

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised February 2015



Electronic Filing

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Page 1 of 45

COVER PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
Friends of Dominique Johnson 26				☒ Candidate Committee ☐ Exploratory Committee	
3. TREASURER NAME					
First Guadalupe		MI A	Last Reyes		Suffix
4. TREASURER ADDRESS					
Street Address 13 Lexington Ave		City Norwalk		State CT	Zip Code 06854
5. ELECTION DATE 11/03/2026		6. OFFICE SOUGHT (Complete only if Candidate Committee) State Representative			7. DISTRICT NUMBER (if applicable) R143
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Dominique		MI E	Last Johnson		Suffix
9. TYPE OF REPORT April 10 Filing - Amendment					
10. PERIOD COVERED					
Beginning Date Ending Date 01/25/2026 thru 03/31/2026					
11. CERTIFICATION					
☒ I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.					
Electronic Filing SIGNATURE		Amber Page Gehr PRINT NAME OF THE SIGNER		07/23/2026 9:20:07PM 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	
Friends of Dominique Johnson 26	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)	\$5,556.26	\$5,556.26
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$100.00	\$100.00
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)	\$5,656.26	\$5,656.26
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$5,656.26	\$5,656.26
20. Expenses Paid by Committee (Section N)	\$1,549.41	\$1,549.41
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	\$4,106.85	\$4,106.85
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	
Friends of Dominique Johnson 26		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 Johnson		First Dominique		MI E	Contribution ID # 0001
Residential Street Address 12 Toilsome Ave		City Norwalk		State CT	Zip Code 06851
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 J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/09/2026	Aggregate Contributions \$0.00	\$100.00

Last Name Hosten		First Colin		MI CT	Contribution ID # 0002
Residential Street Address 71 Aiken St # A14		City Norwalk		State CT	Zip Code 06851
Principal Occupation Lecturer		Name of Employer Fairfield 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	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/11/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Molkenthin		First Allison		MI CT	Contribution ID # 0003
Residential Street Address 195 Hollow Tree Rdg		City Darien		State CT	Zip Code 06820
Principal Occupation Financial Advisor		Name of Employer GT Securities			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/14/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Dominique Johnson 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name falk		First elizabeth		MI	Contribution ID # 0004
Residential Street Address 14 Overlook Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Business owner		Name of Employer Okla-Tex LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/14/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Hornstein		First Abigail		MI	Contribution ID # 0005
Residential Street Address 17 Edmond St		City Darien		State CT	Zip Code 06820
Principal Occupation Professor		Name of Employer Wesleyan 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	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/14/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Jordan Byron		First Jacquen		MI	Contribution ID # 0006
Residential Street Address 100 San Vincenzo Pl		City Norwalk		State CT	Zip Code 06854
Principal Occupation Accounting Clerk		Name of Employer Charter Brokerage LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/14/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Siegelbaum		First Beth		MI M	Contribution ID # 0007
Residential Street Address 57 Russell St		City Norwalk		State CT	Zip Code 06855
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/14/2026	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
Friends of Dominique Johnson 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Smyth		First Barbara		MI	Contribution ID # 0008
Residential Street Address 4 Brookhill Ln		City Norwalk		State CT	Zip Code 06851
Principal Occupation Mayor		Name of Employer City of Norwalk			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/14/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Volper		First Vicki		MI	Contribution ID # 0009
Residential Street Address 57 Old Hill Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Lawyer		Name of Employer Vicki Volper			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/14/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Solomon		First Terrence		MI R	Contribution ID # 0010
Residential Street Address 2 Broadview Ter		City Norwalk		State CT	Zip Code 06851
Principal Occupation Univ. Admin		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	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/14/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Kesten		First Jody		MI	Contribution ID # 0011
Residential Street Address 46 Birchside Dr		City Norwalk		State CT	Zip Code 06850
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/14/2026	Aggregate Contributions \$20.00	\$20.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT

Friends of Dominique Johnson 26

April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Kostek		First David		MI	Contribution ID # 0012
Residential Street Address 16 Keyser Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Digital Director		Name of Employer Dem. State Central			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/14/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Frate		First Corey		MI	Contribution ID # 0013
Residential Street Address 47 Hecker Ave		City Darien		State CT	Zip Code 06820
Principal Occupation Executive Asst		Name of Employer City of Norwalk			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/14/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Harris		First Sherelle		MI	Contribution ID # 0014
Residential Street Address 2 West Ave		City Norwalk		State CT	Zip Code 06854
Principal Occupation Librarian		Name of Employer City of Norwalk			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/14/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Washer		First Louise		MI	Contribution ID # 0015
Residential Street Address 280 Silvermine Ave		City Norwalk		State CT	Zip Code 06850
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/14/2026	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
Friends of Dominique Johnson 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Fields		First Mary		MI	Contribution ID # 0016
Residential Street Address 280 Silvermine Ave		City Norwalk		State CT	Zip Code 06850
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/14/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Oliver		First Sonia		MI E	Contribution ID # 0017
Residential Street Address 15 Madison St		City Norwalk		State CT	Zip Code 06854
Principal Occupation Food Service Lead		Name of Employer Chartwell			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/14/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Feigelson		First Josh		MI	Contribution ID # 0018
Residential Street Address 3927 Enfield Ave		City Skokie		State IL	Zip Code 60076
Principal Occupation Rabbi		Name of Employer Inst. Jewish Spirit.			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/14/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Lee		First Alison		MI V	Contribution ID # 0019
Residential Street Address 407 Newtown Ave		City Norwalk		State CT	Zip Code 06851
Principal Occupation Content Creator		Name of Employer Craftcast Prod.			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/14/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Dominique Johnson 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name DEGENSHEIN		First JAN		MI S	Contribution ID # 0020
Residential Street Address 407 Newtown Ave		City Norwalk		State CT	Zip Code 06851
Principal Occupation Architect		Name of Employer Degenshein Arch.			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/14/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Axthelm		First Nancy		MI CT	Contribution ID # 0021
Residential Street Address 33 Minute Man HI		City Westport		State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/14/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Bysiewicz		First Susan		MI CT	Contribution ID # 0022
Residential Street Address 15 Tall Timbers Rd		City Middletown		State CT	Zip Code 06457
Principal Occupation Lt. Governor		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 J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/15/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Essagof		First bobbi		MI G	Contribution ID # 0023
Residential Street Address 120 Harbor Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/15/2026	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
Friends of Dominique Johnson 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Blank		First Leslie		MI P	Contribution ID # 0024
Residential Street Address 597 Westport Ave		City Norwalk		State CT	Zip Code 06851
Principal Occupation teacher		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 J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/15/2026	Aggregate Contributions \$300.00	\$300.00

Last Name Livingston		First Thomas		MI P	Contribution ID # 0025
Residential Street Address 23 Crockett St		City Norwalk		State CT	Zip Code 06853
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/16/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Flaherty-Ludwig		First Mary		MI L	Contribution ID # 0026
Residential Street Address 89 Soundview Ave		City Norwalk		State CT	Zip Code 06854
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/16/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Wennerstrand		First Anne		MI L	Contribution ID # 0027
Residential Street Address 17 Rome St		City Norwalk		State CT	Zip Code 06851
Principal Occupation Social Worker		Name of Employer Wennerstrand Psych			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/16/2026	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
Friends of Dominique Johnson 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Garrigan		First Kathy		MI	Contribution ID # 0028
Residential Street Address 16 Keyser Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Actuary		Name of Employer Everest RE			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/16/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Andrasko		First Joseph		MI D	Contribution ID # 0029
Residential Street Address 28 Dock Rd		City Norwalk		State CT	Zip Code 06854
Principal Occupation Banking		Name of Employer Synchrony			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/16/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Hopkins		First Jonathan		MI C	Contribution ID # 0030
Residential Street Address 11 Chestnut St		City Norwalk		State CT	Zip Code 06854
Principal Occupation Landscape Des.		Name of Employer Kathryn Herman			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/16/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Crisci		First Anthony		MI H	Contribution ID # 0031
Residential Street Address 21 Knollwood Rd		City Norwalk		State CT	Zip Code 06854
Principal Occupation Healthcare Admin		Name of Employer World Health Clin.			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/16/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Dominique Johnson 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Desjardins		First Kevin		MI	Contribution ID # 0032
Residential Street Address 319 Post Rd E		City Westport		State CT	Zip Code 06880
Principal Occupation Engineer		Name of Employer Town of Westport			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/16/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Golden		First Elizabeth		MI	Contribution ID # 0033
Residential Street Address 22 Sunrise Hill Rd		City Norwalk		State CT	Zip Code 06851
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/16/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Desjardins		First Gary		MI J	Contribution ID # 0034
Residential Street Address 319A Post Rd E		City Westport		State CT	Zip Code 06880
Principal Occupation Portfolio Mgr		Name of Employer Bank of America			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/17/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Reed		First Ann		MI B	Contribution ID # 0035
Residential Street Address 15 Libby Ln		City Darien		State CT	Zip Code 06820
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/17/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Dominique Johnson 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name feral		First priscilla		MI	Contribution ID # 0036
Residential Street Address 5 McKinley St		City Norwalk		State CT	Zip Code 06853
Principal Occupation President		Name of Employer Friends of Animals			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/17/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Silber		First Matthew		MI	Contribution ID # 0037
Residential Street Address 230 East Ave		City Norwalk		State CT	Zip Code 06855
Principal Occupation Teacher		Name of Employer Norwalk Schools			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/17/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Oatis		First Victoria		MI	Contribution ID # 0038
Residential Street Address 12 Fairfield Ter		City Norwalk		State CT	Zip Code 06851
Principal Occupation Librarian		Name of Employer City of Norwalk			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/18/2026	Aggregate Contributions \$20.00	\$20.00

Last Name watford		First benita		MI A	Contribution ID # 0039
Residential Street Address 107 Maywood Rd		City Norwalk		State CT	Zip Code 06850
Principal Occupation Teacher		Name of Employer benita Watford			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/18/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Dominique Johnson 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Lee		First Alison		MI V	Contribution ID # 0040
Residential Street Address 407 Newtown Ave		City Norwalk		State CT	Zip Code 06851
Principal Occupation Content Creator		Name of Employer Craftcast Prod.			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/18/2026	Aggregate Contributions \$5.00	\$5.00

Last Name DEGENSHEIN		First JAN		MI S	Contribution ID # 0041
Residential Street Address 407 Newtown Ave		City Norwalk		State CT	Zip Code 06851
Principal Occupation Architect		Name of Employer Degenshein Arch.			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/18/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Wells		First Galen		MI W	Contribution ID # 0042
Residential Street Address 224 W Norwalk Rd		City Norwalk		State CT	Zip Code 06850
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/18/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Obuchosowski		First Elsa		MI P	Contribution ID # 0043
Residential Street Address 41 East Ave		City Norwalk		State CT	Zip Code 06851
Principal Occupation Editor-Writer		Name of Employer Elsa Paterson 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 J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/19/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Dominique Johnson 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name DePalma		First Erica		MI	Contribution ID # 0044
Residential Street Address 110 Perry Ave		City Norwalk		State CT	Zip Code 06850
Principal Occupation Media Consultant		Name of Employer 7ps Playbook			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/20/2026	Aggregate Contributions \$50.00	
				\$50.00	

Last Name Gulyas		First Ashley		MI S	Contribution ID # 0045
Residential Street Address 5 Cliffview Dr		City Norwalk		State CT	Zip Code 06850
Principal Occupation music 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	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/22/2026	Aggregate Contributions \$5.00	
				\$5.00	

Last Name Duff		First Joanne		MI J	Contribution ID # 0046
Residential Street Address 2 Red Barn Ln		City Norwalk		State CT	Zip Code 06850
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/23/2026	Aggregate Contributions \$10.00	
				\$10.00	

Last Name McMurrer		First Jenn		MI	Contribution ID # 0047
Residential Street Address 71 Gregory Blvd		City Norwalk		State CT	Zip Code 06855
Principal Occupation Comms Director		Name of Employer City of Norwalk			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/23/2026	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

Friends of Dominique Johnson 26

April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Harrity		First Mary		MI K	Contribution ID # 0048
Residential Street Address 65 Wolfpit Ave		City Norwalk		State CT	Zip Code 06851
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/23/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Wells		First Galen		MI W	Contribution ID # 0049
Residential Street Address 224 W Norwalk Rd		City Norwalk		State CT	Zip Code 06850
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/23/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Keefe		First Diane		MI M	Contribution ID # 0050
Residential Street Address 249 Chestnut HI		City Norwalk		State CT	Zip Code 06851
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/23/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Smyth		First Peter		MI	Contribution ID # 0051
Residential Street Address 4 Brookhill Ln		City Norwalk		State CT	Zip Code 06851
Principal Occupation Graphic Design		Name of Employer BrandSmyth LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/24/2026	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
Friends of Dominique Johnson 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name LeGette		First Becky		MI	Contribution ID # 0052
Residential Street Address 10 Muriel St		City Norwalk		State CT	Zip Code 06851
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/24/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Williams		First Brandalyn		MI F	Contribution ID # 0053
Residential Street Address 26 Belden Ave		City Norwalk		State CT	Zip Code 06850
Principal Occupation Policy Director		Name of Employer City of Norwalk			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/25/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Dellinger		First Richard		MI N	Contribution ID # 0054
Residential Street Address 45 Purdy Rd E		City Norwalk		State CT	Zip Code 06850
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/26/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Lane		First Matt		MI	Contribution ID # 0055
Residential Street Address 8 Weatherbell Dr		City Norwalk		State CT	Zip Code 06851
Principal Occupation Dep. Registrar		Name of Employer City of Norwalk			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/02/2026	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
Friends of Dominique Johnson 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name King		First Laoise		MI	Contribution ID # 0056
Residential Street Address 14 East Ave		City Norwalk		State CT	Zip Code 06851
Principal Occupation Deputy Comm.		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 J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/03/2026	Aggregate Contributions \$1.00	\$1.00

Last Name Friedman		First Mark		MI	Contribution ID # 0057
Residential Street Address 14 St George Pl		City Westport		State CT	Zip Code 06880
Principal Occupation Investor		Name of Employer Mark Friedman			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/04/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Washer		First Louise		MI	Contribution ID # 0058
Residential Street Address 280 Silvermine Ave		City Norwalk		State CT	Zip Code 06850
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Fields		First Mary		MI	Contribution ID # 0059
Residential Street Address 280 Silvermine Ave		City Norwalk		State CT	Zip Code 06850
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	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
Friends of Dominique Johnson 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Weinberg		First Robin		MI	Contribution ID # 0060
Residential Street Address 43 Old Hill Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Professor		Name of Employer CSCU			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$100.00	\$100.00

Last Name LAUTENBERG		First ELLEN		MI	Contribution ID # 0061
Residential Street Address 10 Woody Ln		City Westport		State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Burkhardt		First Ross		MI R	Contribution ID # 0062
Residential Street Address 34 Clinton Ave		City Westport		State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Duryea		First Tina		MI	Contribution ID # 0063
Residential Street Address 6 Deane Ct		City Norwalk		State CT	Zip Code 06853
Principal Occupation Artist		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 J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Dominique Johnson 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name BAYNE		First DAVID		MI F	Contribution ID # 0064
Residential Street Address 5 Windsor Rd		City Darien		State CT	Zip Code 06820
Principal Occupation Attorney		Name of Employer Akerman 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 J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$100.00	\$100.00

Last Name zuniga		First iliana		MI CT	Contribution ID # 0065
Residential Street Address 8 Running Brook Ln		City Norwalk		State CT	Zip Code 06850
Principal Occupation Director		Name of Employer PwC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Murray		First Melissa		MI CT	Contribution ID # 0066
Residential Street Address 8 Norden Pl		City Norwalk		State CT	Zip Code 06855
Principal Occupation Homemaker		Name of Employer Homemaker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$100.00	\$100.00

Last Name matley		First justin		MI CT	Contribution ID # 0067
Residential Street Address 4 Cindy Ln		City Norwalk		State CT	Zip Code 06851
Principal Occupation Producer		Name of Employer MATLEY PROD.			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$20.00	\$20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Dominique Johnson 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Murray		First Rosa		MI M	Contribution ID # 0068
Residential Street Address 66 Wilton Ave		City Norwalk		State CT	Zip Code 06851
Principal Occupation HR		Name of Employer PB Management			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Baekey		First Kara		MI 	Contribution ID # 0069
Residential Street Address 69 Melbourne Road Ext		City Norwalk		State CT	Zip Code 06851
Principal Occupation Executive		Name of Employer Indegene			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$25.00	\$25.00

Last Name DRUCKER		First RACHEL		MI D	Contribution ID # 0070
Residential Street Address 108 New Canaan Ave		City Norwalk		State CT	Zip Code 06850
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Mechanic		First Michelle		MI C	Contribution ID # 0071
Residential Street Address 6 Blackberry Ln		City Westport		State CT	Zip Code 06880
Principal Occupation Consultant		Name of Employer Law Office			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/11/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Dominique Johnson 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Vos		First Julia		MI	Contribution ID # 0072
Residential Street Address 405 Atlantic St		City Stamford		State CT	Zip Code 06901
Principal Occupation Political Dir.		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	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/11/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Buccolo		First Jesse		MI	Contribution ID # 0073
Residential Street Address 5 Alden Ave .		City Norwalk		State CT	Zip Code 06855
Principal Occupation NP Leader		Name of Employer Norwalk ACTS			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/11/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Johnson		First Douglas		MI A	Contribution ID # 0074
Residential Street Address 5206 Manorwood Dr		City Sarasota		State FL	Zip Code 34235
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/11/2026	Aggregate Contributions \$340.00	\$340.00

Last Name PennWilliams		First Brenda		MI	Contribution ID # 0075
Residential Street Address 21 Karen Dr		City Norwalk		State CT	Zip Code 06851
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/11/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Dominique Johnson 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Hardy		First Travis		MI	Contribution ID # 0076
Residential Street Address 7 Homer St		City Norwalk		State CT	Zip Code 06851
Principal Occupation Consultant		Name of Employer Class. Champions			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/12/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Fairbairn		First William		MI T	Contribution ID # 0077
Residential Street Address 35 King St		City Norwalk		State CT	Zip Code 06851
Principal Occupation Director		Name of Employer Town of Greenwich			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/16/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Sawyer		First Broderick		MI I	Contribution ID # 0078
Residential Street Address 168 N Taylor Ave		City Norwalk		State CT	Zip Code 06854
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/16/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Goldstein		First Josh		MI	Contribution ID # 0079
Residential Street Address 22 Princes Pine Rd		City Norwalk		State CT	Zip Code 06850
Principal Occupation Attorney		Name of Employer Adelman Connors			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/16/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Dominique Johnson 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Bacigalupo		First Tony		MI	Contribution ID # 0080
Residential Street Address 515 West Ave		City Norwalk		State CT	Zip Code 06850
Principal Occupation Head of Comm.		Name of Employer Scalepath			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/16/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Roberts		First Kadeem		MI	Contribution ID # 0081
Residential Street Address 8 Hudson St		City Norwalk		State CT	Zip Code 06851
Principal Occupation Director		Name of Employer Charter School			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/16/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Eaddy		First Nicole		MI	Contribution ID # 0082
Residential Street Address 230 East Ave		City Norwalk		State CT	Zip Code 06855
Principal Occupation Finance		Name of Employer GameChange Solar			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/16/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Niedzielski-E		First Nora		MI	Contribution ID # 0083
Residential Street Address 7 Outer Rd		City Norwalk		State CT	Zip Code 06854
Principal Occupation Attorney		Name of Employer Clarick Gueron			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/17/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Dominique Johnson 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Randolph		First Janine		MI	Contribution ID # 0084
Residential Street Address 14 Kingsbury Rd		City Norwalk		State CT	Zip Code 06851
Principal Occupation Realtor		Name of Employer Keller Williams			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/17/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Pritchett		First Sheri		MI M	Contribution ID # 0085
Residential Street Address 28 Dr Mlk Jr Dr		City Norwalk		State CT	Zip Code 06850
Principal Occupation Director		Name of Employer Women's Mentoring			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/20/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Teplica		First Danielle		MI R	Contribution ID # 0086
Residential Street Address 52 Maple Ave S		City Westport		State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/20/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Liccione		First Sebastian		MI S	Contribution ID # 0087
Residential Street Address 50 Church Ln		City Westport		State CT	Zip Code 06880
Principal Occupation None		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	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/22/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Dominique Johnson 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Tolan		First Abby		MI	Contribution ID # 0088
Residential Street Address 1 Harbor Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/22/2026	Aggregate Contributions \$75.00	\$75.00

Last Name Klein		First Nicole		MI	Contribution ID # 0089
Residential Street Address 1 Turkey Hill Cir		City Westport		State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/24/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Bryant		First Robert		MI T	Contribution ID # 0090
Residential Street Address 23 Morgan Ave		City Norwalk		State CT	Zip Code 06851
Principal Occupation Consultant		Name of Employer Heritage Res.			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/24/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Dobin		First Danielle		MI	Contribution ID # 0091
Residential Street Address 3 Yankee Hill Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Investor		Name of Employer Self Employee			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/24/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Dominique Johnson 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Savin		First Candice		MI	Contribution ID # 0092
Residential Street Address 17 Twin Falls Ln		City Westport		State CT	Zip Code 06880
Principal Occupation Attorney		Name of Employer Law Office			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/24/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Corsaro		First Irene		MI	Contribution ID # 0093
Residential Street Address 36 Borglum Rd		City Wilton		State CT	Zip Code 06897
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/24/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Balliett		First Jennifer		MI T	Contribution ID # 0094
Residential Street Address 6 Crossland Pl		City Norwalk		State CT	Zip Code 06851
Principal Occupation Candle Maker		Name of Employer Zena Moon			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/24/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Kanchanagom		First Patra		MI	Contribution ID # 0095
Residential Street Address 12 Birchwood Ln		City Westport		State CT	Zip Code 06880
Principal Occupation Homemaker		Name of Employer Homemaker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/24/2026	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
Friends of Dominique Johnson 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Karr		First John		MI	Contribution ID # 0096
Residential Street Address 19 Heron Rd		City East Norwalk		State CT	Zip Code 06855
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/25/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Sharp		First Julie		MI	Contribution ID # 0097
Residential Street Address 6 Tulip Tree Ln		City Norwalk		State CT	Zip Code 06851
Principal Occupation Instructor		Name of Employer Southern CT State			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/26/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Savin		First Candice		MI	Contribution ID # 0098
Residential Street Address 17 Twin Falls Ln		City Westport		State CT	Zip Code 06880
Principal Occupation Attorney		Name of Employer Law Office			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/27/2026	Aggregate Contributions \$5.00	\$5.00

Last Name McCarthy		First Roslynne		MI	Contribution ID # 0099
Residential Street Address 7 Bonnybrook Rd		City Norwalk		State CT	Zip Code 06850
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/28/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Dominique Johnson 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name McMurrer		First Ryan		MI	Contribution ID # 0100
Residential Street Address 71 Gregory Blvd		City Norwalk		State CT	Zip Code 06855
Principal Occupation Attorney		Name of Employer Berkeley Re.			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/29/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Connor		First Claudia		MI	Contribution ID # 0101
Residential Street Address 11 Green Hill Rd		City Norwalk		State CT	Zip Code 06850
Principal Occupation NP Lead		Name of Employer Church World Serv.			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Radecki		First Tucker		MI	Contribution ID # 0102
Residential Street Address 20 Scott St		City Norwalk		State CT	Zip Code 06851
Principal Occupation Inv. Manager		Name of Employer Upsher Mgmt			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Parkin		First Olivia		MI	Contribution ID # 0103
Residential Street Address 7 Shadow Ln		City Norwalk		State CT	Zip Code 06851
Principal Occupation Assoc Dir.		Name of Employer FactSet			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$20.00	\$20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Dominique Johnson 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Osorio		First Fanny		MI	Contribution ID # 0104
Residential Street Address 45 Fair St		City Norwalk		State CT	Zip Code 06851
Principal Occupation Aide		Name of Employer Home Choice			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Klauza		First Niki		MI	Contribution ID # 0105
Residential Street Address 29 Muriel St		City Norwalk		State CT	Zip Code 06851
Principal Occupation Homemaker		Name of Employer Homemaker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Steinberg		First Jonathan		MI P	Contribution ID # 0106
Residential Street Address 1 Bushy Ridge Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Legislator		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 J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Westmoreland		First David		MI G	Contribution ID # 0107
Residential Street Address 50 Elmwood Ave		City Norwalk		State CT	Zip Code 06854
Principal Occupation Architect		Name of Employer Tuliptree Site			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Dominique Johnson 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name McAllister		First Jennifer		MI	Contribution ID # 0108
Residential Street Address 31 Dairy Farm Rd		City Norwalk		State CT	Zip Code 06851
Principal Occupation Corp Finance		Name of Employer Pyxus			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$5.00	\$5.00

Last Name W.		First April		MI	Contribution ID # 0109
Residential Street Address 1 Ox Yoke Ln		City Norwalk		State CT	Zip Code 06851
Principal Occupation Event Planner		Name of Employer G&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 J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$20.26	\$20.26

Last Name Cormier		First Catherine		MI A	Contribution ID # 0110
Residential Street Address 159 Winfield St		City Norwalk		State CT	Zip Code 06855
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Papadopoulos		First Terry		MI T	Contribution ID # 0111
Residential Street Address 11 Suburban Dr		City Norwalk		State CT	Zip Code 06851
Principal Occupation Re		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Dominique Johnson 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Tauscher		First Nancy		MI P	Contribution ID # 0112
Residential Street Address 14 Honey Hill Rd		City Norwalk		State CT	Zip Code 06851
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Jellerette		First Diane		MI M	Contribution ID # 0113
Residential Street Address 25 Ellen St		City Norwalk		State CT	Zip Code 06851
Principal Occupation Director		Name of Employer Norwalk Hist Soc			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Parker		First Greg		MI	Contribution ID # 0114
Residential Street Address 81 William St		City Norwalk		State CT	Zip Code 06851
Principal Occupation Manager		Name of Employer BYK USA LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Garfunkel		First Andy		MI	Contribution ID # 0115
Residential Street Address 41 Beau St		City Norwalk		State CT	Zip Code 06850
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Dominique Johnson 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Wade		First Amy		MI	Contribution ID # 0116
Residential Street Address 21 Highbrook Rd		City Norwalk		State CT	Zip Code 06851
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Kimmich		First Daniela		MI	Contribution ID # 0117
Residential Street Address 93 Dry Hill Rd		City Norwalk		State CT	Zip Code 06851
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Ezzes		First James		MI	Contribution ID # 0118
Residential Street Address 1A Punch Bowl Dr		City Westport		State CT	Zip Code 06880
Principal Occupation Contractor		Name of Employer Soundview Build			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Mushak		First Mike		MI	Contribution ID # 0119
Residential Street Address 50 Elmwood Ave		City Norwalk		State CT	Zip Code 06854
Principal Occupation Architect		Name of Employer Tuliptree Site			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Dominique Johnson 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Pryde		First Linda		MI H	Contribution ID # 0120
Residential Street Address 134 Regents Park		City Westport		State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Dorantes		First Vannessa		MI L	Contribution ID # 0121
Residential Street Address 10 Haskins Rd		City Windsor		State CT	Zip Code 06095
Principal Occupation Philanthropy		Name of Employer Casey Family			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Hultgren		First Aaron		MI	Contribution ID # 0122
Residential Street Address 12 Birchwood Ln		City Westport		State CT	Zip Code 06880
Principal Occupation Physician		Name of Employer NYU Medicine			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$50.00	\$50.00

Total of Section B					\$5,556.26
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Total on Line 14, Column A of Summary Page)					\$5,556.26

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT	
Friends of Dominique Johnson 26					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?		Amount of Contribution
				Yes No If yes, list Event #		
City	State	Zip Code	Date Received	Aggregate Contributions		
Total of Section C1						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE					TYPE OF REPORT	
Friends of Dominique Johnson 26					April 10 Filing - Amendment	
C2. Reimbursements or Surplus Distributions from other Committees						
Name of Committee				Name of Treasurer		
Address				Date Received		Amount of Receipt
City	State	Zip Code	Payment Type			
			Reimbursement for shared expense Surplus distribution from exploratory committee			
Expenditure #	Description					
Total of Section C2						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Friends of Dominique Johnson 26	April 10 Filing - Amendment

D. Loans Received this Period

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Friends of Dominique Johnson 26	April 10 Filing - Amendment

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

Date of Receipt 02/09/2026	Method of Payment ☐ Cash ☒ Personal Check ☐ Credit/Debit Card	Amount \$100.00
Total of Section E		\$100.00

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Friends of Dominique Johnson 26	April 10 Filing - Amendment

G. Interest from Deposits in Authorized Accounts

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE		TYPE OF REPORT	
Friends of Dominique Johnson 26		April 10 Filing - Amendment	
H. Public Grant Funds Received from the Citizens' Election Fund			
Purpose of Grant:	Grant Cycle:	Date Received	Amount
Initial Grant Adjustment Supplemental/Post Election Deficit	Primary General Election Special Election		
Total of Section H			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE		TYPE OF REPORT		
Friends of Dominique Johnson 26		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	
Friends of Dominique Johnson 26		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	
Friends of Dominique Johnson 26		April 10 Filing - Amendment	
J3. In-Kind Donations Not Considered Contributions			
Name of the Donor			
Street Address		City	State Zip Code
Donation Given by:	Description of Donation		Fair Market Value of Donation
Individual			
Business Entity	Date Received	Event #	Aggregate value for this event
Sole Proprietorship			
Total of Section J3			

II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Dominique Johnson 26	April 10 Filing - Amendment

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

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

Total of Section J4**III. NONMONETARY RECEIPTS (Sections K - L)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Dominique Johnson 26	April 10 Filing - Amendment

K. In-Kind Contributions

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

Total of Section K

III. Non Monetary Receipts (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Dominique Johnson 26	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
Name of Telephone company			Amount of Deposit
Street Address	City	State	
Total of Section L			

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Dominique Johnson 26	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Day Campaign		Date of Payment 02/18/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 112 Bloomfield Ave		City Windsor	State CT	Zip Code 06095
Purpose of Expendit OVHD	Description Setup Fee			Amount \$200.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee New Way Strategies		Date of Payment 03/15/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 47 Avonwood Rd # 212		City Avon	State CT	Zip Code 06001
Purpose of Expendit A-OTH	Description Texting Setup Fee			Amount \$375.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee New Way Strategies		Date of Payment 03/15/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 47 Avonwood Rd # 212		City Avon	State CT	Zip Code 06001
Purpose of Expendit CNSLT	Description Retainer Fee 1			Amount \$700.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Dominique Johnson 26	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee Day Campaign		Date of Payment 03/31/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 112 Bloomfield Ave		City Windsor	State CT	Zip Code 06095
Purpose of Expendit OVHD	Description Credit Card Merchant Fees			Amount \$274.41
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	
Total of Section N				\$1,549.41

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Dominique Johnson 26	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	
Friends of Dominique Johnson 26				April 10 Filing - Amendment	
P. Expenses Incurred on Committee Credit Card					
Name of Issuing Institution			Type of Credit Card: Visa Master Card Discover American Express Other		
Name of Vendor				Date of Transaction	
Street Address			City		State
					Zip Code
Purpose of Expenditure (by code)	Description				Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No		Expenditure # (if applicable)	Event #		
If yes, assign an Expenditure # and complete Itemization in Addendum P					
Total of Section P					

IV. EXPENDITURES (Sections N - S)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Friends of Dominique Johnson 26				April 10 Filing - Amendment	
Q. Expenses Incurred By Committee but Not Paid During this Period					
Name of Creditor				Date Incurred	
Street Address			City		State
					Zip Code
Purpose of Expenditure (by code)	Description				Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No		Expenditure # (if applicable)	Event #		
If yes, assign an Expenditure # and completes Itemization in Addendum Q					
Total of Section Q					

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Dominique Johnson 26	April 10 Filing - Amendment

R. Itemization of Reimbursements and Secondary Payees

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

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Dominique Johnson 26	April 10 Filing - Amendment

S. Surplus Distribution of Equipment and Furniture

Name of Recipient				
Street Address	City	State	Zip Code	Original Purchase Amount of Item
Description of Item				
Total of Section S				

Section J4. ADDENDUM

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

Section N. ADDENDUM

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

Section P. ADDENDUM

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

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

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