriarty		First Name Mary		Contribution ID # 0088
Residential Street Address 29 Seymour Ave		City West Hartford	State CT	Zip Code 06119
Principal Occupation Unknown		Name of Employer 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	
Is this contribution associated with an event reported in Section L1? ☐ Yes If yes, list Event # ☒ No			Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	
			Date Received 02/25/2026	Aggregate Contributions \$5.00 Amount of Contribution \$5.00

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 Steadman		First Name Jenny		Contribution ID # 0089
Residential Street Address 105 Orchard Rd		City West Hartford	State CT	Zip Code 06117
Principal Occupation Executive Director		Name of Employer Aurora women and Girls Foundation		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	
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 \$25.00 Amount of Contribution \$25.00
Last Name Lister		First Name Jessica		Contribution ID # 0090
Residential Street Address 8 Candlewood Ln		City Farmington	State CT	Zip Code 06032
Principal Occupation Marketer		Name of Employer Cantor Colburn LLP		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	
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 \$25.00 Amount of Contribution \$25.00
Last Name Major		First Name Virginia		Contribution ID # 0091
Residential Street Address 10 Frederick Rd		City West Hartford	State CT	Zip Code 06119
Principal Occupation Learning and Development		Name of Employer Travelers		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	
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 \$25.00 Amount of Contribution \$25.00

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 Isme	First Name Jesse	MI	Contribution ID # 0092	
Residential Street Address 12 Robin Rd Apt 104	City West Hartford	State CT	Zip Code 06119	
Principal Occupation Marketing Director	Name of Employer Trumpf, Ince			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$5.00
Is this contribution associated with an event reported in Section 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 \$5.00		
Last Name Bernetich	First Name Michelle	MI	Contribution ID # 0062	
Residential Street Address 65 Claire Hill Rd	City Burlington	State CT	Zip Code 06013	
Principal Occupation Project Analyst	Name of Employer TRC Companies			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$25.00
Is this contribution associated with an event reported in Section 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 \$25.00		
Last Name Madar	First Name Joe	MI	Contribution ID # 0063	
Residential Street Address 62 Garden Grove Rd	City Manchester	State CT	Zip Code 06040	
Principal Occupation retired	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$50.00
Is this contribution associated with an event reported in Section 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 \$50.00		

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 Grady-Benson		First Name Catharine		MI
Contribution ID # 0064				
Residential Street Address 32 Mountain Rd		City Farmington		State CT
Zip Code 06032				
Principal Occupation retired		Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section 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		\$250.00
Last Name Raupach		First Name Robert		MI
Contribution ID # 0065				
Residential Street Address 67 Cherryfield Dr		City West Hartford		State CT
Zip Code 06107				
Principal Occupation retired		Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section 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 \$25.00		\$25.00
Last Name Scaletter		First Name Ellen		MI
Contribution ID # 0066				
Residential Street Address 1265 Racebrook Rd		City Woodbridge		State CT
Zip Code 06525				
Principal Occupation retired		Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section 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 \$50.00		\$50.00

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 Greenberg	First Name Cheryl	MI	Contribution ID # 0067	
Residential Street Address 76 Whiting Ln	City West Hartford	State CT	Zip Code 06119	
Principal Occupation retired	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$50.00
Is this contribution associated with an event reported in Section 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 \$50.00	
Last Name Brandwein	First Name David	MI	Contribution ID # 0085	
Residential Street Address 17 Drury Ln	City West Hartford	State CT	Zip Code 06117-1611	
Principal Occupation retired	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$100.00
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	
Last Name Imsey	First Name Jesse	MI H	Contribution ID # 0357	
Residential Street Address 12 Robin Rd Apt 104	City West Hartford	State CT	Zip Code 06119	
Principal Occupation Marketing Director	Name of Employer Trumpf, Inc.			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$5.00
Is this contribution associated with an event reported in Section 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 \$5.00	

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 Tansky	First Name Christopher	MI H	Contribution ID # 0356	
Residential Street Address 96 Colonial St	City West Hartford	State CT	Zip Code 06110	
Principal Occupation pharmacist	Name of Employer Pfizer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$50.00
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 02/26/2026	Aggregate Contributions \$50.00	
Last Name Winograd	First Name Harriet	MI	Contribution ID # 0060	
Residential Street Address 45 Timberwood Rd	City West Hartford	State CT	Zip Code 06117	
Principal Occupation artist	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$50.00
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #	Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	Date Received 02/26/2026	Aggregate Contributions \$50.00	
Last Name Tanski	First Name Christopher	MI	Contribution ID # 0061	
Residential Street Address 96 Colonial St	City West Hartford	State CT	Zip Code 06110	
Principal Occupation Pharmacist	Name of Employer Pfizer Inc			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$50.00
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #	Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	Date Received 02/26/2026	Aggregate Contributions \$50.00	

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 Collins		First Name Theresa		MI MI	Contribution ID # 0059
Residential Street Address 83 Van Buren Ave		City West Hartford		State CT	Zip Code 06107
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section 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	\$100.00
Last Name kundahl		First Name Margaret		MI MI	Contribution ID # 0058
Residential Street Address 83 Hillsboro Dr		City West Hartford		State CT	Zip Code 06107
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section 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	\$100.00
Last Name Bitton		First Name Elena		MI T	Contribution ID # 0056
Residential Street Address 8 Sequin Rd		City West Hartford		State CT	Zip Code 06117
Principal Occupation Physician		Name of Employer HHC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			Is contributor 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 03/01/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
Slap For Senate 2026			April 10 Filing - Amendment	
B. Itemized Contributions from Individuals				
Last Name Eric	First Name Feeney	MI	Contribution ID # 0057	
Residential Street Address 15 Bramley Rd	City West Hartford	State CT	Zip Code 06110	
Principal Occupation Teacher	Name of Employer Teacher			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? ☐ Yes If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 03/01/2026	Aggregate Contributions \$10.00	\$10.00
Last Name Feeney	First Name Eric	MI H	Contribution ID # 0355	
Residential Street Address 15 Bramley Rd	City West Hartford	State CT	Zip Code 06110	
Principal Occupation teacher`	Name of Employer teacher			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? ☐ Yes If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 03/01/2026	Aggregate Contributions \$10.00	\$10.00
Last Name Blauvelt	First Name Carol	MI	Contribution ID # 0052	
Residential Street Address 28 Whitman Ave	City West Hartford	State CT	Zip Code 06107	
Principal Occupation retired	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? ☐ Yes If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 03/02/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
Slap For Senate 2026			April 10 Filing - Amendment	
B. Itemized Contributions from Individuals				
Last Name Wlodkowski	First Name David	MI	Contribution ID # 0053	
Residential Street Address 28 Mountain Rd	City Farmington	State CT	Zip Code 06032	
Principal Occupation architect	Name of Employer David Wlodkowski			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$50.00
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #	Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	Date Received 03/02/2026	Aggregate Contributions \$50.00	
Last Name Moyer	First Name Deborah	MI	Contribution ID # 0054	
Residential Street Address 122 Beacon Hill Dr	City West Hartford	State CT	Zip Code 06117	
Principal Occupation piano teacher	Name of Employer self employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$50.00
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #	Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	Date Received 03/02/2026	Aggregate Contributions \$50.00	
Last Name Alisberg	First Name Nancy	MI	Contribution ID # 0055	
Residential Street Address 80 Fox Chase Ln	City West Hartford	State CT	Zip Code 06119	
Principal Occupation retired	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$25.00
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #	Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	Date Received 03/02/2026	Aggregate Contributions \$25.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
Slap For Senate 2026			April 10 Filing - Amendment	
B. Itemized Contributions from Individuals				
Last Name Green	First Name Heidi	MI	Contribution ID # 0050	
Residential Street Address 306 S Main St	City West Hartford	State CT	Zip Code 06107	
Principal Occupation fundraising	Name of Employer Ct State Community college			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$25.00
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 03/03/2026	Aggregate Contributions \$25.00	
Last Name Gurski	First Name Joan	MI	Contribution ID # 0051	
Residential Street Address 92 Quaker Ln	City West Hartford	State CT	Zip Code 06119	
Principal Occupation retired	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$50.00
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 03/03/2026	Aggregate Contributions \$50.00	
Last Name Giannaros	First Name Elizabeth	MI	Contribution ID # 0049	
Residential Street Address 56 Basswood Rd	City Farmington	State CT	Zip Code 06032	
Principal Occupation retired	Name of Employer retiredq			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$50.00
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 03/04/2026	Aggregate Contributions \$50.00	

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 Lytle	First Name Jackie	MI	Contribution ID # 0048	
Residential Street Address 5607 Essex Rd	City Lisle	State IL	Zip Code 60532	
Principal Occupation social work	Name of Employer 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	\$340.00
Last Name Benadiva	First Name Lee Ann	MI	Contribution ID # 0043	
Residential Street Address 3 Wentworth Park	City Farmington	State CT	Zip Code 06032	
Principal Occupation household engineer	Name of Employer 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 03/07/2026	Aggregate Contributions \$500.00	\$250.00
Last Name Clifford	First Name Douglass	MI	Contribution ID # 0044	
Residential Street Address 6 Rundelane	City Bloomfield	State CT	Zip Code 06002	
Principal Occupation retired	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 03/07/2026	Aggregate Contributions \$25.00	\$25.00

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 Tulin		First Name Jay		MI CT	Contribution ID # 0045
Residential Street Address 39 Timberline		City Farmington		State CT	Zip Code 06032
Principal Occupation retired		Name of Employer 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 03/07/2026	Aggregate Contributions \$18.00	\$18.00
Last Name Martin		First Name Joan		MI CT	Contribution ID # 0046
Residential Street Address 1 Magnolia Cir		City Farmington		State CT	Zip Code 06032
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #			Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
			Date Received 03/07/2026	Aggregate Contributions \$50.00	\$50.00
Last Name Isaacson		First Name Jacqueline		MI CT	Contribution ID # 0047
Residential Street Address 10 Stuart Dr		City Bloomfield		State CT	Zip Code 06002
Principal Occupation Registered nurse		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #			Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
			Date Received 03/07/2026	Aggregate Contributions \$25.00	\$25.00

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 Benadiva	First Name Lee Ann	MI	Contribution ID # 0043	
Residential Street Address 3 Wentworth Park	City Farmington	State CT	Zip Code 06032	
Principal Occupation inactive real estate agent	Name of Employer inactive real estate 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 03/07/2026	Aggregate Contributions \$250.00	\$250.00
Last Name Cinquegrani	First Name David	MI	Contribution ID # 0021	
Residential Street Address 303 Tunxis Rd	City West Hartford	State CT	Zip Code 06107-3119	
Principal Occupation Administrator of Retreat Center	Name of Employer 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 03/07/2026	Aggregate Contributions \$25.00	\$25.00
Last Name LeBouthillier	First Name Patricia	MI	Contribution ID # 0002	
Residential Street Address 44 Progress Ave	City Unionville	State CT	Zip Code 06085	
Principal Occupation Unknown	Name of Employer 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 03/10/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
Slap For Senate 2026			April 10 Filing - Amendment	
B. Itemized Contributions from Individuals				
Last Name Gnazzo	First Name Carol	MI W	Contribution ID # 0001	
Residential Street Address 275 Steele Rd Apt A23	City West Hartford	State CT	Zip Code 06117	
Principal Occupation REtired	Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #		Method of Contribution ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		
		Date Received 03/12/2026	Aggregate Contributions \$100.00	\$100.00
Last Name Lerner	First Name Barbara	MI	Contribution ID # 0022	
Residential Street Address 14 Henley Way	City West Hartford	State CT	Zip Code 06117	
Principal Occupation retired	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 03/12/2026	Aggregate Contributions \$25.00	\$25.00
Last Name Selinger	First Name Tamara	MI	Contribution ID # 0023	
Residential Street Address 20 Mohegan Drivef	City West Hartford	State CT	Zip Code 06117	
Principal Occupation retired	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 03/12/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
Slap For Senate 2026			April 10 Filing - Amendment	
B. Itemized Contributions from Individuals				
Last Name Rahman	First Name Yelena	MI	Contribution ID # 0024	
Residential Street Address 6 Penny Ln	City Manchester	State CT	Zip Code 06040	
Principal Occupation Director	Name of Employer 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 \$340.00
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 03/14/2026	Aggregate Contributions \$340.00	
Last Name Lazarus	First Name Lisa	MI	Contribution ID # 0025	
Residential Street Address 11 Clearview Ave	City West Hartford	State CT	Zip Code 06119	
Principal Occupation HR	Name of Employer YWCA			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$25.00
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #	Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	Date Received 03/16/2026	Aggregate Contributions \$25.00	
Last Name Brander	First Name Tuvia	MI	Contribution ID # 0026	
Residential Street Address 6 Seneca Rd	City West Hartford	State CT	Zip Code 06117	
Principal Occupation Clergy	Name of Employer Young Isreal of WH			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$25.00
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #	Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	Date Received 03/16/2026	Aggregate Contributions \$25.00	

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 Buttero	First Name Patricia	MI M	Contribution ID # 0353	
Residential Street Address 5 Lakeview Dr	City Farmington	State CT	Zip Code 06032	
Principal Occupation n/a	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$5.00
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #		Method of Contribution ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		
		Date Received 03/17/2026	Aggregate Contributions \$5.00	
Last Name Croll	First Name Michael	MI	Contribution ID # 0027	
Residential Street Address 8 Harwich Ln	City West Hartford	State CT	Zip Code 06117	
Principal Occupation Attorney	Name of Employer Michael J. Croll, ESQ			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$5.00
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 03/17/2026	Aggregate Contributions \$5.00	
Last Name Levy	First Name Coleman	MI B	Contribution ID # 0012	
Residential Street Address 22 Avondale Rd	City West Hartford	State CT	Zip Code 06117	
Principal Occupation Attorney	Name of Employer 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 \$250.00
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 03/19/2026	Aggregate Contributions \$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 Weiner	First Name Roselle	MI B	Contribution ID # 0015	
Residential Street Address 12 Vandervere Rd	City West Hartford	State CT	Zip Code 06117	
Principal Occupation Retired	Name of Employer 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 \$50.00
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 03/24/2026 Aggregate Contributions \$50.00		
Last Name Lambri	First Name Vince	MI	Contribution ID # 0014	
Residential Street Address 38 Mine Rd	City Burlington	State CT	Zip Code 06013	
Principal Occupation Tax Preparer	Name of Employer Vince Lambri Tax Service			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$50.00
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 03/25/2026 Aggregate Contributions \$50.00		
Last Name Marafino	First Name Elizabeth	MI A	Contribution ID # 0017	
Residential Street Address 982 N Main St	City West Hartford	State CT	Zip Code 06117	
Principal Occupation Retired	Name of Employer 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 \$25.00
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 03/25/2026 Aggregate Contributions \$25.00		

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 O'BRIEN	First Name Roger	MI J	Contribution ID # 0279	
Residential Street Address 30 Highwood Rd	City Bloomfield	State CT	Zip Code 06002	
Principal Occupation Retired	Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$25.00
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #		Method of Contribution ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card	Date Received 03/25/2026 Aggregate Contributions \$25.00	
Last Name Easman	First Name Lynette	MI	Contribution ID # 0028	
Residential Street Address 8 Jackson Rd	City Bloomfield	State CT	Zip Code 06002	
Principal Occupation Corporate Security	Name of Employer 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 \$100.00
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 03/25/2026 Aggregate Contributions \$100.00	
Last Name Gabel-Brett	First Name Leslie	MI	Contribution ID # 0029	
Residential Street Address 11 Cobbs Rd	City West Hartford	State CT	Zip Code 06107	
Principal Occupation retired	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$25.00
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	Date Received 03/25/2026 Aggregate Contributions \$25.00	

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 Farquhar	First Name Thomas	MI	Contribution ID # 0030	
Residential Street Address 40 Brookside Blvd	City West Hartford	State CT	Zip Code 06107	
Principal Occupation Doctor	Name of Employer Yale University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$50.00
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 03/25/2026 Aggregate Contributions \$50.00	
Last Name LaPlaca	First Name Leah	MI	Contribution ID # 0031	
Residential Street Address 8 Garden Gate	City Farmington	State CT	Zip Code 06032	
Principal Occupation retired	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$50.00
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #	Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/25/2026 Aggregate Contributions \$50.00	
Last Name Neseralla	First Name Clare	MI T	Contribution ID # 0285	
Residential Street Address 21 Sedgwick Rd	City West Hartford	State CT	Zip Code 06107	
Principal Occupation teacher	Name of Employer CREC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$30.00
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #	Method of Contribution ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/25/2026 Aggregate Contributions \$30.00	

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 Hennessy		First Name Matthew		MI 0032
Residential Street Address 161 Tremont St		City Hartford		State CT
Principal Occupation Managing Director		Name of Employer 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 \$100.00
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 03/26/2026		Aggregate Contributions \$100.00		
Last Name Frey		First Name Amy		MI 0033
Residential Street Address 15 E Normandy Dr		City West Hartford		State CT
Principal Occupation retired		Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$5.00
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
Date Received 03/26/2026		Aggregate Contributions \$5.00		
Last Name Rion		First Name Michael		MI 0034
Residential Street Address 14 Cornell Rd		City West Hartford		State CT
Principal Occupation retired		Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$50.00
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
Date Received 03/26/2026		Aggregate Contributions \$50.00		

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 Rion	First Name Nancy	MI	Contribution ID # 0035	
Residential Street Address 14 Cornell Rd	City West Hartford	State CT	Zip Code 06107	
Principal Occupation retired	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? ☐ Yes If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 03/26/2026	Aggregate Contributions \$50.00	\$50.00
Last Name Feldman	First Name Julie	MI M	Contribution ID # 0013	
Residential Street Address 47 Juniper Ln	City West Hartford	State CT	Zip Code 06117	
Principal Occupation Insurance product executive	Name of Employer 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 If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		
		Date Received 03/26/2026	Aggregate Contributions \$340.00	\$340.00
Last Name Dahl	First Name Frederick	MI	Contribution ID # 0036	
Residential Street Address 48 Mallard Dr	City Avon	State CT	Zip Code 06001	
Principal Occupation retired	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? ☐ Yes If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 03/27/2026	Aggregate Contributions \$15.00	\$15.00

I. MONETARY RECEIPTS (Section A-I)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Slap For Senate 2026				April 10 Filing - Amendment	
B. Itemized Contributions from Individuals					
Last Name Weisinger		First Name Lis		MI 	Contribution ID # 0282
Residential Street Address 22 Arrowwood Ln		City Bloomfield		State CT	Zip Code 06002
Principal Occupation unknown		Name of Employer 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	
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 03/27/2026	Aggregate Contributions \$100.00 \$100.00
Last Name Tulchinsky		First Name Amir		MI 	Contribution ID # 0283
Residential Street Address 99 Timberwood Rd		City West Hartford		State CT	Zip Code 06117
Principal Occupation Unknown		Name of Employer 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	
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 03/28/2026	Aggregate Contributions \$100.00 \$100.00
Last Name Parlow		First Name Mary Jane		MI 	Contribution ID # 0284
Residential Street Address 83 Farmington Chase Cres		City West Hartford		State CT	Zip Code 06032
Principal Occupation retired		Name of Employer retirec			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which 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 03/28/2026	Aggregate Contributions \$25.00 \$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
Slap For Senate 2026			April 10 Filing - Amendment	
B. Itemized Contributions from Individuals				
Last Name Ierardi	First Name Deidre	MI M	Contribution ID # 0016	
Residential Street Address 79 Wellington Dr	City Farmington	State CT	Zip Code 06032	
Principal Occupation Unknown	Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$20.00
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #		Method of Contribution ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card Date Received 03/28/2026 Aggregate Contributions \$20.00		
Last Name Reynolds	First Name MICHELLE	MI	Contribution ID # 0020	
Residential Street Address 319 Auburn Rd	City West Hartford	State CT	Zip Code 06119	
Principal Occupation homemaker	Name of Employer homemaker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$25.00
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 03/29/2026 Aggregate Contributions \$25.00		
Last Name Stone	First Name Dorothy	MI S	Contribution ID # 0280	
Residential Street Address 174 Selden Hill Dr	City West Hartford	State CT	Zip Code 06107	
Principal Occupation retired	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$50.00
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #		Method of Contribution ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card Date Received 03/29/2026 Aggregate Contributions \$50.00		

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 Michelle	First Name Reynolds	MI	Contribution ID # 0037	
Residential Street Address 319 Auburn Rd	City West Hartford	State CT	Zip Code 06119	
Principal Occupation homemaker	Name of Employer homemaker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? ☐ Yes If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 03/29/2026	Aggregate Contributions \$25.00	\$25.00
Last Name Ugalde	First Name Gregory	MI	Contribution ID # 0038	
Residential Street Address 15 South Rd	City Burlington	State CT	Zip Code 06013	
Principal Occupation Home builder, developer	Name of Employer 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 If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		
		Date Received 03/29/2026	Aggregate Contributions \$100.00	\$100.00
Last Name Lopes	First Name Armenia	MI F	Contribution ID # 0281	
Residential Street Address 57 Grissom Dr	City West Hartford	State CT	Zip Code 06110	
Principal Occupation retired	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? ☐ Yes If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		
		Date Received 03/30/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
Slap For Senate 2026			April 10 Filing - Amendment	
B. Itemized Contributions from Individuals				
Last Name Russell	First Name Joy	MI	Contribution ID # 0039	
Residential Street Address 10 Pelham Rd	City West Hartford	State CT	Zip Code 06107	
Principal Occupation Speech language pathologist	Name of Employer Hartford 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 \$50.00
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 03/31/2026	Aggregate Contributions \$50.00	
Last Name Williams	First Name Vanessa	MI	Contribution ID # 0040	
Residential Street Address 127 School St	City Bloomfield	State CT	Zip Code 06002	
Principal Occupation retired	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$25.00
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #	Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	Date Received 03/31/2026	Aggregate Contributions \$25.00	
Last Name Das	First Name Swapna	MI	Contribution ID # 0041	
Residential Street Address 1 Crabapple Ln	City Unionville	State CT	Zip Code 06085	
Principal Occupation retried	Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$5.00
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #	Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	Date Received 03/31/2026	Aggregate Contributions \$5.00	

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 Mackay		First Name Cunthia		MI	Contribution ID # 0042
Residential Street Address 244 Mountain Spring Rd		City Farmington		State CT	Zip Code 06032
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	
Is this contribution associated with an event reported in Section L1? ☐ Yes If yes, list Event # ☒ No		Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$50.00 \$50.00
Total of Section B					\$19,936.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Total on Line 14, Column A of Summary Page)					\$19,936.00

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		Amount
	☐ Cash ☐ Personal Check ☐ Credit/Debit Card		
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
☐ Initial ☐ Grant Adjustment ☐ Supplemental/Post Election Deficit		☐ Primary ☐ General Election ☐ Special Election	Amount
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 purchases made by host(s) for food, beverage and invitations.	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		☐ Yes ☐ No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		☐ Yes ☐ No	(If yes, enter Total Receipts here.)	
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: ☐ Individual ☐ Business Entity ☐ Sole Proprietorship		Description of Donation		Fair Market Value of Donation	
		Date Received	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 If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ No		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 Daniela Luna			Date of Payment 01/22/2026		Method of Payment ☒ Check # 101 ☐ Debit Card ☐ EFT
Street Address 17 Cyr Dr		City Manchester		State CT	Zip Code 06040
Purpose of Expenditure (by code) Misc *	Description Direct bulk email marketing				
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		Event #	Amount \$26.77
Name of Payee Daniela Luna			Date of Payment 02/14/2026		Method of Payment ☒ Check # 101 ☐ Debit Card ☐ EFT
Street Address 17 Cyr Dr		City Manchester		State CT	Zip Code 06040
Purpose of Expenditure (by code) OFFICE	Description envelopes, pens				
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		Event #	Amount \$53.66

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 Daniela Luna			Date of Payment 02/14/2026		Method of Payment ☒ Check # 101 ☐ Debit Card ☐ EFT
Street Address 17 Cyr Dr		City Manchester		State CT	Zip Code 06040
Purpose of Expenditure (by code) POST	Description stamps				
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		Event #	Amount \$31.20
Name of Payee Daniela Luna			Date of Payment 02/17/2026		Method of Payment ☒ Check # 103 ☐ Debit Card ☐ EFT
Street Address 17 Cyr Dr		City Manchester		State CT	Zip Code 06040
Purpose of Expenditure (by code) OFFICE	Description envelopes				
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		Event #	Amount \$42.53

IV. EXPENDITURES (Sections N - S)

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 Daniela Luna		Date of Payment 02/23/2026	Method of Payment ☒ Check # 101 ☐ Debit Card ☐ EFT
Street Address 17 Cyr Dr		City Manchester	State CT Zip Code 06040
Purpose of Expenditure (by code) Misc *	Description Direct bulk email marketing		
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #
			Amount \$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 US Post Office			Date of Payment 03/10/2026		Method of Payment ☐ Check # ☒ Debit Card ☐ EFT
Street Address 141 Weston St		City Hartford		State CT	Zip Code 06101
Purpose of Expenditure (by code) POST	Description Stamps				
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		Event #	Amount \$234.00
Name of Payee US Post Office			Date of Payment 03/10/2026		Method of Payment ☐ Check # ☒ Debit Card ☐ EFT
Street Address 888 Silver Ln		City East Hartford		State CT	Zip Code 06118
Purpose of Expenditure (by code) POST	Description Stamps				
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		Event #	Amount \$234.00

IV. EXPENDITURES (Sections N - S)

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 Staples		Date of Payment 03/10/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT
Street Address 49 Putnam Blvd		City Glastonbury	State CT Zip Code 06033
Purpose of Expenditure (by code) OFFICE	Description envelopes		
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event # Amount \$28.70
Name of Payee Staples		Date of Payment 03/12/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT
Street Address 49 Putnam Blvd		City Glastonbury	State CT Zip Code 06033
Purpose of Expenditure (by code) OFFICE	Description Note cards, thank you cards		
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event # Amount \$116.97

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 US Post Office			Date of Payment 03/21/2026		Method of Payment ☐ Check # ☒ Debit Card ☐ EFT
Street Address 111 Sheldon Rd		City Manchester		State CT	Zip Code 06042
Purpose of Expenditure (by code) POST	Description stamps				
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		Event #	Amount \$156.00
Name of Payee Staples			Date of Payment 03/21/2026		Method of Payment ☐ Check # ☒ Debit Card ☐ EFT
Street Address 49 Putnam Blvd		City Glastonbury		State CT	Zip Code 06033
Purpose of Expenditure (by code) OFFICE	Description Printer ink, etc.				
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		Event #	Amount \$125.26
Total of Section N					\$1,075.86

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 Webster Bank			Type of Credit Card: ☐ Visa ☒ Master Card ☐ Discover ☐ American Express ☐ Other		
Name of Vendor Staples				Date of Transaction 03/10/2026	
Street Address 49 Putnam Blvd			City Glastonbury		State CT
Zip Code 06033			Amount		
Purpose of Expenditure (by code) OFFICE		Description envelopes			\$28.70
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No		Expenditure # (if applicable)		Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum P					
Name of Issuing Institution Webster Bank					
Type of Credit Card: ☐ Visa ☒ Master Card ☐ Discover ☐ American Express ☐ Other					
Name of Vendor Staples				Date of Transaction 03/11/2026	
Street Address 49 Putnam Blvd			City Glastonbury		State CT
Zip Code 06033			Amount		
Purpose of Expenditure (by code) OFFICE		Description thank you cards			\$116.97
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No		Expenditure # (if applicable)		Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum P					

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				03/17/2026	
Street Address		City		State	Zip Code
888 Silver Ln		East Hartford		CT	06118
Purpose of Expenditure (by code)	Description				Amount
POST	stamps				
Is this expenditure coordinated with another candidate for which reimbursement is sought?		☐ Yes ☐ No	Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum P					\$234.00
Name of Issuing Institution			Type of Credit Card:		
Webster Bank			☐ Visa ☒ Master Card ☐ Discover ☐ American Express ☐ Other		
Name of Vendor				Date of Transaction	
Staples				03/21/2026	
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				
Is this expenditure coordinated with another candidate for which reimbursement is sought?		☐ Yes ☒ No	Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum P					\$125.26

IV. EXPENDITURES (Sections N - S)

[illegible]

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? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum Q	Expenditure # (if applicable)	Event #		
Total of Section Q				

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
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	☒ 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? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum R		Expenditure # (if applicable)	Event #	Amount
				\$26.77
Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
Luna	Daniela		02/23/2026	☒ 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? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum R		Expenditure # (if applicable)	Event #	Amount
				\$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	☒ 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? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum R		Expenditure # (if applicable)	Event #	Amount
				\$53.66
Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
Luna	Daniela		02/14/2026	☒ 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? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum R		Expenditure # (if applicable)	Event #	Amount
				\$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	☒ 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? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum R		Expenditure # (if applicable)	Event #	Amount
				\$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.