SEEC FORM 30
Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised February 2015

Electronic Filing

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COVER PAGE

1.NAME OF COMMITTEE	2. TYPE OF COMMITTEE
Jim Jinks for CT	[x] Candidate Committee [ ] Exploratory Committee

3. TREASURER NAME

First	MI	Last	Suffix
Deena	**M**	**Allard**	

4. TREASURER ADDRESS

Street Address	City	State	Zip Code
118 Elmwood Dr	**Cheshire**	**CT**	**06410**

5. ELECTION DATE	6. OFFICE SOUGHT *(Complete only if Candidate Committee)*	7. DISTRICT NUMBER *(if applicable)*
11/03/2026	**State Senator**	**S013**

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

First	MI	Last	Suffix
Jim		**Jinks**	

9. TYPE OF REPORT

April 10 Filing - Amendment

10. PERIOD COVERED

Beginning Date		Ending Date
01/01/2026	thru	**03/31/2026**

11. CERTIFICATION

[x] I hereby certify and state, under penalties of false statement, that all of the information set forth on this **Itemized Campaign Finance Disclosure Statement** for the period covered is true, accurate and complete.

Electronic Filing	**Deena Allard**	**07/30/2026 11:23:28AM**
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED

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

SEEC FORM 30
Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised February 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
Jim Jinks for CT	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)	**$13,132.00**	**$13,132.00**
15. Receipts from Other Committees (Sections C1 and C2)	**$0.00**	**$0.00**
16. Other Monetary Receipts (Section D through I)	**$0.00**	**$0.00**
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	**$0.00**	**$0.00**
18. Total Monetary Receipts (add totals for lines 14 through 17)	**$13,132.00**	**$13,132.00**
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	**$13,132.00**	**$13,132.00**
20. Expenses Paid by Committee (Section N)	**$7,046.65**	**$7,046.65**
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	**$6,085.35**	**$6,085.35**
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)	**$160.00**	**$160.00**
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)	**$183.00**	**$183.00**
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
Jim Jinks for CT	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	First	MI	Contribution ID #
Talbot	Carol	W	0003

Residential Street Address	City	State	Zip Code
1271 Lilac Ct	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 01/08/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Talbot	Peter	J	0002

Residential Street Address	City	State	Zip Code
1271 Lilac Ct	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 01/08/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
McKinley	Patricia	A	0001

Residential Street Address	City	State	Zip Code
100 Lanyon Dr	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 01/08/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Rayner	Alisha		0004

Residential Street Address	City	State	Zip Code
29 S Fair St	Guilford	CT	06437

Principal Occupation	Name of Employer
Consultant	DNA Campaigns

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

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

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

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 01/10/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Cullinan	Courtney		0005

Residential Street Address	City	State	Zip Code
420 Sheridan Dr	Cheshire	CT	06410

Principal Occupation	Name of Employer
Chief of staff	State of ct

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

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

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

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 01/12/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Villa	Francis		0022

Residential Street Address	City	State	Zip Code
1020 Danard Pl	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 01/13/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Villa	FJudy		0021

Residential Street Address	City	State	Zip Code
1020 Danard Pl	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 01/13/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Palmer	Aidan		0020

Residential Street Address	City	State	Zip Code
385 Mountain Rd	Cheshire	CT	06410

Principal Occupation: unemployed

Name of Employer: unemployed

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

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

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

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 01/13/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Nugent	Casey		0019

Residential Street Address	City	State	Zip Code
290 Timber Ln	Cheshire	CT	06410

Principal Occupation: President

Name of Employer: Job Well Done Remodeling

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

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

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

Amount of Contribution: $250.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 01/13/2026

Aggregate Contributions: $250.00

Last Name	First	MI	Contribution ID #
Morgan	Josh		0018

Residential Street Address	City	State	Zip Code
138 Eastgate Dr	Cheshire	CT	06410

Principal Occupation: Communications

Name of Employer: State of CT

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 01/13/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Lubchansky	Amy		0017

Residential Street Address	City	State	Zip Code
2008 Fogarty Ave	Key West	FL	33040

Principal Occupation: Senior chef/storyteller

Name of Employer: KWCS

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 01/13/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Kulla	Lia		0016

Residential Street Address	City	State	Zip Code
83 Colonial Rd	Plainfield	CT	06374

Principal Occupation: Paraeducator

Name of Employer: Plainfield Board of Ed

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

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

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

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 01/13/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
King	Patti		0015

Residential Street Address	City	State	Zip Code
54 Old Towne Rd	Cheshire	CT	06410

Principal Occupation: Town Clerk

Name of Employer: Town of Cheshire

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 01/13/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Esposito	Maura		0014

Residential Street Address	City	State	Zip Code
30 Holly Rd	Cheshire	CT	06410

Principal Occupation: Health Director

Name of Employer: Town of Cromwell

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

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

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

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 01/13/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Downes	Casey		0013

Residential Street Address	City	State	Zip Code
250 Patton Dr	Cheshire	CT	06410

Principal Occupation: Part time office

Name of Employer: Connecticut Beverage Mart

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

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

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

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 01/13/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Doerr	Kristi		0012

Residential Street Address	City	State	Zip Code
12 Penny Ln	Wallingford	CT	06492

Principal Occupation	Name of Employer
AVP Tax	Richemont North America Inc

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

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

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

Amount of Contribution: $200.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 01/13/2026

Aggregate Contributions: $200.00

Last Name	First	MI	Contribution ID #
De Carli	Robert		0011

Residential Street Address	City	State	Zip Code
22 Woodridge Dr	Cheshire	CT	06410

Principal Occupation	Name of Employer
Aerospace Technical Recruiter	Aquinas Consulting

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 01/13/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
COSGROVE	ELLEN		0010

Residential Street Address	City	State	Zip Code
579 N Brooksvale Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 01/13/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Cobern	Martin		0009

Residential Street Address	City	State	Zip Code
7 Carriage House Way	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 01/13/2026

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
BRADLEY	Therese		0008

Residential Street Address	City	State	Zip Code
373 N Brooksvale Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
Project manager	AVISPL

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received	Aggregate Contributions
01/13/2026	$25.00

Last Name	First	MI	Contribution ID #
Behrer	Robert		0007

Residential Street Address	City	State	Zip Code
435 Squire Hill Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received	Aggregate Contributions
01/13/2026	$25.00

Last Name	First	MI	Contribution ID #
Arsenault	Terri		0006

Residential Street Address	City	State	Zip Code
152 High Hill Rd	Wallingford	CT	06492

Principal Occupation	Name of Employer
Scientist	State of CT

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

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

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

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received	Aggregate Contributions
01/13/2026	$50.00

Last Name	First	MI	Contribution ID #
vumbaca	frank		0031

Residential Street Address	City	State	Zip Code
34 Glen Ct	Cheshire	CT	06410

Principal Occupation	Name of Employer
Firefighter	State of Connecticut

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

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

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

Amount of Contribution: $40.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received	Aggregate Contributions
01/14/2026	$40.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Talbot	Lindsay		0030

Residential Street Address	City	State	Zip Code
1271 Lilac Ct	Cheshire	CT	06410

Principal Occupation	Name of Employer
Accounts Receivable Assistant	Regency House of Wallingford

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

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

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

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 01/14/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Kramer	Harold		0029

Residential Street Address	City	State	Zip Code
77 Cherry St	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 01/14/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Godfrey	Tricia		0028

Residential Street Address	City	State	Zip Code
115 Round Hill Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $40.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 01/14/2026

Aggregate Contributions: $40.00

Last Name	First	MI	Contribution ID #
Fitzgerald	Taylor		0027

Residential Street Address	City	State	Zip Code
168 Nob Hill Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
student	student

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 01/14/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Fitzgerald	Heather		0026

Residential Street Address	City	State	Zip Code
168 Nob Hill Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
Managing Director	Yale University

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

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

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

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 01/14/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Fitzgerald	Kaelyn		0025

Residential Street Address	City	State	Zip Code
168 Nob Hill Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
student	student

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 01/14/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
deBear	Joanna		0024

Residential Street Address	City	State	Zip Code
11 Shire Ct	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 01/14/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Affie	Christopher		0023

Residential Street Address	City	State	Zip Code
204 Peck Ln	Cheshire	CT	06410

Principal Occupation	Name of Employer
Teacher	The Gilbert 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: $15.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 01/14/2026

Aggregate Contributions: $15.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Knudsen	Daniel		0033

Residential Street Address	City	State	Zip Code
48 Mt Sanford Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
Snow Plower	Dan Knudsen Snow Plowing

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 01/15/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Jinks	Elaine	M	0032

Residential Street Address	City	State	Zip Code
16 Ann St	Plainfield	CT	06374

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $300.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 01/15/2026

Aggregate Contributions: $300.00

Last Name	First	MI	Contribution ID #
Purtill	John		0034

Residential Street Address	City	State	Zip Code
353 Wiese Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
CPA	Purtill & Company PC

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

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

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

Amount of Contribution: $340.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 01/16/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
DiLeo	Mary		0036

Residential Street Address	City	State	Zip Code
441 Patton Dr	Cheshire	CT	06410

Principal Occupation	Name of Employer
Marketing Communications	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: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 01/17/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Celona	Lisa		0035

Residential Street Address	City	State	Zip Code
170 Romulus Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
Spanish Professor Emerita	CT State Community College Tunxis

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 01/17/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Bartley	Ellen		0037

Residential Street Address	City	State	Zip Code
60 Brigadoon Dr	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 01/18/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Terzakis	Terry		0039

Residential Street Address	City	State	Zip Code
226 Mixville Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
Loan Originator	CrossCountry Mortgage

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

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

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

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 01/20/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Harris	Drew		0038

Residential Street Address	City	State	Zip Code
670 Cornwall Ave	Cheshire	CT	06410

Principal Occupation	Name of Employer
Professor	Central Connecticut State 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: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 01/20/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Twomey	Teresa		0043

Residential Street Address	City	State	Zip Code
670 Cornwall Ave	Cheshire	CT	06410

Principal Occupation	Name of Employer
unemployed	unemployed

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 01/21/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Elliott	Joshua		0042

Residential Street Address	City	State	Zip Code
28 Cobblestone Dr	Hamden	CT	06518-1749

Principal Occupation	Name of Employer
Owner	Thyme and Season

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

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

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

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 01/21/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
D'Albis	Donato		0041

Residential Street Address	City	State	Zip Code
579 Jarvis St	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 01/21/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Bemis	Jodi		0040

Residential Street Address	City	State	Zip Code
1009 Summit Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
Practice Manager	New Leaf Family Dentla

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

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

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

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 01/21/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Storck	Sandra		0053

Residential Street Address	City	State	Zip Code
231 Highland Ave	Wallingford	CT	06492

Principal Occupation	Name of Employer
Clinical Site Coordinator	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: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 01/22/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Ruscitti	Maria		0052

Residential Street Address	City	State	Zip Code
940 Prospect Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
Teacher	Danbury Public Schools

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

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

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

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 01/22/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Perez	Francisco		0051

Residential Street Address	City	State	Zip Code
1048 Peck Ln	Cheshire	CT	06410

Principal Occupation	Name of Employer
Manager	Citizens

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

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

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

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 01/22/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Jordan	Hap		0050

Residential Street Address	City	State	Zip Code
72 Broadview Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 01/22/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Jordan	Fellis		0049

Residential Street Address	City	State	Zip Code
72 Broadview Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 01/22/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Jinks	Ellie		0048

Residential Street Address	City	State	Zip Code
244 Academy Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
student	student

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 01/22/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Jinks	Grace		0047

Residential Street Address	City	State	Zip Code
244 Academy Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
Communications Fellow	Marathon Strategies

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 01/22/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Hickey	Thomas		0046

Residential Street Address	City	State	Zip Code
20 Ridgeview Pl	Cheshire	CT	06410

Principal Occupation	Name of Employer
physician	VA

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

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

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

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 01/22/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Duffy	Mairead		0045

Residential Street Address	City	State	Zip Code
20 Ridgeview Pl	Cheshire	CT	06410

Principal Occupation	Name of Employer
Teacher	Hamden Hall Country Day 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: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received	Aggregate Contributions
01/22/2026	$100.00

Last Name	First	MI	Contribution ID #
Alliger	Dana		0044

Residential Street Address	City	State	Zip Code
162 Lancaster Way	Cheshire	CT	06410

Principal Occupation	Name of Employer
Office assistant	Endodontic Associates of Greater Waterbury

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received	Aggregate Contributions
01/22/2026	$25.00

Last Name	First	MI	Contribution ID #
Forlenza	Mitchell		0054

Residential Street Address	City	State	Zip Code
391 Gunnar Ct	Cheshire	CT	06410

Principal Occupation	Name of Employer
President	AMS Acquisitions

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

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

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

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received	Aggregate Contributions
01/23/2026	$100.00

Last Name	First	MI	Contribution ID #
Slisz	Judith		0059

Residential Street Address	City	State	Zip Code
570 Payne Dr	Cheshire	CT	06410

Principal Occupation	Name of Employer
consultant	Judith Slisz Consulting

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received	Aggregate Contributions
01/25/2026	$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Jinks	Henry		0058

Residential Street Address	City	State	Zip Code
244 Academy Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
student	student

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

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

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

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 01/25/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Gusenburg	Richard		0057

Residential Street Address	City	State	Zip Code
50 Brittany Ct	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 01/25/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Farris	Rachel		0056

Residential Street Address	City	State	Zip Code
92 Dundee Dr	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 01/25/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Cardillo	Chad		0055

Residential Street Address	City	State	Zip Code
158 Hillcrest Ter	Meriden	CT	06450

Principal Occupation	Name of Employer
Teacher	Meriden BOE

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 01/25/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Pearson	Andrea Fiona		0063

Residential Street Address	City	State	Zip Code
100 Strathmore Dr	Cheshire	CT	06410

Principal Occupation	Name of Employer
Educator	CCSU

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

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

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

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 01/26/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Horsley	Valerie		0062

Residential Street Address	City	State	Zip Code
145 Filbert St	Hamden	CT	06517

Principal Occupation	Name of Employer
Professor	Yale

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

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

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

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 01/26/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Ellis	Scott		0061

Residential Street Address	City	State	Zip Code
100 Strathmore Dr	Cheshire	CT	06410

Principal Occupation	Name of Employer
Educator	SCSU

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

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

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

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 01/26/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Ellis	Danielle		0060

Residential Street Address	City	State	Zip Code
100 Strathmore Dr	Cheshire	CT	06410

Principal Occupation	Name of Employer
Legal Assistant	Bailey and Hershman PC

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

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

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

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 01/26/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Soble	Marlena		0066

Residential Street Address	City	State	Zip Code
25 Flagler Ave	Cheshire	CT	06410

Principal Occupation	Name of Employer
Attorney	Hamad Law Firm

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

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

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

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 01/27/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Monte	Laura		0065

Residential Street Address	City	State	Zip Code
1181 Sperry Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 01/27/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Kardaras	John		0064

Residential Street Address	City	State	Zip Code
58 Currier Way	Cheshire	CT	06410

Principal Occupation	Name of Employer
Atty	John Kardaras

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

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

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

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 01/27/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Zartman	Justin		0067

Residential Street Address	City	State	Zip Code
158 Hillcrest Ter	Meriden	CT	06450

Principal Occupation	Name of Employer
Lawyer	CT Education Association

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

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

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

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 01/27/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Hall~~	~~Matt~~		~~0068~~

Residential Street Address	City	State	Zip Code
~~445 Wallingford Rd~~	~~Cheshire~~	~~CT~~	~~06410~~

Principal Occupation	Name of Employer
~~Attorney~~	~~Self~~

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

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

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

Amount of Contribution: ~~$100.00~~

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: ~~01/28/2026~~

Aggregate Contributions: ~~$200.00~~

Last Name	First	MI	Contribution ID #
Hall	**Matt**		**0068**

Residential Street Address	City	State	Zip Code
445 Wallingford Rd	**Cheshire**	**CT**	**06410**

Principal Occupation	Name of Employer
Attorney	**Law Offices of Matthew S. Hall, LLC**

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

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

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

Amount of Contribution: **$100.00**

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: **01/28/2026**

Aggregate Contributions: **$100.00**

Last Name	First	MI	Contribution ID #
Belanger	Marc		0069

Residential Street Address	City	State	Zip Code
365 Maple Ave	Cheshire	CT	06410

Principal Occupation	Name of Employer
Fundraiser	Choate Rosemary Hall

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 01/29/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Belanger	Jackie		0070

Residential Street Address	City	State	Zip Code
365 Maple Ave	Cheshire	CT	06410

Principal Occupation	Name of Employer
Fundraiser	Save the Sound

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 01/29/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Doheny	Carol		0071

Residential Street Address	City	State	Zip Code
86 Chipman Dr	Cheshire	CT	06410

Principal Occupation	Name of Employer
Tax Preparer	Carol Doheny

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

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

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

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received	Aggregate Contributions
01/29/2026	$10.00

Last Name	First	MI	Contribution ID #
Nann	John		0072

Residential Street Address	City	State	Zip Code
25 Flagler Ave	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received	Aggregate Contributions
01/29/2026	$5.00

Last Name	First	MI	Contribution ID #
Smith	Christopher		0073

Residential Street Address	City	State	Zip Code
606 Cortland Cir	Cheshire	CT	06410

Principal Occupation	Name of Employer
lobbyist	Rome Smith Kowalski

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

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

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

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received	Aggregate Contributions
01/29/2026	$100.00

Last Name	First	MI	Contribution ID #
Levine	Matthew		0074

Residential Street Address	City	State	Zip Code
25 Kelly Ct	Cheshire	CT	06410

Principal Occupation	Name of Employer
Attorney	Conn Office of Attorbey General

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

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

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

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received	Aggregate Contributions
01/30/2026	$10.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Cooper	Katie		0075

Residential Street Address	City	State	Zip Code
10 Main St	Cheshire	CT	06410

Principal Occupation	Name of Employer
Teacher	Cheshire Academy

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

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

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

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions
01/31/2026	$50.00

Last Name	First	MI	Contribution ID #
Peng	Liping		0076

Residential Street Address	City	State	Zip Code
1801 Cheshire St	Cheshire	CT	06410

Principal Occupation	Name of Employer
Accountant	Yale New Haven Health

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

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

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

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions
02/01/2026	$50.00

Last Name	First	MI	Contribution ID #
Giddings	Joanna		0077

Residential Street Address	City	State	Zip Code
503 Oak Ridge Dr	Cheshire	CT	06410

Principal Occupation	Name of Employer
unemployed	unemployed

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions
02/01/2026	$25.00

Last Name	First	MI	Contribution ID #
Calaluce Jr	Paul		0078

Residential Street Address	City	State	Zip Code
75 Dundee Dr	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received	Aggregate Contributions
02/01/2026	$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Fricke	Mindy		0079

Residential Street Address	City	State	Zip Code
40 Orleton Ct	Cheshire	CT	06410

Principal Occupation	Name of Employer
PT	Easterseals

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 02/02/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Dillman	Susan		0080

Residential Street Address	City	State	Zip Code
875 Wolf Hill Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 02/03/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Chaconis	Kerry		0081

Residential Street Address	City	State	Zip Code
60 George Ave	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 02/03/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Allard	Thomas		0082

Residential Street Address	City	State	Zip Code
118 Elmwood Dr	Cheshire	CT	06410

Principal Occupation	Name of Employer
Sales and Coaching	DBAT

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

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

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

Amount of Contribution: $20.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 02/03/2026

Aggregate Contributions: $20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Block	James		0083

Residential Street Address	City	State	Zip Code
60 Contour Dr	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $35.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 02/03/2026

Aggregate Contributions: $35.00

Last Name	First	MI	Contribution ID #
Connell	John		0084

Residential Street Address	City	State	Zip Code
136 Southwick Ct	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 02/04/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Horowitz	Marla		0085

Residential Street Address	City	State	Zip Code
3 Brookfield Ct	Cheshire	CT	06410

Principal Occupation	Name of Employer
Substitute Teacher	Kelly Educational Services

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

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

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

Amount of Contribution: $20.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 02/04/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Dillon	Jennifer	A	0086

Residential Street Address	City	State	Zip Code
7 Lake View Dr	Ashford	CT	06278

Principal Occupation	Name of Employer
Health Coach	You Peace Wellness

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

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

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

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event #: 02052026A

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

Date Received: 02/05/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Downes	Stephen	E	0087

Residential Street Address	City	State	Zip Code
250 Patton Dr	Cheshire	CT	06410

Principal Occupation: Manager/Owner

Name of Employer: Connecticut Beverage Mart/Berlin Corp

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

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

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

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 02052026A

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

Date Received: 02/05/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Gagliardi	Ronald	A	0088

Residential Street Address	City	State	Zip Code
5 Dover Ct	Cheshire	CT	06410

Principal Occupation: retired

Name of Employer: retired

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 02052026A

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

Date Received: 02/05/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Gagliardi	Diane	L	0089

Residential Street Address	City	State	Zip Code
5 Dover Ct	Cheshire	CT	06410

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: $8.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 02052026A

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

Date Received: 02/05/2026

Aggregate Contributions: $8.00

Last Name	First	MI	Contribution ID #
Larusso	Sally	A	0090

Residential Street Address	City	State	Zip Code
28 Chipman Dr	Cheshire	CT	06410

Principal Occupation: Assistant Claims

Name of Employer: Physicians Claims 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: $20.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 02052026A

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

Date Received: 02/05/2026

Aggregate Contributions: $20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Larusso	Chistopher	J	0091

Residential Street Address	City	State	Zip Code
28 Chipman Dr	Cheshire	CT	06410

Principal Occupation	Name of Employer
Area Sales Manager	Audi

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

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

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

Amount of Contribution: $20.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 02052026A

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

Date Received: 02/05/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Linehan	Finnegan		0092

Residential Street Address	City	State	Zip Code
405 Sycamore Ln	Cheshire	CT	06410

Principal Occupation	Name of Employer
student	student

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 02052026A

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

Date Received: 02/05/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Linehan	Connor		0093

Residential Street Address	City	State	Zip Code
405 Sycamore Ln	Cheshire	CT	06410

Principal Occupation	Name of Employer
student	student

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 02052026A

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

Date Received: 02/05/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Madeux	Michelle	I	0094

Residential Street Address	City	State	Zip Code
128 Pleasant Dr	Cheshire	CT	06410

Principal Occupation	Name of Employer
Professor of Nursing	Arizona College of Nursing

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

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

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

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 02052026A

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

Date Received: 02/05/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Madeux	Laurent		0095

Residential Street Address	City	State	Zip Code
128 Pleasant Dr	Cheshire	CT	06410

Principal Occupation	Name of Employer
Business Analyst	Elevance Health

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

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

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

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 02052026A

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

Date Received: 02/05/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Manke	Debra		0096

Residential Street Address	City	State	Zip Code
1725 Cheshire St	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 02052026A

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

Date Received: 02/05/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Mckenney	Shannon	M	0097

Residential Street Address	City	State	Zip Code
272 Beacon Hill Dr	Cheshire	CT	06410

Principal Occupation	Name of Employer
unemployed	unemployed

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

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

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

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 02052026A

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

Date Received: 02/05/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
McKenney	Patricia	E	0098

Residential Street Address	City	State	Zip Code
272 Beacon Hill Dr	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 02052026A

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

Date Received: 02/05/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
McKenney	James	J	0099

Residential Street Address	City	State	Zip Code
272 Beacon Hill Dr	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 02052026A

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

Date Received: 02/05/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Morrissey	Thomas	F	0100

Residential Street Address	City	State	Zip Code
270 Argyle Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 02052026A

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

Date Received: 02/05/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Morrissey	Linda	B	0101

Residential Street Address	City	State	Zip Code
270 Argyle Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $20.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 02052026A

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

Date Received: 02/05/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Rodgers	Margaret	B	0102

Residential Street Address	City	State	Zip Code
71 Lancaster Way	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 02052026A

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

Date Received: 02/05/2026

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Rodgers	James	E	0103

Residential Street Address	City	State	Zip Code
71 Lancaster Way	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 02052026A

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

Date Received: 02/05/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Talbot	John	M	0104

Residential Street Address	City	State	Zip Code
381 Crown St # 107	Meriden	CT	06450

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $20.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 02052026A

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

Date Received: 02/05/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Todisco	Paullette		0105

Residential Street Address	City	State	Zip Code
1617 Sturbridge Ct	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $20.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 02052026A

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

Date Received: 02/05/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Todisco	Louis	B	0106

Residential Street Address	City	State	Zip Code
1617 Sturbridge Ct	Cheshire	CT	06410

Principal Occupation	Name of Employer
Lawyer	State of Connecticut

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

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

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

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 02052026A

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

Date Received: 02/05/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Ferguson	Jami		0107

Residential Street Address	City	State	Zip Code
101 Coniston Ave	Waterbury	CT	06708

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 02052026A

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

Date Received: 02/05/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Van Ness	Ethan		0108

Residential Street Address	City	State	Zip Code
4702 Underwood St	Riverdale	MD	20737

Principal Occupation	Name of Employer
Congressional Staffer	U.S. House of Representatives

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

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

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

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 02052026A

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

Date Received: 02/05/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Sewitch	Nancy		0109

Residential Street Address	City	State	Zip Code
53 Amherst Dr	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 02052026A

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

Date Received: 02/05/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Wilson	Timothy		0110

Residential Street Address	City	State	Zip Code
157 Harrison Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
Human resources	State of Connecticut

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

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

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

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 02052026A

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

Date Received: 02/05/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Spino	Andrea		0111

Residential Street Address	City	State	Zip Code
157 Harrison Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
RN	Yale New Haven hospital

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

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

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

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 02052026A

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

Date Received: 02/05/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Healy	Nina		0112

Residential Street Address	City	State	Zip Code
219 Main St	Rockfall	CT	06481

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 02052026A

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

Date Received: 02/05/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Healy	Timothy		0113

Residential Street Address	City	State	Zip Code
219 Main St	Rockfall	CT	06481

Principal Occupation	Name of Employer
Scientist	Byk

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

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

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

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 02052026A

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

Date Received: 02/05/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Daly	Kevin		0114

Residential Street Address	City	State	Zip Code
1112 Wolf Hill Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
Teacher	Derby Public Schools

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

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

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

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 02052026A

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

Date Received: 02/05/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Ecke	Mark		0115

Residential Street Address	City	State	Zip Code
159 Eastgate Dr	Cheshire	CT	06410

Principal Occupation	Name of Employer
Teacher	Cheshire Academy

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

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

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

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 02052026A

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

Date Received: 02/05/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Fitzgerald	Heather		0116

Residential Street Address	City	State	Zip Code
168 Nob Hill Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
Managing Director	Yale University

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

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

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

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 02052026A

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

Date Received: 02/05/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Healy	Norah		0117

Residential Street Address	City	State	Zip Code
219 Main St	Rockfall	CT	06481

Principal Occupation	Name of Employer
student	student

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

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

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

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 02052026A

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

Date Received: 02/05/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Redeker	Jim		0118

Residential Street Address	City	State	Zip Code
55 Teds Ct	Cheshire	CT	06410

Principal Occupation	Name of Employer
Consultant	IMEG

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

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

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

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 02052026A

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

Date Received: 02/05/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Daly	Cheryl		0119

Residential Street Address	City	State	Zip Code
1112 Wolf Hill Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
Teacher	Stratford Public Schools

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

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

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

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 02052026A

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

Date Received: 02/05/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Redeker	Nancy		0120

Residential Street Address	City	State	Zip Code
55 Teds Ct	Cheshire	CT	06410

Principal Occupation	Name of Employer
Professor	UConn

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

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

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

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 02052026A

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

Date Received: 02/05/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Healy	Finn		0121

Residential Street Address	City	State	Zip Code
219 Main St	Rockfall	CT	06481

Principal Occupation	Name of Employer
student	student

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

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

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

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 02052026A

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

Date Received: 02/05/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Healy	Aidan		0122

Residential Street Address	City	State	Zip Code
219 Main St	Rockfall	CT	06481

Principal Occupation	Name of Employer
student	student

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

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

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

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 02052026A

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

Date Received: 02/05/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Maloney	Kathleen		0123

Residential Street Address	City	State	Zip Code
452 Sharon Dr	Cheshire	CT	06410

Principal Occupation	Name of Employer
Realtor	Coldwell Banker

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

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

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

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 02052026A

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

Date Received: 02/05/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Perez	Megan		0124

Residential Street Address	City	State	Zip Code
1048 Peck Ln	Cheshire	CT	06410

Principal Occupation	Name of Employer
Teacher	Southington Public Schools

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

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

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

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 02052026A

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

Date Received: 02/05/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
thompson	charles		0125

Residential Street Address	City	State	Zip Code
125 Nob Hill Rd , P.O Box 1146	Cheshire	CT	06410

Principal Occupation	Name of Employer
Attorney	The flood law firm

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

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

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

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 02052026A

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

Date Received: 02/05/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
thompson	Ana		0126

Residential Street Address	City	State	Zip Code
125 Nob Hill Rd , P.O Box 1146	Cheshire	CT	06410

Principal Occupation	Name of Employer
Attorney	The flood law firm

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

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

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

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 02052026A

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

Date Received: 02/05/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Levens	Doug		0127

Residential Street Address	City	State	Zip Code
72 Chipman Dr	Cheshire	CT	06410

Principal Occupation	Name of Employer
ED	Cheshire Commuity YMCA

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

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

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

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 02052026A

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

Date Received: 02/05/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Levens	Liz		0128

Residential Street Address	City	State	Zip Code
72 Chipman Dr	Cheshire	CT	06410

Principal Occupation	Name of Employer
MD	Waterbury Pulmonary Associates

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

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

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

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 02052026A

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

Date Received: 02/05/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Stapleton	Joseph		0129

Residential Street Address	City	State	Zip Code
191 Brook Ln	Cheshire	CT	06410

Principal Occupation	Name of Employer
unemployed	unemployed

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 02052026A

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

Date Received: 02/05/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Maynard	Steve		0130

Residential Street Address	City	State	Zip Code
165 Mixville Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
Machine operator	Precision Resource

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 02/06/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Kochman	Ronald		0131

Residential Street Address	City	State	Zip Code
408 Payne Dr	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 02/06/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Henri	Sean		0132

Residential Street Address	City	State	Zip Code
137 Half Moon Rd .	Cheshire	CT	06410

Principal Occupation	Name of Employer
Owner	Pepperland Marketing

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

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

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

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 02/06/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Kochman	Kathleen		0133

Residential Street Address	City	State	Zip Code
408 Payne Dr	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 02/06/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Jinks	Margaret		0134

Residential Street Address	City	State	Zip Code
244 Academy Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 02/06/2026

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Archibald	Pat		0135

Residential Street Address	City	State	Zip Code
459 Wood Pond Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 02/06/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Olson	Maril		0136

Residential Street Address	City	State	Zip Code
1647 N Greenbrier St	Arlington	VA	22205

Principal Occupation	Name of Employer
Program Manager	NPGA

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

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

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

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 02/06/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Jaramillo	Susan		0137

Residential Street Address	City	State	Zip Code
1564 Waterbury Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
Psychologist	Psychological Associates of Cheshire

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 02/06/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Levens	Eric		0138

Residential Street Address	City	State	Zip Code
72 Chipman Dr	Cheshire	CT	06410

Principal Occupation	Name of Employer
student	student

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

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

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

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 02/06/2026

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Meyers	George		0139

Residential Street Address	City	State	Zip Code
856 Farmington Dr	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 02/07/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Meyers	Jonathan		0140

Residential Street Address	City	State	Zip Code
856 Farmington Dr	Cheshire	CT	06410

Principal Occupation	Name of Employer
Assistant Librarian	New Haven Public Library

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

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

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

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 02/07/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Flynn	John		0141

Residential Street Address	City	State	Zip Code
123 Southington Ave	Southington	CT	06489

Principal Occupation	Name of Employer
Front End	Lowes

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

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

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

Amount of Contribution: $30.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 02/08/2026

Aggregate Contributions: $30.00

Last Name	First	MI	Contribution ID #
Hershman	Jay		0142

Residential Street Address	City	State	Zip Code
262 Preston Ter	Cheshire	CT	06410

Principal Occupation	Name of Employer
Attorney	Baillie & Hershman PC

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

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

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

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 02/08/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Szechtman	Joan		0143

Residential Street Address	City	State	Zip Code
917 Ward Ln	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 02/08/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Long	Maureen		0144

Residential Street Address	City	State	Zip Code
29 S Pond Cir	Cheshire	CT	06410

Principal Occupation	Name of Employer
Professor/Scientist	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: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 02/08/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Connell	John		0145

Residential Street Address	City	State	Zip Code
136 Southwick Ct	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 02/08/2026

Aggregate Contributions: $75.00

Last Name	First	MI	Contribution ID #
Stapleton	Lori		0146

Residential Street Address	City	State	Zip Code
191 Brook Ln	Cheshire	CT	06410

Principal Occupation	Name of Employer
music teacher	Cheshire Voice

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 02/08/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Lawall	Lina		0147

Residential Street Address	City	State	Zip Code
15 Brittany Ct	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 02/08/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Wells	John		0148

Residential Street Address	City	State	Zip Code
50 Cornwall Ave	Cheshire	CT	06410

Principal Occupation	Name of Employer
Technical Solutions Engineer	Ivanti

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

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

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

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section 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: $100.00

Last Name	First	MI	Contribution ID #
Smardin	Joanne		0149

Residential Street Address	City	State	Zip Code
33 Alyssa Dr	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 02/09/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Owen	Madeline		0150

Residential Street Address	City	State	Zip Code
397 Country Club Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 02/09/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Wagner	Laura		0151

Residential Street Address	City	State	Zip Code
435 Budding Ridge Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 02/09/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Dooley	William		0152

Residential Street Address	City	State	Zip Code
265 Farm Meadow Ln	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 02/09/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Dooley	Kathleen		0153

Residential Street Address	City	State	Zip Code
265 Farm Meadow Ln	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 02/09/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Cramer	Tricia		0154

Residential Street Address	City	State	Zip Code
189 S Brooksvale Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
Legislative staff	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: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 02/10/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Hourgan	Marian		0155

Residential Street Address	City	State	Zip Code
101 Lanyon Dr	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 02/10/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
McGuffin	Kevin		0156

Residential Street Address	City	State	Zip Code
96 Towpath Ln	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 02/11/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Joe	Clerkin		0157

Residential Street Address	City	State	Zip Code
1146 Fox Hill Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
Admin analyst	Town of Wethersfield

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 02/12/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Schnitzer	Karen		0158

Residential Street Address	City	State	Zip Code
18 Currier Pl	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 02/12/2026

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Spencer	Nathaniel		0159

Residential Street Address	City	State	Zip Code
156 College St Apt 2	Middletown	CT	06457

Principal Occupation	Name of Employer
Executive Assistant	State of Connecticut

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 02/12/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Harrigan	Anne	M	0160

Residential Street Address	City	State	Zip Code
720 Ward Ln	Cheshire	CT	06410

Principal Occupation	Name of Employer
Faculty	Quinnipiac 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: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 02/13/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Saxton	Michael	P	0161

Residential Street Address	City	State	Zip Code
720 Ward Ln	Cheshire	CT	06410

Principal Occupation	Name of Employer
Coding Specialist	CPA

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

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

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

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 02/13/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Saxton	Bradley		0162

Residential Street Address	City	State	Zip Code
720 Ward Ln	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 02/13/2026

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Looker	Aleta	G	0163

Residential Street Address	City	State	Zip Code
139 Cook Hill Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 02/14/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Sprague Clerkin	Leslie		0164

Residential Street Address	City	State	Zip Code
1146 Fox Hill Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
Consultant	LLSC Consulting, 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: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 02/16/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Braga	Cynthia		0165

Residential Street Address	City	State	Zip Code
1188 Wolf Hill Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 02/16/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Cordova	Joseph		0166

Residential Street Address	City	State	Zip Code
1188 Wolf Hill Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 02/16/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Sprague Clerkin	Leslie		0167

Residential Street Address	City	State	Zip Code
1146 Fox Hill Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
Consultant	LLSC Consulting, 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: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 02/16/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Pinkus	Kate		0168

Residential Street Address	City	State	Zip Code
385 Hayledge Ct	Cheshire	CT	06410

Principal Occupation	Name of Employer
Behavioral Health Therapist	Community Health Center

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

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

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

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 02/17/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Pinkus	Jared		0169

Residential Street Address	City	State	Zip Code
385 Hayledge Ct	Cheshire	CT	06410

Principal Occupation	Name of Employer
Info Systems	Travelers

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

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

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

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 02/17/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Palermo	Raymond		0170

Residential Street Address	City	State	Zip Code
395 Ward St	Wallingford	CT	06492

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 02/17/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Fowler	Danielle		0171

Residential Street Address	City	State	Zip Code
1747 Plank Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
Senior Associate Director of Digitization & Automa	Boehringer Ingelheim

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

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

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

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section 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

Last Name	First	MI	Contribution ID #
Celella	Caitlin		0172

Residential Street Address	City	State	Zip Code
36 Fawn Dr	Cheshire	CT	06410

Principal Occupation	Name of Employer
ESL professor	Legionaries of Christ Seminary

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section 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: $25.00

Last Name	First	MI	Contribution ID #
Austin	Cecil		0173

Residential Street Address	City	State	Zip Code
380 Hitchcock Rd Unit 39	Waterbury	CT	06705

Principal Occupation	Name of Employer
owner	C&H Insurance 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: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 02/17/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Liu	Jared		0174

Residential Street Address	City	State	Zip Code
59 Curtis Ave	Wallingford	CT	06492

Principal Occupation	Name of Employer
Education	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: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 02/17/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Pangaro	Keisha		0175

Residential Street Address	City	State	Zip Code
190 Hotchkiss Rdg	Cheshire	CT	06410

Principal Occupation	Name of Employer
Scheduling coordinator	Feldman orthodontics

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

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

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

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section 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

Last Name	First	MI	Contribution ID #
Tomassi	Alexa		0176

Residential Street Address	City	State	Zip Code
40 S Meadow Ln	Meriden	CT	06450

Principal Occupation	Name of Employer
Communications Officer	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: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 02/17/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Teng	Wei		0177

Residential Street Address	City	State	Zip Code
573 Cook Hill Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
BI Developer	Yale New Haven Health

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

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

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

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section 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

Last Name	First	MI	Contribution ID #
Bonitz	Joy		0178

Residential Street Address	City	State	Zip Code
73 George Ave	Cheshire	CT	06410

Principal Occupation	Name of Employer
Data Domain Manager	Travelers

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 02/18/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Bellair	Marisa		0179

Residential Street Address	City	State	Zip Code
115 Birch Dr	Cheshire	CT	06410

Principal Occupation	Name of Employer
Trial Lawyer	LTKE Law

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

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

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

Amount of Contribution: $340.00

Is this contribution associated with an event reported in Section 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: $340.00

Last Name	First	MI	Contribution ID #
Bellair	Randolph		0180

Residential Street Address	City	State	Zip Code
115 Birch Dr	Cheshire	CT	06410

Principal Occupation	Name of Employer
COO	LTKE Law

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

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

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

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section 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: $50.00

Last Name	First	MI	Contribution ID #
Barillaro	Alice		0181

Residential Street Address	City	State	Zip Code
45 Evelen Ct	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 02/18/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Barillaro	Ed		0182

Residential Street Address	City	State	Zip Code
45 Evelen Ct	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 02/18/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Sisson	Elaine C		0183

Residential Street Address	City	State	Zip Code
82 Paul Hts	Southington	CT	06489

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 02/18/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
McGuffin	Kevin		0184

Residential Street Address	City	State	Zip Code
96 Towpath Ln	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 02/18/2026

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Henri	Kelly		0185

Residential Street Address	City	State	Zip Code
1375 Half Moon Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
homemaker	homemaker

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 02/18/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Slisz	Ronald		0186

Residential Street Address	City	State	Zip Code
570 Payne Dr	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 02/18/2026

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Gentry	Mark		0187

Residential Street Address	City	State	Zip Code
151 Percival Dr	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 02/18/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Morgenstein	Larry		0188

Residential Street Address	City	State	Zip Code
177 S Main St	Wallingford	CT	06492

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 02/18/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Schaefer	Larry		0189

Residential Street Address	City	State	Zip Code
15 Brittany Ct	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 02/18/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Rooney	Kate		0190

Residential Street Address	City	State	Zip Code
160 Towpath Ln	Cheshire	CT	06410

Principal Occupation	Name of Employer
nurse practitioner	PPSNE

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

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

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

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section 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

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Kirby	Kathleen		0191

Residential Street Address	City	State	Zip Code
15 Brentwood Dr	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 02/18/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Kirby	James		0192

Residential Street Address	City	State	Zip Code
15 Brentwood Dr	Cheshire	CT	06410

Principal Occupation	Name of Employer
Chemistry Professor	Quinnipiac 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: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 02/18/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Smith	Thomas		0193

Residential Street Address	City	State	Zip Code
37 Wallingford Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 02/19/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Farris	Rachel		0194

Residential Street Address	City	State	Zip Code
92 Dundee Dr	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 02/19/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Gromko	Derek		0195

Residential Street Address	City	State	Zip Code
352 Beacon Hill Dr	Cheshire	CT	06410

Principal Occupation	Name of Employer
Insurance	Gromko Insurance Agency

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 02/19/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
DiPietro	D. Carol		0196

Residential Street Address	City	State	Zip Code
377 Patton Dr	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 02/19/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Harris	Debra		0197

Residential Street Address	City	State	Zip Code
757 Reservoir Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
Sales	Almirall

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section 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: $25.00

Last Name	First	MI	Contribution ID #
DesPlaines	Edward		0198

Residential Street Address	City	State	Zip Code
847 Marion Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
Embedded Software Engineer	Airgas

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

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

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

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section 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: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Parry	Heide		0199

Residential Street Address	City	State	Zip Code
58 Currier Way	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 02/20/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Allard	Scott		0200

Residential Street Address	City	State	Zip Code
118 Elmwood Dr	Cheshire	CT	06410

Principal Occupation	Name of Employer
Police Officer	City of West Haven

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section 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: $25.00

Last Name	First	MI	Contribution ID #
Talbot	Lindsay		0201

Residential Street Address	City	State	Zip Code
1271 Lilac Ct	Cheshire	CT	06410

Principal Occupation	Name of Employer
Customer support	Gilbert and Jones

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

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

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

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 02/22/2026

Aggregate Contributions: $15.00

Last Name	First	MI	Contribution ID #
COBERN	Doris		0202

Residential Street Address	City	State	Zip Code
7 Carriage House Way	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 02/24/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Yacavone	Katherine		0203

Residential Street Address	City	State	Zip Code
15 Copper Valley Ct	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

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

Date Received: 02/25/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
BRADLEY	Therese		0204

Residential Street Address	City	State	Zip Code
373 N Brooksvale Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
PROJECT MANAGER	AVISPL

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section 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: $50.00

Last Name	First	MI	Contribution ID #
Miller	Nicole		0205

Residential Street Address	City	State	Zip Code
8 N Pond Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
Treasury	Otis Elevator

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

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

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

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section 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

Last Name	First	MI	Contribution ID #
Mellitt	Kristen		0206

Residential Street Address	City	State	Zip Code
13 Chesterwood Ct	Cheshire	CT	06410

Principal Occupation	Name of Employer
Editor	Goodheart-Willcox Publisher

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section 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: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Gagliardi	Diane		0207

Residential Street Address	City	State	Zip Code
5 Dover Ct	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 02272026A

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

Date Received: 02/27/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Grahame	Robert	E	0208

Residential Street Address	City	State	Zip Code
870 Marion Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 02/27/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Grahame	Theresa	M	0209

Residential Street Address	City	State	Zip Code
870 Marion Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
retirred	retired

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 02/27/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Pope	Jennifer		0210

Residential Street Address	City	State	Zip Code
37 Woodstock Rd	Hamden	CT	06517

Principal Occupation	Name of Employer
Clinical Research Manager	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: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 02/27/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Fusco	Michael		0211

Residential Street Address	City	State	Zip Code
562 New Haven Rd	Durham	CT	06422

Principal Occupation	Name of Employer
Attorney	Travelers

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

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

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

Amount of Contribution: $340.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 02/28/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Sack	David		0212

Residential Street Address	City	State	Zip Code
60 Hiddden Pl	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 02/28/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Van Ness	Ethan		0213

Residential Street Address	City	State	Zip Code
4702 Underwood St # 824	Riverdale	MD	20737

Principal Occupation	Name of Employer
Congressional Staffer	U.S. House of Representatives

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

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

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

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

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

Date Received: 02/28/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Shannon	Christine		0214

Residential Street Address	City	State	Zip Code
55 Gilman St	East Hartford	CT	06108

Principal Occupation	Name of Employer
retired	retired

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

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $200.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/01/2026

Aggregate Contributions: $200.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Cullinan	Edmond		0215

Residential Street Address	City	State	Zip Code
495 Chestnut St	Cheshire	CT	06410

Principal Occupation	Name of Employer
State Marshal	Self employed

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section 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: $50.00

Last Name	First	MI	Contribution ID #
Cullinan	Anne Marie		0216

Residential Street Address	City	State	Zip Code
495 Chestnut St	Cheshire	CT	06410

Principal Occupation	Name of Employer
Educational Executive Coach	Connecticut Association of 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: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/02/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Fudge	Denise		0217

Residential Street Address	City	State	Zip Code
77 Powder Hill Rd	Middlefield	CT	06455

Principal Occupation	Name of Employer
project manager	thermo fisher

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section 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: $100.00

Last Name	First	MI	Contribution ID #
McKinley	Patricia	A	0218

Residential Street Address	City	State	Zip Code
100 Lanyon Dr	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $240.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/02/2026

Aggregate Contributions: $340.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Carr	Kathy		0219

Residential Street Address	City	State	Zip Code
165 York Rd	Middletown	CT	06457

Principal Occupation	Name of Employer
retired	retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/03/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Allen	Elizabeth		0220

Residential Street Address	City	State	Zip Code
442 Country Club Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/03/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Elder	Alma		0221

Residential Street Address	City	State	Zip Code
106 West St	Middlefield	CT	06455

Principal Occupation	Name of Employer
retired	retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/04/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
DiLeo	John		0222

Residential Street Address	City	State	Zip Code
441 Patton Dr	Cheshire	CT	06410

Principal Occupation	Name of Employer
Audio Engineer	John DiLeo

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section 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: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Jim Jinks for CT	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Hunihan	David		0223

Residential Street Address	City	State	Zip Code
1259 Lilac Ct	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/05/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Hunihan	Lisa		0224

Residential Street Address	City	State	Zip Code
1259 Lilac Ct	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/05/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Wium	Christine		0225

Residential Street Address	City	State	Zip Code
972 Wolf Hill Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
Vice President	East Coast Mechanical Inc

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/05/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Elder	Robert	W	0226

Residential Street Address	City	State	Zip Code
106 West St	Middlefield	CT	06455

Principal Occupation	Name of Employer
retired	retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: 03/05/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
colacrai	maria		0227

Residential Street Address	City	State	Zip Code
678 Wiese Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/06/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
colacrainone	william		0228

Residential Street Address	City	State	Zip Code
678 Wiese Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/06/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
~~Bufithis~~	~~Carol~~		~~0229~~

Residential Street Address	City	State	Zip Code
~~7 Way Rd~~	~~Cheshire~~	~~CT~~	~~06410~~

Principal Occupation	Name of Employer
~~Massage Therapist~~	~~Therapeutic Massage Center~~

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: ~~$25.00~~

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: ~~03/07/2026~~

Aggregate Contributions: ~~$50.00~~

Last Name	First	MI	Contribution ID #
Volo17	Rosalie		0230

Residential Street Address	City	State	Zip Code
17 Rem Dr	Meriden	CT	06451

Principal Occupation	Name of Employer
retired	retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/07/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Bufithis	**Carol**		**0229**

Residential Street Address	City	State	Zip Code
7 Way Rd	**Cheshire**	**CT**	**06410**

Principal Occupation	Name of Employer
Massage Therapist	**Therapeutic Massage Center**

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received	Aggregate Contributions	Amount of Contribution
03/07/2026	**$25.00**	**$25.00**

Last Name	First	MI	Contribution ID #
Johnson	Patrick		0231

Residential Street Address	City	State	Zip Code
67 Sunbright Dr S	Meriden	CT	06450

Principal Occupation	Name of Employer
Business Controller	Sectra

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received	Aggregate Contributions	Amount of Contribution
03/08/2026	$5.00	$5.00

Last Name	First	MI	Contribution ID #
Affie	Jeanine		0232

Residential Street Address	City	State	Zip Code
204 Peck Ln	Cheshire	CT	06410

Principal Occupation	Name of Employer
Middle Schhol Teacher	The Gilbert 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

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received	Aggregate Contributions	Amount of Contribution
03/08/2026	$5.00	$5.00

Last Name	First	MI	Contribution ID #
Wright	Patricia		0233

Residential Street Address	City	State	Zip Code
12 Hawthorne Dr	Cheshire	CT	06410

Principal Occupation	Name of Employer
RN	Nurse Network

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received	Aggregate Contributions	Amount of Contribution
03/08/2026	$25.00	$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Blake	Janet		0234

Residential Street Address	City	State	Zip Code
365 Cornwall Ave	Cheshire	CT	06410

Principal Occupation	Name of Employer
publishing	Janet Blake

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received	Aggregate Contributions
03/10/2026	$25.00

Last Name	First	MI	Contribution ID #
LaRusso	Troy		0235

Residential Street Address	City	State	Zip Code
28 Chipman Dr	Cheshire	CT	06410

Principal Occupation	Name of Employer
Plumbers Apprentice	American Industrial Services

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received	Aggregate Contributions
03/10/2026	$5.00

Last Name	First	MI	Contribution ID #
Zuerblis	Madison		0236

Residential Street Address	City	State	Zip Code
26 Gracewell Rd	Wethersfield	CT	06109

Principal Occupation	Name of Employer
Banker	Citizens bank

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received	Aggregate Contributions
03/11/2026	$10.00

Last Name	First	MI	Contribution ID #
Dowcett	Tricia		0237

Residential Street Address	City	State	Zip Code
84 Fenn Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
Teacher	Hamden Hall

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received	Aggregate Contributions
03/12/2026	$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
LARUSSO	Derek		0238

Residential Street Address	City	State	Zip Code
28 Chipman Dr	Cheshire	CT	06410

Principal Occupation	Name of Employer
Assistant Site Coordinator	Cheshire YMCA

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/12/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Bickici	Kubra		0239

Residential Street Address	City	State	Zip Code
26 Norton Pl Apt 1	Plainville	CT	06062

Principal Occupation	Name of Employer
Teller	Citizens bank

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/12/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Jordan	Hap		0240

Residential Street Address	City	State	Zip Code
72 Broadview Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/13/2026

Aggregate Contributions: $75.00

Last Name	First	MI	Contribution ID #
Kunz	Ben		0241

Residential Street Address	City	State	Zip Code
553 Busk Ct	Cheshire	CT	06410

Principal Occupation	Name of Employer
Chief Strategy Officer	Mediassociates

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/13/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Flugrad	Ed		0242

Residential Street Address	City	State	Zip Code
52 Savage St	Plantsville	CT	06479

Principal Occupation	Name of Employer
Software Engineer	Finalsite

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $20.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/13/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Truluck	Carol		0243

Residential Street Address	City	State	Zip Code
81 Old Lane Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
Financia Adviserl	Asset Adviser Group

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/15/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Brennan	Theresa		0244

Residential Street Address	City	State	Zip Code
35 Trout Brook Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/16/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Brennan	Jim		0245

Residential Street Address	City	State	Zip Code
35 Trout Brook Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
Attorney	Brennan Law Firm, LLC

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/16/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Fostyni	Heathir		0246

Residential Street Address	City	State	Zip Code
1248 Cheshire St	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/17/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Pasha	Nola		0247

Residential Street Address	City	State	Zip Code
20 Nichole Ct	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/17/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Pasha	Mohammad		0248

Residential Street Address	City	State	Zip Code
20 Nichole Ct	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/17/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Cella	Alida		0249

Residential Street Address	City	State	Zip Code
172 N Whittlesey Ave	Wallingford	CT	06492

Principal Occupation	Name of Employer
Director of Funding	Greenskies Clean Energy 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: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/17/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Emery	Elizabeth		0250

Residential Street Address	City	State	Zip Code
76 W Poplar Rd	Middletown	CT	06457

Principal Occupation	Name of Employer
retired	retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/19/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
LaRue	Jacqueline		0251

Residential Street Address	City	State	Zip Code
38 McKenna Dr	Middletown	CT	06457

Principal Occupation	Name of Employer
Publisher/Yale University Press	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: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/20/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Lopez	Brian		0252

Residential Street Address	City	State	Zip Code
44 Guinevere Rdg	Cheshire	CT	06410

Principal Occupation	Name of Employer
Teacher	Cheshire Public Schools

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/21/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Hunter	Kathleen		0253

Residential Street Address	City	State	Zip Code
177 N Orchard St	Wallingford	CT	06492

Principal Occupation	Name of Employer
Engineer	Burns & McDonnell

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section 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: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Fletcher	Noel		0254

Residential Street Address	City	State	Zip Code
105 Sorghum Mill Dr	Cheshire	CT	06410

Principal Occupation	Name of Employer
Compliance	UnitedHealth Group

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/23/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Dimmick	Charles		0255

Residential Street Address	City	State	Zip Code
60 Broadview Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/23/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
LaFrance-Proscino	Frances		0256

Residential Street Address	City	State	Zip Code
14 Jackson Ave	Wallingford	CT	06492

Principal Occupation	Name of Employer
retired	retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/23/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Owen	Stephen		0257

Residential Street Address	City	State	Zip Code
397 Country Club Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
Retired	retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/24/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Jinks	Marie		0258

Residential Street Address	City	State	Zip Code
244 Academy Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
sales	Cigna

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $340.00

Is this contribution associated with an event reported in Section 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: $340.00

Last Name	First	MI	Contribution ID #
Adinolfi	Jane		0259

Residential Street Address	City	State	Zip Code
85 Richmond Glen Dr	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/24/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Benson	Tracy		0260

Residential Street Address	City	State	Zip Code
42 Creamery Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/25/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Byron	Jordan		0261

Residential Street Address	City	State	Zip Code
305 Woodpond R	Cheshire	CT	06410

Principal Occupation	Name of Employer
Software Engineer	InCloudCouncil, LLC

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section 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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Riccio	Judi		0262

Residential Street Address	City	State	Zip Code
16 E Ridge Ct	Cheshire	CT	06410

Principal Occupation	Name of Employer
Teaching & Photography	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: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/26/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Acampora	Marc		0263

Residential Street Address	City	State	Zip Code
335 Beacon Hill Dr	Cheshire	CT	06410

Principal Occupation	Name of Employer
Sales	Informa

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event #: 03262026A

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/26/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
caplqn	jean		0264

Residential Street Address	City	State	Zip Code
40 Sorghum Mill Dr	Cheshire	CT	06410

Principal Occupation	Name of Employer
Family Nurse Practitioner	Ikpact Health PC

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $54.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event #: 03262026A

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/26/2026

Aggregate Contributions: $54.00

Last Name	First	MI	Contribution ID #
Works	Sancha		0265

Residential Street Address	City	State	Zip Code
80 Spring St	Cheshire	CT	06410

Principal Occupation	Name of Employer
Investigator	State of CT CHRO

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event #: 03262026A

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/26/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Haskes	Cheryl		0266

Residential Street Address	City	State	Zip Code
45 Kemsington Ct	Cheshire	CT	06410

Principal Occupation	Name of Employer
Optometrist	Veteran's Affairs

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 03262026A

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/26/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Szechtman	Joan		0267

Residential Street Address	City	State	Zip Code
917 Ward Ln	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/26/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Tomassi	Alexa		0268

Residential Street Address	City	State	Zip Code
40 S Meadow Ln	Meriden	CT	06450

Principal Occupation	Name of Employer
Communications Officer	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: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/26/2026

Aggregate Contributions: $15.00

Last Name	First	MI	Contribution ID #
Wolff	Gregory		0269

Residential Street Address	City	State	Zip Code
842 W Main St	Cheshire	CT	06410-3934

Principal Occupation	Name of Employer
Clerk	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: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/26/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Forlenza	Sandi		0270

Residential Street Address	City	State	Zip Code
391 Gunnar Ct	Cheshire	CT	06410

Principal Occupation	Name of Employer
homemaker	homemaker

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/26/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Linton	Nancy		0271

Residential Street Address	City	State	Zip Code
130 Oregon Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/26/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Palmer	Aidan		0272

Residential Street Address	City	State	Zip Code
385 Mountain Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
Events coordinator	Josh 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: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/27/2026

Aggregate Contributions: $35.00

Last Name	First	MI	Contribution ID #
Caruso	Valentino		0273

Residential Street Address	City	State	Zip Code
23 Eld St	New Haven	CT	06511

Principal Occupation	Name of Employer
Pharmacy Manager	Cvs health

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/27/2026

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Truluck	Carol		0274

Residential Street Address	City	State	Zip Code
81 Old Lane Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
RIA	Asset Adviser Group

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/27/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Esty	Dan		0275

Residential Street Address	City	State	Zip Code
213 Preston Ter	Cheshire	CT	06410

Principal Occupation	Name of Employer
professor	Yale

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $250.00

Is this contribution associated with an event reported in Section 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: $250.00

Last Name	First	MI	Contribution ID #
Baker	Patricia		0276

Residential Street Address	City	State	Zip Code
341 S Brooksvale Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/27/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Sisson	Elaine C		0277

Residential Street Address	City	State	Zip Code
82 Paul Hts	Southington	CT	06489

Principal Occupation	Name of Employer
retired	retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/27/2026

Aggregate Contributions: $150.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
BRADLEY	Therese		0278

Residential Street Address	City	State	Zip Code
373 N Brooksvale Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
Project manager	AVISPL

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section 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: $75.00

Last Name	First	MI	Contribution ID #
Jinks	Ellie		0279

Residential Street Address	City	State	Zip Code
244 Academy Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
student	student

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $250.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/27/2026

Aggregate Contributions: $275.00

Last Name	First	MI	Contribution ID #
Tu	Danny		0280

Residential Street Address	City	State	Zip Code
55 George Ave	Cheshire	CT	06410

Principal Occupation	Name of Employer
Contract	Aetna

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event #: 03262026A

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/27/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Tu	Jane		0281

Residential Street Address	City	State	Zip Code
55 George Ave	Cheshire	CT	06410

Principal Occupation	Name of Employer
Production Manager	Bio Techne

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event #: 03262026A

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/27/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Gabriele	Timothy		0282

Residential Street Address	City	State	Zip Code
18 Renee Ln	North Haven	CT	06473

Principal Occupation	Name of Employer
Recruiting Coordinator	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: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/27/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Kloiber	Heather		0283

Residential Street Address	City	State	Zip Code
485 Squire Hill Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
School Counselor	Wallingford Board of Ed

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event #: 03262026A

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/27/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Gusenburg	Nedra		0284

Residential Street Address	City	State	Zip Code
50 Brittany Ct	Cheshire	CT	06410-3748

Principal Occupation	Name of Employer
retired	retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/28/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Hauser	Michaela		0285

Residential Street Address	City	State	Zip Code
35 Hidden Pl	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/28/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Jim Jinks for CT

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Mutty	Erin		0286

Residential Street Address	City	State	Zip Code
141 Nob Hill Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
Calligrapher	Nob Hill Jane

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section 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: $50.00

Last Name	First	MI	Contribution ID #
De Carli	Ken		0287

Residential Street Address	City	State	Zip Code
22 Woodridge Dr	Cheshire	CT	06410

Principal Occupation	Name of Employer
Retail Sales Consultant	AT&T

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/29/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Bettencourt	Bryan		0288

Residential Street Address	City	State	Zip Code
84 Fenn Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
Software Engineer	RTX

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/29/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Hunter	Carolyn		0289

Residential Street Address	City	State	Zip Code
435 Squire Hill Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #:

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/29/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Jim Jinks for CT	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Behrer	Robert		0290

Residential Street Address	City	State	Zip Code
435 Squire Hill Rd	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $50.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/29/2026

Aggregate Contributions: $75.00

Last Name	First	MI	Contribution ID #
Fallon	Michael		0291

Residential Street Address	City	State	Zip Code
28 Prospect St	Middletown	CT	06457

Principal Occupation	Name of Employer
Outreach Director	U.S. Senate

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section 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: $25.00

Last Name	First	MI	Contribution ID #
Kramer	Harold		0292

Residential Street Address	City	State	Zip Code
77 Cherry St	Cheshire	CT	06410

Principal Occupation	Name of Employer
retired	retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $10.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/30/2026

Aggregate Contributions: $35.00

Last Name	First	MI	Contribution ID #
Allard	Caitlyn		0293

Residential Street Address	City	State	Zip Code
118 Elmwood Dr	Cheshire	CT	06410

Principal Occupation	Name of Employer
Customer Service	D-Bat

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/31/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Jim Jinks for CT	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
McClanahan	Rebecca		0294
Residential Street Address	**City**	**State**	**Zip Code**
42 Robin Ct	Middletown	CT	06457

Principal Occupation	Name of Employer
retired	retired

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

Amount of Contribution: $5.00

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No

If yes, list Event #

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 03/31/2026

Aggregate Contributions: $5.00

Total of Section B	**$13,132.00**
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Total on Line 14, Column A of Summary Page)*	**$13,132.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Jim Jinks for CT	April 10 Filing - Amendment

C1. Contributions from Other Committees

Name of Committee	Name of Treasurer

Address	Is this contribution associated with an event reported in Section J1? Yes No If yes, list Event #	Amount of Contribution

City	State	Zip Code	Date Received	Aggregate Contributions

Total of Section C1	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Jim Jinks for CT	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
Jim Jinks for CT	April 10 Filing - Amendment

D. Loans Received this Period

Name of Lender		Source of Loan: Bank Candidate Individual Other		Date of Receipt
Street Address	City	State	Zip Code	Is there a cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)				**Amount Received**
Street Address	City	Stat	Zip Code	
			Total of Section D	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Jim Jinks for CT	April 10 Filing - Amendment

E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)

Date of Receipt	Method of Payment	Amount
	Cash Personal Check Credit/Debit Card	
	Total of Section E	

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Jim Jinks for CT	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
Jim Jinks for CT	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
Jim Jinks for CT	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
Jim Jinks for CT	April 10 Filing - Amendment

J1. Event Information

Event #	Date of Event	Letter	Description	Was this a fundraising event?
	02/05/2026	A	Other Event	[X] Yes [ ] No

Location: Street Address	City	State	Zip Code
125 Commerce Ct Ste 7	Cheshire	CT	06410

Was this event hosted at a personal residence? [ ] Yes [X] No — if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations.

Did this fundraiser include items donated by a business entity of up to $200 or items donated by an individual of up to $100? [ ] Yes [X] 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 [X] No — (If yes, enter Total Receipts here.) $0.00

Event #	Date of Event	Letter	Description	Was this a fundraising event?
	02/27/2026	A	Meet and Greet Event	[X] Yes [ ] No

Location: Street Address	City	State	Zip Code
386 Main St	Middletown	CT	06457

Was this event hosted at a personal residence? [ ] Yes [X] No — if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations.

Did this fundraiser include items donated by a business entity of up to $200 or items donated by an individual of up to $100? [ ] Yes [X] 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 [X] No — (If yes, enter Total Receipts here.) $0.00

Event #	Date of Event	Letter	Description	Was this a fundraising event?
	03/26/2026	A	Home Fundraiser	[X] Yes [ ] No

Location: Street Address	City	State	Zip Code
168 Nob Hill Rd	Cheshire	CT	06410

Was this event hosted at a personal residence? [X] Yes [ ] No — if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations.

Did this fundraiser include items donated by a business entity of up to $200 or items donated by an individual of up to $100? [ ] Yes [X] 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 [X] No — (If yes, enter Total Receipts here.) $0.00

Total of Section J1	$0.00

II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Jim Jinks for CT	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
Jim Jinks for CT	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?
Heather Fitgerald	☐ Yes ☒ No — If yes, complete Itemization in Addendum J4

Street Address	City	State	Zip Code
168 Nob Hill Rd	Cheshire	CT	06410

Description of Donation	Fair Market Value of Donation
approximate cost of food and beverages (recipts not retained by host)	$160.00

Event #	Aggregate value of this Event - all hosts	Aggregate value of all Events - this host/candidate
03262026A	$160.00	$160.00

Total of Section J4	**$160.00**

III. NONMONETARY RECEIPTS (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Jim Jinks for CT	April 10 Filing - Amendment

K. In-Kind Contributions

Name

Street Address | City | State | Zip Code

Is this contribution associated with an event reported in Section J1? Yes / No

If yes, list Event#

Description of In-Kind Contribution

Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes / No

Is contributor a principal of a state contractor or prospective state contractor? Yes / No

If yes, indicate which branch or branches of government the contract is with: Executive / Legislative

Fair Market Value of this Contribution

Type of Contributor: Individual / Committee / Sole Proprietorship

Date Received

Aggregate contributions

Total of Section K

III. Non Monetary Receipts (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Jim Jinks for CT	April 10 Filing - Amendment

L. Refundable Deposit to Telephone Company

Last Name of Individual | First Name | MI | Date Deposit Made

Residential Street Address | City | State | Zip Code | Amount of Deposit

Name of Telephone company

Street Address | City | State | Zip Code

Total of Section L

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Jim Jinks for CT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Prentis Printing	01/31/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
35 Pratt St	Meriden	CT	06450-0126

Purpose of Expendit	Description	Amount
PRNT	Table Cards, Walk Cards, Donation Forms	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$110.07

Name of Payee	Date of Payment	Method of Payment
Campaign Verify	02/01/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
1215 31st St NW	Washington	DC	20007-9998

Purpose of Expendit	Description	Amount
Misc *		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$95.00

Name of Payee	Date of Payment	Method of Payment
Cheshire Craft Brew	02/03/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
125 Commerce Ct Ste 7	Cheshire	CT	06410-1243

Purpose of Expendit	Description	Amount
FNDR *	Reservation free for Kickoff event on 2/5/26	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		02052026A	$600.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Jim Jinks for CT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Pops Pizza	02/05/2026	[X] Check # 1002 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
534 W Main St	Cheshire	CT	06410

Purpose of Expendit	Description	Amount
FOOD	Food for Kickoff Event at Cheshire Craft Brew (event 02052026A)	$50.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N		02052026A

Name of Payee	Date of Payment	Method of Payment
Nina Healy	02/10/2026	[X] Check # 1003 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
219 Main St	Middlefield	CT	06455

Purpose of Expendit	Description	Amount
FNDR *	Stop and Shop, Aldi, Dollar Tree Reimbursement for Kickoff event on 2/5 (02052026A)	$119.01

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N		02052026A

Name of Payee	Date of Payment	Method of Payment
Lori Fusco	02/10/2026	[X] Check # 1004 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
562 New Haven Rd	Durham	CT	06422

Purpose of Expendit	Description	Amount
FNDR *	Walmart, Walmart, Whole Foods expenses for Kickoff Event on 2/5 (event 02052026A)	$92.38

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N		02052026A

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Jim Jinks for CT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
DNA Campaigns, LLC	02/12/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
800 Village Walk # 248	Guilford	CT	06437

Purpose of Expendit	Description	Amount
CNSLT	Invoice Number 26-102	$2,950.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Ion Bank	02/27/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
PO Box 370	Naugatuck	CT	06770-0370

Purpose of Expendit	Description	Amount
BNK	Paper Statement Fee	$2.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Perk on Main	02/27/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
386 Main St	Middletown	CT	06457

Purpose of Expendit	Description	Amount
FOOD	Perk on Main Meet and Greet (02272026A)	$198.59

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		02272026A

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Jim Jinks for CT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot	**03/03/2026**	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave	**Dallas**	**TX**	**75206**

Purpose of Expendit	Description	Amount
REF	**External Withdrawal from Anedot SV9T 26453001172252501301**	**$4.90**

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
DNA Campaigns, LLC	03/08/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
800 Village Walk # 248	Guilford	CT	06437

Purpose of Expendit	Description	Amount
CNSLT	Invoice Number 26-106	$2,009.62

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Lori Fusco	03/10/2026	☒ Check # 1005 ☐ Debit Card ☐ EFT

Street Address	City	State	Zip Code
562 New Haven Rd	Durham	CT	06422

Purpose of Expendit	Description	Amount
FNDR *	Staples, Dollar Tree expenses for Perk on Main Meet and greet (02272026A)	$36.68

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 #: 02272026A

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Jim Jinks for CT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
~~United States Postal Services~~	~~03/21/2026~~	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
~~2321 Meriden Waterbury Tpke~~	~~Marion~~	~~CT~~	~~06444-9992~~

Purpose of Expendit	Description	Amount
~~POST~~	~~Postcard Stamps~~	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			~~$183.00~~

Name of Payee	Date of Payment	Method of Payment
Deena Allard	03/26/2026	☒ Check # 1006 ☐ Debit Card ☐ EFT

Street Address	City	State	Zip Code
118 Elmwood Dr	Cheshire	CT	06410

Purpose of Expendit	Description	Amount
OFFICE	Binder and copies needed to submit to SEEC	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$128.54

Name of Payee	Date of Payment	Method of Payment
Ion Bank	03/31/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
PO Box 370	Naugatuck	CT	06770-0370

Purpose of Expendit	Description	Amount
BNK	Paper Statement fee	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$2.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Jim Jinks for CT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Nina Healy	03/31/2026	[X] Check # 1007 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
219 Main St	Rockfall	CT	06481

Purpose of Expendit	Description	Amount
REF	Refund of Straw Contributions dated 2/5/26 #117 Norah Healy, #121 Finn Healy, #122 Aiden Healy	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$15.00

Name of Payee	Date of Payment	Method of Payment
Anedot	03/31/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
3723 Greenville Ave	Dallas	TX	75206

Purpose of Expendit	Description	Amount
Misc *	cost associated with online contributions received	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$532.86

Name of Payee	Date of Payment	Method of Payment
Christopher Smith	03/31/2026	[X] Check # 1008 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
606 Courtland Cir	Cheshire	CT	06410

Purpose of Expendit	Description	Amount
REF	Refund of contrib dated 1/29/26 (Anedot reference 260129614837)	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$100.00

Total of Section N	**$7,046.65**

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Jim Jinks for CT	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?
Jim Jinks	**03/21/2026**	☐ Yes ☒ No

Street Address	City	State	Zip Code	Amount
244 Academy Rd	**Cheshire**	**CT**	**06410**	

Purpose of Expenditure (by code)	Description	Event #	Amount
POST	**Post Card Stamps purchased by Candidate and not to be reimbursed to candidate**		**$183.00**

Total of Section O	**$183.00**

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Jim Jinks for CT	April 10 Filing - Amendment

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card: Visa Master Card Discover American Express Other

Name of Vendor	Date of Transaction

Street Address	City	State	Zip Code

Purpose of Expenditure (by code)	Description	Amount

Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes / No. If yes, assign an Expenditure # and complete Itemization in Addendum P	Expenditure # (if applicable)	Event #

Total of Section P	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Jim Jinks for CT	April 10 Filing - Amendment

Q. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor			Date Incurred	
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description		Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes / No If yes, assign an Expenditure # and completes Itemization in Addendum Q		Expenditure # (if applicable)	Event #	

Total of Section Q	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Jim Jinks for CT	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:
Fusco	Lori		01/26/2026	[X] Check # 1004 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Walmart

Street Address of Vendor	City	State	Zip Code
844 N Colony Rd	Wallingford	CT	06492

Purpose of Expenditure (by code)	Description
FNDR *	Expenses, for Kickoff event on 2/5/26

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R		02052026A	$28.13

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Healy	Nina		02/01/2026	[X] Check # 1003 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Dollar Tree

Street Address of Vendor	City	State	Zip Code
416 E Main St St 3	Middletown	CT	06457-4555

Purpose of Expenditure (by code)	Description
FNDR *	star decor

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R		02052026A	$31.91

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Jim Jinks for CT	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:
Fusco	Lori		02/05/2026	[X] Check # 1004 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Whole Foods

Street Address of Vendor	City	State	Zip Code
1985 Highland Ave	Cheshire	CT	06410

Purpose of Expenditure (by code)	Description
FNDR *	Food for Kickoff event

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R		02052026A	$20.95

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Healy	Nina		02/05/2026	[X] Check # 1003 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Aldi

Street Address of Vendor	City	State	Zip Code
671 Washington St	Middletown	CT	06457

Purpose of Expenditure (by code)	Description
FNDR *	Food for kickoff event

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R		02052026A	$64.80

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Jim Jinks for CT	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:
Healy	Nina		02/06/2026	[X] Check # 1003 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Stop and Shop

Street Address of Vendor	City	State	Zip Code
416 E Main St	Middletown	CT	06455

Purpose of Expenditure (by code)	Description
FNDR *	Food associated with Kickoff event on 2/5/26

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R		02052026A	$22.30

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Fusco	Lori		02/10/2026	[X] Check # 1004 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Walmart

Street Address of Vendor	City	State	Zip Code
844 N Colony Rd	Wallingford	CT	06492

Purpose of Expenditure (by code)	Description
FNDR *	cookies, food supplies

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R		02052026A	$43.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Jim Jinks for CT	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:
Romano	Patrick		02/12/2026	☐ Check # ☒ Debit Card ☐ EFT

Name of Vendor Paid by Committee Worker/Consultant: So Fair Media

Street Address of Vendor	City	State	Zip Code
29 S Fair St	Guilford	CT	06437

Purpose of Expenditure (by code)	Description
A-WEB	DNA Campaigns payment invoice 26-102 Purpose: Video/ad production $950.00 secondary payee is So Fair Media

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R			$950.00

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Romano	Patrick		02/12/2026	☐ Check # ☒ Debit Card ☐ EFT

Name of Vendor Paid by Committee Worker/Consultant: So Fair Media

Street Address of Vendor	City	State	Zip Code
29 S Fair St	Guilford	CT	06437

Purpose of Expenditure (by code)	Description
A-WEB	DNA Campaigns payment invoice 26-102 Purpose: Ad buy $2,000 secondary payee is So Fair Media

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R			$2,000.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Jim Jinks for CT	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:
Fusco	Lori		02/27/2026	[X] Check # 1005 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Dollar Tree

Street Address of Vendor	City	State	Zip Code
1175 N Colony Rd	Wallingford	CT	06492

Purpose of Expenditure (by code)	Description
FNDR *	Star foil decorations

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R		02272026A	$27.12

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Fusco	Lori		02/27/2026	[X] Check # 1005 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Staples

Street Address of Vendor	City	State	Zip Code
1145 N Colony Rd	Wallingford	CT	06492

Purpose of Expenditure (by code)	Description
FNDR *	Perk on Main fundraiser expenses (02272026A): Board

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R		02272026A	$9.56

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Jim Jinks for CT	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:
Allard	Deena	M	03/24/2026	[X] Check # 1006 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Staples

Street Address of Vendor	City	State	Zip Code
1145 N Colony Rd	Wallingford	CT	06492

Purpose of Expenditure (by code)	Description
OFFICE	Expenses incurred at Staples for creating copies needed for SEEC Grant application

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$28.48

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Allard	Deena	M	03/24/2026	[X] Check # 1006 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Staples

Street Address of Vendor	City	State	Zip Code
1145 N Colony Rd	Wallingford	CT	06492

Purpose of Expenditure (by code)	Description
OFFICE	Expenses incurred at Staples for creating copies needed for SEEC Grant application

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$1.54

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Jim Jinks for CT	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:
Allard	Deena	M	03/24/2026	[X] Check # 1006 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Staples

Street Address of Vendor	City	State	Zip Code
1145 N Colony Rd	Wallingford	CT	06492

Purpose of Expenditure (by code)	Description
OFFICE	Expenses incurred at Staples for creating copies needed for SEEC Grant application

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$6.89

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Allard	Deena	M	03/24/2026	[X] Check # 1006 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Staples

Street Address of Vendor	City	State	Zip Code
1145 N Colony Rd	Wallingford	CT	06492

Purpose of Expenditure (by code)	Description
OFFICE	Expenses incurred at Staples for creating copies needed for SEEC Grant application

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$3.45

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Jim Jinks for CT	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:
Allard	Deena	M	03/24/2026	[X] Check # 1006 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Staples

Street Address of Vendor	City	State	Zip Code
1145 N Colony Rd	Wallingford	CT	06492

Purpose of Expenditure (by code)	Description
OFFICE	Expenses incurred at Staples for creating copies needed for SEEC Grant application

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$12.13

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Allard	Deena	M	03/24/2026	[X] Check # 1007 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Staples

Street Address of Vendor	City	State	Zip Code
1145 N Colony Rd	Wallingford	CT	06492

Purpose of Expenditure (by code)	Description
OFFICE	Expenses incurred at Staples for creating copies needed for SEEC Grant application

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$2.38

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Jim Jinks for CT	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:
Allard	Deena	M	03/24/2026	[X] Check # 1006 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Staples

Street Address of Vendor	City	State	Zip Code
1145 N Colony Rd	Wallingford	CT	06492

Purpose of Expenditure (by code)	Description
OFFICE	Expenses incurred at Staples for creating copies needed for SEEC Grant application

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$3.40

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Allard	Deena	M	03/24/2026	[X] Check # 1006 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Staples

Street Address of Vendor	City	State	Zip Code
1145 N Colony Rd	Wallingford	CT	06492

Purpose of Expenditure (by code)	Description
OFFICE	Expenses incurred at Staples for creating copies needed for SEEC Grant application

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$0.68

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Jim Jinks for CT	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:
Allard	Deena	M	03/24/2026	[X] Check # 1006 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Staples

Street Address of Vendor	City	State	Zip Code
1145 N Colony Rd	Wallingford	CT	06492

Purpose of Expenditure (by code)	Description
OFFICE	Expenses incurred at Staples for creating copies needed for SEEC Grant application

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$1.02

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Allard	Deena	M	03/24/2026	[X] Check # 1006 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Staples

Street Address of Vendor	City	State	Zip Code
1145 N Colony Rd	Wallingford	CT	06492

Purpose of Expenditure (by code)	Description
OFFICE	Expenses incurred at Staples for creating copies needed for SEEC Grant application

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$68.57

Total of Section R	**$3,326.61**

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Jim Jinks for CT	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