

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

Revised February 2015



Electronic Filing

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Page 1 of 131

COVER PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
Lucy 2026				☒ Candidate Committee ☐ Exploratory Committee	
3. TREASURER NAME					
First Angela		MI	Last Jameson		Suffix
4. TREASURER ADDRESS					
Street Address 1370 Ponus Ridge Rd		City New Canaan		State CT	Zip Code 06840
5. ELECTION DATE 11/03/2026		6. OFFICE SOUGHT (Complete only if Candidate Committee) State Representative			7. DISTRICT NUMBER (if applicable) R142
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Lucia "Lucy"		MI S	Last Dathan		Suffix
9. TYPE OF REPORT April 10 Filing - Amendment					
10. PERIOD COVERED					
Beginning Date Ending Date 01/06/2026 thru 03/31/2026					
11. CERTIFICATION					
☒ I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.					
Electronic Filing SIGNATURE		Angela Jameson PRINT NAME OF THE SIGNER		07/31/2026 4:55:44PM 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	
Lucy 2026	April 10 Filing - Amendment	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$0.00	
14. Contributions received from Individuals (Section A and B)	\$6,490.00	\$6,490.00
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)	\$6,490.00	\$6,490.00
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$6,490.00	\$6,490.00
20. Expenses Paid by Committee (Section N)	\$6,047.67	\$6,047.67
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	\$442.33	\$442.33
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	\$0.00	\$0.00
24. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
25. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00	

I. MONETARY RECEIPTS (Section A-I)

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

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

For Nonparticipating Candidates ONLY

\$0.00**B. Itemized Contributions from Individuals**

Last Name Jameson		First Angela		MI	Contribution ID # 0162
Residential Street Address 1370 Ponus Ridge Rd		City New Canaan		State CT	Zip Code 06840
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 01/23/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Willett		First Karen		MI	Contribution ID # 0001
Residential Street Address 60 Spring Water Ln		City New Canaan		State CT	Zip Code 06840
Principal Occupation Homemaker		Name of Employer NA			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section 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 \$5.00	\$5.00

Last Name Edmands		First Susan		MI B	Contribution ID # 0002
Residential Street Address 4 Mead St		City New Canaan		State CT	Zip Code 06840
Principal Occupation consultant		Name of Employer BST America LLc			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/28/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Hosten		First Colin		MI	Contribution ID # 0003
Residential Street Address 28 Dock Rd		City Norwalk		State CT	Zip Code 06854
Principal Occupation Lecturer		Name of Employer Fairfield University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/30/2026	Aggregate Contributions \$100.00-	\$50.00-

Last Name Hosten		First Colin		MI	Contribution ID # 0003
Residential Street Address 71 Aiken St Unit A14		City Norwalk		State CT	Zip Code 06851
Principal Occupation Lecturer		Name of Employer Fairfield University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/30/2026	Aggregate Contributions \$50.00	\$50.00

Last Name MacKenzie		First Alyssa		MI	Contribution ID # 0006
Residential Street Address 80 Forest St		City New Canaan		State CT	Zip Code 06840
Principal Occupation Peer support provider		Name of Employer Mae lemonade with lupus			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/01/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Cheung		First Emma		MI	Contribution ID # 0013
Residential Street Address 152 Hoyt Farm Rd		City New Canaan		State CT	Zip Code 06840
Principal Occupation Student		Name of Employer Student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/01/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Seaman		First Deborah		MI A	Contribution ID # 0016
Residential Street Address 8 Old Saugatuck Rd		City Norwalk		State CT	Zip Code 06855
Principal Occupation Substitute teacher		Name of Employer Deborah Anne Seaman			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/01/2026	Aggregate Contributions \$50.00	
					\$50.00

Last Name Jones		First Elizabeth		MI A	Contribution ID # 0163
Residential Street Address 101 Harrison Ave		City New Canaan		State CT	Zip Code 06840
Principal Occupation Gardener		Name of Employer Elizabeth 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	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/01/2026	Aggregate Contributions \$10.00	
					\$10.00

Last Name Kantor		First Nicholas		MI	Contribution ID # 0004
Residential Street Address 25 Hawthorne Dr		City Norwalk		State CT	Zip Code 06851
Principal Occupation Advocate		Name of Employer Pro-Homes CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/01/2026	Aggregate Contributions \$20.00	
					\$20.00

Last Name Kantor		First Lauren		MI	Contribution ID # 0005
Residential Street Address 25 Hawthorne Dr		City Norwalk		State CT	Zip Code 06851
Principal Occupation Teacher		Name of Employer Wilton			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/01/2026	Aggregate Contributions \$20.00	
					\$20.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Mackenzie		First Alyssa		MI	Contribution ID # 0006
Residential Street Address 80 Forest St		City New Canaan		State CT	Zip Code 06840
Principal Occupation Peer support provider		Name of Employer Mae lemonade with lupus			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/01/2026	Aggregate Contributions \$10.00-	\$5.00-

Last Name Hannich		First Lisa		MI	Contribution ID # 0007
Residential Street Address 90 Kimberly Pl		City New Canaan		State CT	Zip Code 06840
Principal Occupation Unemployed		Name of Employer Unemployed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/01/2026	Aggregate Contributions \$25.00	\$25.00

Last Name rama		First Sandy		MI	Contribution ID # 0008
Residential Street Address 300 Glover Ave		City Norwalk		State CT	Zip Code 06850
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/01/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Boris		First Jamie		MI	Contribution ID # 0009
Residential Street Address 22 Crystal St		City New Canaan		State CT	Zip Code 06840
Principal Occupation Manager		Name of Employer ABC New Canaan			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/01/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Himmel		First Jane		MI	Contribution ID # 0010
Residential Street Address 50 Braeburn Dr		City New Canaan		State CT	Zip Code 06840
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/01/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Englund		First Sven		MI R	Contribution ID # 0011
Residential Street Address 9 Fairty Dr		City New Canaan		State CT	Zip Code 06840
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/01/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Fagerstal		First Christina		MI T	Contribution ID # 0012
Residential Street Address 289 Weed St		City New Canaan		State CT	Zip Code 06840
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/01/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Cheung		First Emma		MI	Contribution ID # 0013
Residential Street Address 152 Hoyt Farm Rd		City New Canaan		State CT	Zip Code 06840
Principal Occupation Student		Name of Employer NA			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/01/2026	Aggregate Contributions \$680.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

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

Lucy 2026

TYPE OF REPORT

April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Bermudez Hallstrom		First Andres		MI J	Contribution ID # 0014
Residential Street Address 158 Perry Ave		City Norwalk		State CT	Zip Code 06850
Principal Occupation Attorney		Name of Employer CT Division of Criminal Justice			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/01/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Turrentine		First Toddy		MI T	Contribution ID # 0015
Residential Street Address 79 Greenley Rd .		City New Canaan		State CT	Zip Code 06840
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/01/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Seaman		First Deborah		MI A	Contribution ID # 0016
Residential Street Address 8 Old Saugatuck Rd		City Norwalk		State CT	Zip Code 06855
Principal Occupation Substitute teacher		Name of Employer Self as sub teacher			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/01/2026	Aggregate Contributions \$100.00-	\$50.00-

Last Name Woods Matthews		First Michelle		MI R	Contribution ID # 0017
Residential Street Address 51 Myrtle Street Ext		City Norwalk		State CT	Zip Code 06855
Principal Occupation Communications		Name of Employer Town of Stratford CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/01/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Harris		First Tracey		MI	Contribution ID # 0018
Residential Street Address 236 S Bald Hill Rd		City New Canaan		State CT	Zip Code 06840
Principal Occupation CFO		Name of Employer The Southport School			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/01/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Wennerstrand		First Anne		MI	Contribution ID # 0019
Residential Street Address 17 Rome St		City Norwalk		State CT	Zip Code 06851
Principal Occupation Clinical Social Worker		Name of Employer Integrated Psychotherapy LCSW PC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/01/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Washer		First Louise		MI	Contribution ID # 0020
Residential Street Address 280 Silvermine Ave		City Norwalk		State CT	Zip Code 06850
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/02/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Niedzielski-Eichner		First Nora		MI	Contribution ID # 0021
Residential Street Address 7 Outer Rd		City Norwalk		State CT	Zip Code 06854
Principal Occupation Attorney		Name of Employer Clarick Gueron Reisbaum			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Davis		First Michael		MI	Contribution ID # 0022
Residential Street Address 200 Glover Ave		City Norwalk		State CT	Zip Code 06850
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/02/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Fields		First Mary		MI C	Contribution ID # 0023
Residential Street Address 280 Silvermine Ave		City Norwalk		State CT	Zip Code 06850
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/02/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Westmoreland		First David		MI G	Contribution ID # 0024
Residential Street Address 50 Elmwood Ave		City Norwalk		State CT	Zip Code 06854
Principal Occupation Landscape Architect		Name of Employer Tuliptree Site Design Inc			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/02/2026	Aggregate Contributions \$50.00	\$50.00

Last Name feral		First priscilla		MI	Contribution ID # 0025
Residential Street Address 5 McKinley St		City Rowayton		State CT	Zip Code 06853
Principal Occupation president of Friends of Animals		Name of Employer Friends of Animals			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/02/2026	Aggregate Contributions \$50.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Lee		First Lina		MI	Contribution ID # 0026
Residential Street Address 160 Ferris Hill Rd		City New Canaan		State CT	Zip Code 06840
Principal Occupation Attorney		Name of Employer CBA			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$50.00	\$50.00

Last Name matley		First justin		MI	Contribution ID # 0027
Residential Street Address 4 Cindy Ln		City Norwalk		State CT	Zip Code 06851
Principal Occupation audio producer		Name of Employer self-employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/02/2026	Aggregate Contributions \$10.00	\$5.00

Last Name Clancy		First Louise		MI	Contribution ID # 0028
Residential Street Address 126 Woodland Rd		City New Canaan		State CT	Zip Code 06840
Principal Occupation Homemaker		Name of Employer Homemaker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/02/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Goldstein		First Josh		MI	Contribution ID # 0029
Residential Street Address 22 Princes Pine Rd		City Norwalk		State CT	Zip Code 06850
Principal Occupation Attorney		Name of Employer Adelman Connors & Krevolin, LLP			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/02/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Stonehill		First Elisabeth		MI	Contribution ID # 0030
Residential Street Address 7 Ravenwood Rd		City Norwalk		State CT	Zip Code 06850
Principal Occupation Software Engineer		Name of Employer EDKS Associates			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/02/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Tobitsch		First Meredith		MI	Contribution ID # 0031
Residential Street Address 203 Putnam Rd		City New Canaan		State CT	Zip Code 06840
Principal Occupation Homemaker		Name of Employer Meredith Tobitsch			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$5.00	\$5.00

Last Name DEGENSHEIN		First JAN		MI S	Contribution ID # 0032
Residential Street Address 407 Newtown Ave		City Norwalk		State CT	Zip Code 06851
Principal Occupation Architect - Planner		Name of Employer Degenshein Architects			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$5.00	\$5.00

Last Name Lee		First Alison		MI V	Contribution ID # 0033
Residential Street Address 407 Newtown Ave		City Norwalk		State CT	Zip Code 06851
Principal Occupation digital content creator		Name of Employer Craftcast Productions, LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/02/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Andrasko		First Joseph		MI D	Contribution ID # 0034
Residential Street Address 28 Dock Rd		City Norwalk		State CT	Zip Code 06854
Principal Occupation Banking		Name of Employer Synchrony			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/02/2026	Aggregate Contributions \$25.00	\$25.00

Last Name DeVito		First David		MI CT	Contribution ID # 0035
Residential Street Address 263 S Bald Hill Rd		City New Canaan		State CT	Zip Code 06840
Principal Occupation Realtor		Name of Employer Self-employed independent contractor			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$10.00	\$5.00

Last Name Rilling		First Lucia		MI C	Contribution ID # 0036
Residential Street Address 98 Gillies Ln		City Norwalk		State CT	Zip Code 06854
Principal Occupation Real Estate Agent		Name of Employer William Raveis			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section 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 \$5.00	\$5.00

Last Name Bennett		First Jason		MI J	Contribution ID # 0037
Residential Street Address 12 Olmstead Ct		City New Canaan		State CT	Zip Code 06840
Principal Occupation CTO		Name of Employer Circular Services, Inc			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/02/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name feral		First priscilla		MI	Contribution ID # 0025
Residential Street Address 5 McKinley St		City Norwalk		State CT	Zip Code 06853
Principal Occupation president of Friends of Animals		Name of Employer Friends of Animals			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/02/2026	Aggregate Contributions \$25.00	\$25.00

Last Name matley		First justin		MI	Contribution ID # 0027
Residential Street Address 4 Cindy Ln		City Norwalk		State CT	Zip Code 06851
Principal Occupation audio producer		Name of Employer Matley Productions LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/02/2026	Aggregate Contributions \$5.00	\$5.00

Last Name DeVito		First David		MI	Contribution ID # 0035
Residential Street Address 263 S Bald Hill Rd		City New Canaan		State CT	Zip Code 06840
Principal Occupation Realtor		Name of Employer Call It Closed Realty			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$5.00	\$5.00

Last Name Smyth		First Barbara		MI	Contribution ID # 0038
Residential Street Address 4 Brookhill Ln		City Norwalk		State CT	Zip Code 06851
Principal Occupation Mayor		Name of Employer City of Norwalk			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/03/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Martin		First Rebecca		MI B	Contribution ID # 0039
Residential Street Address 185 North Ave		City Westport		State CT	Zip Code 06880
Principal Occupation Associate Director of Development		Name of Employer Reproductive Equity Now			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$10.00	\$10.00

Last Name Leija-Wheeler		First Tiffany		MI CT	Contribution ID # 0040
Residential Street Address 134 Millport Ave		City New Canaan		State CT	Zip Code 06840
Principal Occupation School Psychologist		Name of Employer Stamford Public Schools			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/03/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Lauricella		First Diane		MI CT	Contribution ID # 0041
Residential Street Address 21 Little Fox Ln		City Norwalk		State CT	Zip Code 06850
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/04/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Garfunkel		First Andy		MI CT	Contribution ID # 0042
Residential Street Address 41 Beau St		City Norwalk		State CT	Zip Code 06850
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/04/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Fasciolo		First Adam		MI	Contribution ID # 0043
Residential Street Address 29 Marlborough Rd		City Norwalk		State CT	Zip Code 06851
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/04/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Levine		First Eva		MI S	Contribution ID # 0044
Residential Street Address 240 Davenport Ridge Rd		City New Canaan		State CT	Zip Code 06840
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/05/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Dorfsman		First Michael		MI J	Contribution ID # 0045
Residential Street Address 172 Putnam Rd		City New Canaan		State CT	Zip Code 06840
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/05/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Cohler		First Luke		MI	Contribution ID # 0046
Residential Street Address 375 Canoe Hill Rd		City New Canaan		State CT	Zip Code 06840
Principal Occupation Headhunter		Name of Employer Human Capitalist LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/05/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Rodgers		First Rachel		MI	Contribution ID # 0047
Residential Street Address 237 S Bald Hill Rd		City New Canaan		State CT	Zip Code 06840
Principal Occupation Management Exec		Name of Employer Ipsos			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/06/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Wieser-Scott		First Kirsten		MI	Contribution ID # 0048
Residential Street Address 205 Silvermine Ave		City Norwalk		State CT	Zip Code 06850
Principal Occupation Caregiver		Name of Employer Self			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/06/2026	Aggregate Contributions \$10.00	\$5.00

Last Name Dellinger		First Richard		MI N	Contribution ID # 0049
Residential Street Address 45 Purdy Rd E		City Norwalk		State CT	Zip Code 06850
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/06/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Schoen		First Claire		MI C	Contribution ID # 0050
Residential Street Address 7 Studio Ln		City Norwalk		State CT	Zip Code 06850
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/06/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name MARSHOCK		First PATRICIA		MI	Contribution ID # 0051
Residential Street Address 12 Edith Ln		City Norwalk		State CT	Zip Code 06851
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/06/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Wieser Scott		First Kirsten		MI	Contribution ID # 0048
Residential Street Address 205 Silvermine Ave		City Norwalk		State CT	Zip Code 06850
Principal Occupation Caregiver		Name of Employer Caregiver			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/06/2026	Aggregate Contributions \$5.00	\$5.00

Last Name West		First Sheri		MI	Contribution ID # 0061
Residential Street Address 255 W Hills Rd		City New Canaan		State CT	Zip Code 06840
Principal Occupation Nonprofit		Name of Employer LiveGirl			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$50.00	\$50.00

Last Name Hosten		First Colin		MI	Contribution ID # 0052
Residential Street Address 71 Aiken St # A14		City Norwalk		State CT	Zip Code 06851
Principal Occupation Lecturer		Name of Employer Fairfield University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/07/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Cosker		First Tom		MI	Contribution ID # 0053
Residential Street Address 52 Tall Pines Ln		City Rocky Hill		State CT	Zip Code 06067
Principal Occupation Advocate		Name of Employer DRCT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$25.00	\$25.00

Last Name Williams		First Brandalyn		MI	Contribution ID # 0054
Residential Street Address 26 Belden Ave # 1449		City Norwalk		State CT	Zip Code 06850
Principal Occupation Policy & Communications Strategist		Name of Employer City of Norwalk			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/07/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Klimpl		First Timothy		MI S	Contribution ID # 0055
Residential Street Address 109 Benedict Hill Rd		City New Canaan		State CT	Zip Code 06840
Principal Occupation Attorney		Name of Employer Klimpl Benefits Law PLLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$25.00	\$25.00

Last Name Gulyas		First bryan		MI	Contribution ID # 0056
Residential Street Address 5 Cliffview		City Norwalk		State CT	Zip Code 06850
Principal Occupation Nope		Name of Employer Nope			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Kaye		First Joshua		MI D	Contribution ID # 0057
Residential Street Address 927 Silvermine Rd		City New Canaan		State CT	Zip Code 06840
Principal Occupation Attorney		Name of Employer Arcadian Risk Capital			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$50.00	\$50.00

Last Name Ridley-Kaye		First Megan		MI E	Contribution ID # 0058
Residential Street Address 927 Silvermine Rd		City New Canaan		State CT	Zip Code 06840
Principal Occupation Attorney		Name of Employer Hogan Lovells			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$50.00	\$50.00

Last Name Madigan		First Geralyn		MI 	Contribution ID # 0059
Residential Street Address 347 Galloway Oaks Dr		City Ballwin		State MO	Zip Code 63021
Principal Occupation Retail		Name of Employer Painted Tree			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$5.00	\$5.00

Last Name Rothseid		First Ruth		MI 	Contribution ID # 0060
Residential Street Address 205 Main St Apt 23		City New Canaan		State CT	Zip Code 06840
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/07/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name West		First Sheri & Brian		MI	Contribution ID # 0061
Residential Street Address 255 W Hills Rd		City New Canaan		State CT	Zip Code 06840
Principal Occupation Nonprofit		Name of Employer LiveGirl			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$100.00-	\$50.00-

Last Name Carroll		First Heather		MI	Contribution ID # 0062
Residential Street Address 118 Evergreen Rd		City New Canaan		State CT	Zip Code 06840
Principal Occupation Retail		Name of Employer ESB			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$50.00	\$50.00

Last Name Chapman-Bakat		First Kathy		MI	Contribution ID # 0063
Residential Street Address 107 Pocconock Trl		City New Canaan		State CT	Zip Code 06840
Principal Occupation Real-estate appraiser		Name of Employer Self-employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/08/2026	Aggregate Contributions \$100.00-	\$50.00-

Last Name Mitrakis		First Nick		MI	Contribution ID # 0064
Residential Street Address 201 Mill Rd		City New Canaan		State CT	Zip Code 06840
Principal Occupation SVP Corporate Controller		Name of Employer WSP			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Bettino		First Rita		MI	Contribution ID # 0065
Residential Street Address 94 Field Crest Rd		City New Canaan		State CT	Zip Code 06840
Principal Occupation CMO		Name of Employer Global Orange Development			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/08/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Hladick		First Jennifer		MI	Contribution ID # 0066
Residential Street Address 77 Knollwood Ln		City New Canaan		State CT	Zip Code 06840
Principal Occupation Homemaker		Name of Employer Homemaker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/08/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Cullen		First Y		MI	Contribution ID # 0067
Residential Street Address 40 Pond View Ln		City New Canaan		State CT	Zip Code 06840
Principal Occupation Homemaker		Name of Employer Homemaker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/08/2026	Aggregate Contributions \$10.00	\$5.00

Last Name Leung		First Janet		MI	Contribution ID # 0068
Residential Street Address 90 South Ave		City New Canaan		State CT	Zip Code 06840
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/08/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Barksdale		First Russell		MI	Contribution ID # 0069
Residential Street Address 249 Old Stamford Rd		City New Canaan		State CT	Zip Code 06840
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/08/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Hott		First Terri		MI	Contribution ID # 0070
Residential Street Address 145 Orchard Dr		City New Canaan		State CT	Zip Code 06840
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/08/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Lloyd		First Elaine		MI	Contribution ID # 0071
Residential Street Address 3 Holmewood Ln		City New Canaan		State CT	Zip Code 06840
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/08/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Major		First Luella		MI	Contribution ID # 0072
Residential Street Address 9 Glenwood Ave Unit 13		City Norwalk		State CT	Zip Code 06854
Principal Occupation Nanny		Name of Employer Ellen De Moll			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Okeefe		First Dan		MI	Contribution ID # 0073
Residential Street Address 21 Brooks Rd		City New Canaan		State CT	Zip Code 06840
Principal Occupation State commissioner		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/08/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Pavia		First Jack		MI T	Contribution ID # 0074
Residential Street Address 32 Vanderbilt Ave		City Norwalk		State CT	Zip Code 06854
Principal Occupation Intern		Name of Employer Norwalk Transit District			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$5.00	\$5.00

Last Name Schilo		First Kristen		MI	Contribution ID # 0075
Residential Street Address 18 Seminary St		City New Canaan		State CT	Zip Code 06840
Principal Occupation Dog care		Name of Employer New Canaan Dogs			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/08/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Ault		First Laura		MI M	Contribution ID # 0076
Residential Street Address 308 Greenley Rd		City New Canaan		State CT	Zip Code 06840
Principal Occupation Writer		Name of Employer Self			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/08/2026	Aggregate Contributions \$10.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Shonfield		First Lise		MI	Contribution ID # 0077
Residential Street Address 34 Bayberry Rd		City New Canaan		State CT	Zip Code 06840
Principal Occupation Consultant		Name of Employer True North College Advisors			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section 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 \$5.00	\$5.00

Last Name D'Arinzo		First Ken		MI	Contribution ID # 0078
Residential Street Address 28 Morehouse Ln		City Norwalk		State CT	Zip Code 06850
Principal Occupation Realtor		Name of Employer Ken D'Arinzo Real Estate			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section 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	\$10.00

Last Name Bennett		First Jo		MI	Contribution ID # 0079
Residential Street Address 8 Silver Ledge Rd		City Norwalk		State CT	Zip Code 06850
Principal Occupation Volunteer & communications manager		Name of Employer Malta House			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$5.00	\$5.00

Last Name D'Arinzo		First Debra		MI	Contribution ID # 0080
Residential Street Address 28 Morehouse Ln		City Norwalk		State CT	Zip Code 06850
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/08/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Stewart		First Julia		MI	Contribution ID # 0081
Residential Street Address 433 Old Stamford Rd		City New Canaan		State CT	Zip Code 06840
Principal Occupation Social Media		Name of Employer Walter Stewarts Co			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/08/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Tepas		First Kevin		MI M	Contribution ID # 0082
Residential Street Address 7 Barnfield Rd		City Norwalk		State CT	Zip Code 06853
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/08/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Lurie		First Richard		MI C	Contribution ID # 0083
Residential Street Address 341 Jelliff Mill Rd		City New Canaan		State CT	Zip Code 06840
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/08/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Goldstein		First Elizabeth		MI	Contribution ID # 0084
Residential Street Address 22 Princes Pine Rd		City Norwalk		State CT	Zip Code 06850
Principal Occupation Sales		Name of Employer Datadog			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Kinsella		First Katy		MI	Contribution ID # 0086
Residential Street Address 34 Channel Ave		City Norwalk		State CT	Zip Code 06854
Principal Occupation Sales		Name of Employer 1000			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$200.00-	\$100.00-

Last Name Duplock		First Sophie		MI	Contribution ID # 0087
Residential Street Address 2 Silvermine Rdg		City Norwalk		State CT	Zip Code 06850
Principal Occupation Paraeducator		Name of Employer New Canaan Public Schools			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/08/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Ault		First Andrew		MI	Contribution ID # 0088
Residential Street Address 308 Greenley Rd		City New Canaan		State CT	Zip Code 06840
Principal Occupation Advertising		Name of Employer Self			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/08/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Chapman-Bakal		First Kathy		MI	Contribution ID # 0063
Residential Street Address 107 Pocconock Trl		City New Canaan		State CT	Zip Code 06840
Principal Occupation Real estate appraiser		Name of Employer Kathy Chapman-Bakal			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Cullen		First Jane		MI S	Contribution ID # 0067
Residential Street Address 40 Pond View Ln		City New Canaan		State CT	Zip Code 06840
Principal Occupation Homemaker		Name of Employer Homemaker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/08/2026	Aggregate Contributions \$5.00	
					\$5.00

Last Name Ault		First Laura		MI M	Contribution ID # 0076
Residential Street Address 308 Greenley Rd		City New Canaan		State CT	Zip Code 06840
Principal Occupation Writer		Name of Employer Good Witch LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/08/2026	Aggregate Contributions \$5.00	
					\$5.00

Last Name Kinsella		First Katy		MI	Contribution ID # 0086
Residential Street Address 34 Channel Ave		City Norwalk		State CT	Zip Code 06854
Principal Occupation Sales		Name of Employer Kerry			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$100.00	
					\$100.00

Last Name Reed		First Kristin		MI T	Contribution ID # 0085
Residential Street Address 824 N Wilton Rd		City New Canaan		State CT	Zip Code 06840
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/08/2026	Aggregate Contributions \$100.00	
					\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Mitchell	First Julia	MI K	Contribution ID # 0164
Residential Street Address 923 Sturbridge Hill Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation AIRBNB Host Mother	Name of Employer Julia Mitchell		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which 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 02/09/2026	Aggregate Contributions \$5.00
			\$5.00

Last Name Rucci	First Barbara	MI B	Contribution ID # 0089
Residential Street Address 697 Valley Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Arts Educator	Name of Employer B. Rucci Studio		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which 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 02/09/2026	Aggregate Contributions \$25.00
			\$25.00

Last Name Buccolo	First Jesse	MI	Contribution ID # 0090
Residential Street Address 5 Alden Ave	City Norwalk	State CT	Zip Code 06855
Principal Occupation Deputy director	Name of Employer Norwalk acts		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	
Is this contribution associated with an 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 \$25.00
			\$25.00

Last Name Jellerette	First Diane	MI	Contribution ID # 0091
Residential Street Address 25 Ellen St	City Norwalk	State CT	Zip Code 06851
Principal Occupation Museum Director	Name of Employer Norwalk Historical Society		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which 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 02/09/2026	Aggregate Contributions \$25.00
			\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Yordon		First Mary		MI X	Contribution ID # 0092
Residential Street Address 67 North St		City Easton		State CT	Zip Code 06612
Principal Occupation Teacher		Name of Employer Norwalk Public Schools			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/09/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Wells		First Sonja		MI	Contribution ID # 0093
Residential Street Address 71 Haviland Rd		City Stamford		State CT	Zip Code 06903
Principal Occupation Homemaker		Name of Employer Homemaker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/09/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Sead		First Jalin		MI	Contribution ID # 0094
Residential Street Address 140 Main St		City Norwalk		State CT	Zip Code 06851
Principal Occupation Transportation Manager		Name of Employer Star Inc			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/09/2026	Aggregate Contributions \$5.00	\$5.00

Last Name DRUCKER		First RACHEL		MI D	Contribution ID # 0095
Residential Street Address 108 New Canaan Ave		City Norwalk		State CT	Zip Code 06850
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/09/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Moore		First Lynne		MI	Contribution ID # 0096
Residential Street Address 813 Foxboro Dr		City Norwalk		State CT	Zip Code 06851
Principal Occupation Educator		Name of Employer Norwalk Public Schools			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/09/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Eaddy		First Nicolé		MI	Contribution ID # 0097
Residential Street Address 230 East Ave Apt C208		City Norwalk		State CT	Zip Code 06855
Principal Occupation Finance		Name of Employer GameChange Solar			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/10/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Lopez		First Johan		MI	Contribution ID # 0098
Residential Street Address 41 Fairfield Ave		City Norwalk		State CT	Zip Code 06854
Principal Occupation Analyst		Name of Employer World 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	
Is this contribution associated with an 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 \$50.00-	\$25.00-

Last Name Tepper		First Kathleen		MI	Contribution ID # 0099
Residential Street Address 186 Gillies Ln		City Norwalk		State CT	Zip Code 06854
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/10/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Kimmich		First Scott		MI	Contribution ID # 0100
Residential Street Address 186 Gillies Ln		City Norwalk		State CT	Zip Code 06854
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/10/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Wexler		First Adam		MI	Contribution ID # 0101
Residential Street Address 84 Rilling Rdg		City New Canaan		State CT	Zip Code 06840
Principal Occupation Attorney		Name of Employer Take-Two Interactive			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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	\$25.00

Last Name Baker		First Bonnie		MI	Contribution ID # 0102
Residential Street Address 925 New Norwalk Rd		City New Canaan		State CT	Zip Code 06840
Principal Occupation Management consulting		Name of Employer The Change Collective			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$50.00	\$50.00

Last Name Orteig		First Elizabeth		MI	Contribution ID # 0103
Residential Street Address 108 Bayberry Rd		City New Canaan		State CT	Zip Code 06840
Principal Occupation Antique Restorer		Name of Employer Elizabeth Orteig antique restoration			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Rende		First Diane		MI K	Contribution ID # 0104
Residential Street Address 115 N Seir Hill Rd		City Norwalk		State CT	Zip Code 06850
Principal Occupation Accounting		Name of Employer Allen Management Inc			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/10/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Davidson		First David		MI S	Contribution ID # 0105
Residential Street Address 16 Betmarlea Rd .		City Norwalk		State CT	Zip Code 06850
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/10/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Prescott		First Jennifer		MI	Contribution ID # 0106
Residential Street Address 5 Libby Rd		City Norwalk		State CT	Zip Code 06850
Principal Occupation Marketing Director		Name of Employer Consortium for School Networking			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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	\$5.00

Last Name Watford		First benita		MI	Contribution ID # 0107
Residential Street Address 107 Maywood Rd		City Norwalk		State CT	Zip Code 06850
Principal Occupation rug hooking teacher		Name of Employer Self			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/10/2026	Aggregate Contributions \$10.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Wells		First Galen		MI W	Contribution ID # 0108
Residential Street Address 224 W Norwalk Rd		City Norwalk		State CT	Zip Code 06850
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/10/2026	Aggregate Contributions \$200.00	\$200.00

Last Name Wells		First Stuart		MI W	Contribution ID # 0109
Residential Street Address 224 W Norwalk Rd		City Norwalk		State CT	Zip Code 06850
Principal Occupation Registrar of Voters		Name of Employer City of Norwalk			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/10/2026	Aggregate Contributions \$10.00	\$5.00

Last Name Sullivan		First Kathryn		MI	Contribution ID # 0110
Residential Street Address 1 Red Barn Ln		City Norwalk		State CT	Zip Code 06850
Principal Occupation Office manager		Name of Employer Private family			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/10/2026	Aggregate Contributions \$50.00	\$25.00

Last Name Stonehill		First David		MI	Contribution ID # 0111
Residential Street Address 7 Ravenwood Rd		City Norwalk		State CT	Zip Code 06850
Principal Occupation CTO		Name of Employer EDKS Associates LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/10/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Duryea		First Tina		MI	Contribution ID # 0112
Residential Street Address 6 Deane Ct		City Norwalk		State CT	Zip Code 06853
Principal Occupation Artist		Name of Employer TL Duryea			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$15.00	\$15.00

Last Name Byron		First Jacquen		MI J	Contribution ID # 0113
Residential Street Address 100 San Vincenzo Pl Unit 5		City Norwalk		State CT	Zip Code 06854
Principal Occupation Accounting Clerk		Name of Employer Charter Brokerage LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/10/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Livingston		First Thomas		MI P	Contribution ID # 0114
Residential Street Address 23 Crockett St		City Norwalk		State CT	Zip Code 06853
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/10/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Siegelbaum		First Beth		MI	Contribution ID # 0115
Residential Street Address 57 Russell St		City Norwalk		State CT	Zip Code 06855
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/10/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Deal		First Ryan		MI	Contribution ID # 0116
Residential Street Address 141 Rowayton Woods Dr		City Norwalk		State CT	Zip Code 06854
Principal Occupation Nonprofit		Name of Employer Fairfield County's Community Foundation			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$10.00-	\$5.00-

Last Name Keefe		First Diane		MI M	Contribution ID # 0117
Residential Street Address 249 Chestnut Hill Rd		City Norwalk		State CT	Zip Code 06851
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/10/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Wells		First Robin		MI	Contribution ID # 0118
Residential Street Address 71 Haviland Rd		City Stamford		State CT	Zip Code 06903
Principal Occupation Wealth Manager		Name of Employer Grove Capital Advisors			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section 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	\$25.00

Last Name Heuvelman		First David		MI	Contribution ID # 0119
Residential Street Address 10 Buckingham Pl		City Norwalk		State CT	Zip Code 06851
Principal Occupation Attorney		Name of Employer DBH Legal LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/10/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Vollmer		First Edward		MI C	Contribution ID # 0165
Residential Street Address 377 Main St Unit 13		City New Canaan		State CT	Zip Code 06840
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/10/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Lopez		First Johan		MI 	Contribution ID # 0098
Residential Street Address 41 Fairfield Ave		City Norwalk		State CT	Zip Code 06854
Principal Occupation Analyst		Name of Employer World 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	
Is this contribution associated with an 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	\$25.00

Last Name Watford		First benita		MI 	Contribution ID # 0107
Residential Street Address 107 Maywood Rd		City Norwalk		State CT	Zip Code 06850
Principal Occupation rug hooking teacher		Name of Employer Benita Watford			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/10/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Wells		First Stuart		MI W	Contribution ID # 0109
Residential Street Address 224 W Norwalk Rd		City Norwalk		State CT	Zip Code 06850
Principal Occupation Registrar of Voters		Name of Employer City of Norwalk			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/10/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Sullivan		First Kathryn		MI	Contribution ID # 0110
Residential Street Address 1 Red Barn Ln		City Norwalk		State CT	Zip Code 06850
Principal Occupation Office manager		Name of Employer ZBC Propco LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/10/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Deal		First Ryan		MI	Contribution ID # 0116
Residential Street Address 141 Rowayton Woods Dr		City Norwalk		State CT	Zip Code 06854
Principal Occupation Nonprofit		Name of Employer Fairfield County's Community Foundation			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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	\$5.00

Last Name Nussbaum		First Lauren		MI	Contribution ID # 0120
Residential Street Address 65 Whiffle Tree Ln		City New Canaan		State CT	Zip Code 06840
Principal Occupation Homemaker		Name of Employer Homemaker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/11/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Nussbaum		First Lauren		MI	Contribution ID # 0120
Residential Street Address 65 Whiffle Tree Ln		City New Canaan		State CT	Zip Code 06840
Principal Occupation Homemaker		Name of Employer N/A			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section 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	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Meyer		First Alicia		MI C	Contribution ID # 0121
Residential Street Address 21 Maple St		City New Canaan		State CT	Zip Code 06840
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/11/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Bergman		First Meredith		MI CT	Contribution ID # 0122
Residential Street Address 183 Smith Ridge Rd		City New Canaan		State CT	Zip Code 06840
Principal Occupation student		Name of Employer Student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/11/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Dathan		First Jacqueline		MI A	Contribution ID # 0166
Residential Street Address 950 Silvermine Rd		City New Canaan		State CT	Zip Code 06840
Principal Occupation Student		Name of Employer Student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/12/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Dathan		First Charles		MI E	Contribution ID # 0167
Residential Street Address 950 Silvermine Rd		City New Canaan		State CT	Zip Code 06840
Principal Occupation Student		Name of Employer Student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/12/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Dathan		First James		MI H	Contribution ID # 0168
Residential Street Address 950 Silvermine Rd		City New Canaan		State CT	Zip Code 06840
Principal Occupation Student		Name of Employer Student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/12/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Roen		First Renee		MI CT	Contribution ID # 0123
Residential Street Address 723 Silvermine Rd		City New Canaan		State CT	Zip Code 06840
Principal Occupation Strategt		Name of Employer The Estée Lauder companies inc			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/13/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Brotherton		First Sue		MI CT	Contribution ID # 0124
Residential Street Address 45 Weed Ave .		City Norwalk		State CT	Zip Code 06850
Principal Occupation Chiropractic assistant		Name of Employer Chiropractic Associates			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/13/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Penn-Williams		First Brenda		MI CT	Contribution ID # 0125
Residential Street Address 21 Karen Dr		City Norwalk		State CT	Zip Code 06851
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/13/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name E Bernier		First Andrea		MI	Contribution ID # 0126
Residential Street Address 232 W Norwalk Rd		City Norwalk		State CT	Zip Code 06850
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/14/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Chadwick		First Jennifer		MI	Contribution ID # 0127
Residential Street Address 33 Geneva Rd		City Norwalk		State CT	Zip Code 06850
Principal Occupation Banker		Name of Employer Wells Fargo			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/15/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Obuchowski		First Elsa		MI P	Contribution ID # 0169
Residential Street Address 41 East Ave		City Norwalk		State CT	Zip Code 06851
Principal Occupation Editor Writer		Name of Employer Elsa Peterson Ltd			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/15/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Flaherty-Ludwig		First Mary Ellen		MI	Contribution ID # 0128
Residential Street Address 89 Soundview Ave		City Norwalk		State CT	Zip Code 06854
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/16/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Bernier		First Robert		MI E	Contribution ID # 0129
Residential Street Address 232 W Norwalk Rd		City Norwalk		State CT	Zip Code 06850
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/16/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Johnson		First Linda		MI K	Contribution ID # 0130
Residential Street Address 36 Fawn Ridge Ln		City Wilton		State CT	Zip Code 06897
Principal Occupation Realtor		Name of Employer self employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/16/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Orteig		First Steve		MI	Contribution ID # 0131
Residential Street Address 108 Bayberry Rd .		City New Canaan		State CT	Zip Code 06840
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/17/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Silber		First Matthew		MI	Contribution ID # 0132
Residential Street Address 230 East Ave		City Norwalk		State CT	Zip Code 06855
Principal Occupation Teacher		Name of Employer Norwalk Public Schools			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/17/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name O'Connell		First Pia		MI G	Contribution ID # 0170
Residential Street Address 12 Coachmans Ct		City Norwalk		State CT	Zip Code 06840
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/17/2026	Aggregate Contributions \$25.00	\$25.00

Last Name MacKenzie		First Tess		MI	Contribution ID # 0133
Residential Street Address 174 Gerdes Rd		City New Canaan		State CT	Zip Code 06840
Principal Occupation Self employed		Name of Employer Tess Mackenzie			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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	\$5.00

Last Name MacKenzie		First Tess		MI	Contribution ID # 0133
Residential Street Address 174 Gerdes Rd		City New Canaan		State CT	Zip Code 06840
Principal Occupation Self employed		Name of Employer Me			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$10.00	\$5.00

Last Name MacKenzie		First Addi		MI	Contribution ID # 0134
Residential Street Address 174 Gerdes Rd		City New Canaan		State CT	Zip Code 06840
Principal Occupation Teacher Assistant		Name of Employer Thistle Waithe Learning Center			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/19/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Baanante		First Sharon		MI R	Contribution ID # 0135
Residential Street Address 64 Comstock Hill Ave		City Norwalk		State CT	Zip Code 06850
Principal Occupation Relationship Management		Name of Employer Morgan Stanley			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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	\$100.00

Last Name Murphy		First Mary		MI A	Contribution ID # 0136
Residential Street Address 43 Chichester Rd		City New Canaan		State CT	Zip Code 06840
Principal Occupation Selectman		Name of Employer Town of New Canaan			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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	\$5.00

Last Name RAMIREZ		First ADAM		MI R	Contribution ID # 0137
Residential Street Address 40 Shady Knoll Ln		City New Canaan		State CT	Zip Code 06840
Principal Occupation Chief Risk Officer		Name of Employer Tokyo Century (USA) Inc			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/21/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Hannich		First Ivy		MI G	Contribution ID # 0171
Residential Street Address 90 Kimberly Pl		City New Canaan		State CT	Zip Code 06840
Principal Occupation Student		Name of Employer Student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/21/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Hannich		First Charlotte		MI R	Contribution ID # 0172
Residential Street Address 90 Kimberly Pl		City New Canaan		State CT	Zip Code 06840
Principal Occupation Student		Name of Employer Student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/21/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Whitcher		First Joanna		MI M	Contribution ID # 0173
Residential Street Address 1108 Inverness Pl		City San Luis Obispo		State CA	Zip Code 93401
Principal Occupation Real Estate Management		Name of Employer Self			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/22/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Murray		First Melissa		MI	Contribution ID # 0139
Residential Street Address 8 Norden Pl Apt 222		City Norwalk		State CT	Zip Code 06855
Principal Occupation Homemaker		Name of Employer Homemaker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/22/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Hannich		First Ulrich		MI	Contribution ID # 0138
Residential Street Address 90 Kimberly Pl		City New Canaan		State CT	Zip Code 06840
Principal Occupation Attorney		Name of Employer UBS			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/22/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Murray		First Melissa		MI	Contribution ID # 0139
Residential Street Address 8 Norden Pl Apt 222		City Norwalk		State CT	Zip Code 06855
Principal Occupation Homemaker		Name of Employer N/A			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section 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 \$100.00-	\$50.00-

Last Name Gulyas		First Ashley		MI S	Contribution ID # 0140
Residential Street Address 5 Cliffview Dr		City Norwalk		State CT	Zip Code 06850
Principal Occupation music teacher		Name of Employer self employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/22/2026	Aggregate Contributions \$5.00	\$5.00

Last Name McMurrer		First Jenn		MI	Contribution ID # 0141
Residential Street Address 71 Gregory Blvd		City Norwalk		State CT	Zip Code 06855
Principal Occupation Communications Director		Name of Employer City of Norwalk			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/23/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Badanes		First Jillian		MI	Contribution ID # 0142
Residential Street Address 36 Mead St		City New Canaan		State CT	Zip Code 06840
Principal Occupation Reinsurance manager		Name of Employer Swiss Re			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/24/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Badanes		First Alan		MI	Contribution ID # 0143
Residential Street Address 175 Hickok Rd		City New Canaan		State CT	Zip Code 06840
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/24/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Smyth		First Peter		MI	Contribution ID # 0144
Residential Street Address 4 Brookhill Ln		City Norwalk		State CT	Zip Code 06851
Principal Occupation Graphic Designer		Name of Employer BrandSmyth LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/24/2026	Aggregate Contributions \$5.00	\$5.00

Last Name lmsilver@gmail.com		First Lisa		MI S	Contribution ID # 0145
Residential Street Address 181 Benedict Hill Rd		City New Canaan		State CT	Zip Code 06840
Principal Occupation Homemaker		Name of Employer NA			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section 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 \$10.00	\$5.00

Last Name Duff		First Joanne		MI J	Contribution ID # 0146
Residential Street Address 2 Red Barn Ln		City Norwalk		State CT	Zip Code 06850
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/24/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Ormond		First Hilary		MI	Contribution ID # 0147
Residential Street Address 36 Brushy Ridge Rd		City New Canaan		State CT	Zip Code 06840
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/24/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Landers		First Danika		MI	Contribution ID # 0148
Residential Street Address 77 Grove St		City New Canaan		State CT	Zip Code 06840
Principal Occupation Product Designer		Name of Employer unemployed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/24/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Golden		First Elizabeth		MI	Contribution ID # 0149
Residential Street Address 22 Sunrise Hill Rd		City Norwalk		State CT	Zip Code 06851
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/24/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Silver		First Lisa		MI S	Contribution ID # 0145
Residential Street Address 181 Benedict Hill Rd		City New Canaan		State CT	Zip Code 06840
Principal Occupation Homemaker		Name of Employer Homemaker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/24/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Berliet		First Jean Pierre		MI	Contribution ID # 0174
Residential Street Address 166 Ferris Hill Rd		City New Canaan		State CT	Zip Code 06840
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/24/2026	Aggregate Contributions \$5.00	\$5.00

Last Name HECKERLING		First Jessica		MI	Contribution ID # 0150
Residential Street Address 123 Colonial Rd		City New Canaan		State CT	Zip Code 06840
Principal Occupation Owner of marketing consulting business		Name of Employer Face Communications			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/26/2026	Aggregate Contributions \$100.00	\$100.00

Last Name HECKERLING		First Jessica		MI	Contribution ID # 0150
Residential Street Address 123 Colonial Rd		City New Canaan		State CT	Zip Code 06840
Principal Occupation Owner		Name of Employer Face Communications			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$200.00-	\$100.00-

Last Name Howard		First Parisa		MI	Contribution ID # 0151
Residential Street Address 52 Adams Ln		City New Canaan		State CT	Zip Code 06840
Principal Occupation Marketing		Name of Employer Momentum Worldwide			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Harris		First Mark		MI R	Contribution ID # 0152
Residential Street Address 236 S Bald Hill Rd .		City New Canaan		State CT	Zip Code 06840
Principal Occupation CFO		Name of Employer FGS Gobal			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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	\$340.00

Last Name Compton		First Stephanie		MI 	Contribution ID # 0153
Residential Street Address 928 Amarillo		City Palo Alto		State CA	Zip Code 94303
Principal Occupation Teachers aide		Name of Employer Pausd			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$50.00	\$50.00

Last Name Bussmann		First Mary		MI R	Contribution ID # 0154
Residential Street Address 354 Seale Ave		City Palo Alto		State CA	Zip Code 94301
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/01/2026	Aggregate Contributions \$200.00	\$200.00

Last Name Berliet		First Martine		MI C	Contribution ID # 0175
Residential Street Address 166 Ferris Hill Rd		City New Canaan		State CT	Zip Code 06840
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/02/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Segalas		First Francesca		MI F	Contribution ID # 0176
Residential Street Address 48 Old Norwalk Rd		City New Canaan		State CT	Zip Code 06840
Principal Occupation Dog Care		Name of Employer Francesca Segalas			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event 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 \$5.00	\$5.00

Last Name Beall		First James		MI CT	Contribution ID # 0155
Residential Street Address 34 Scofield Ln		City New Canaan		State CT	Zip Code 06840
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/03/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Constantine		First Savet		MI CT	Contribution ID # 0156
Residential Street Address 135 Whipstick Rd		City Wilton		State CT	Zip Code 06897
Principal Occupation State Legislator		Name of Employer Ct General Assembly			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/03/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Foley		First Jim		MI CT	Contribution ID # 0157
Residential Street Address 4 Ravenwood Rd		City Norwalk		State CT	Zip Code 06850
Principal Occupation Construction Estimating		Name of Employer A. Pappajohn Company			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event 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	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Walker		First Douglas		MI P	Contribution ID # 0158
Residential Street Address 4 Mead St		City New Canaan		State CT	Zip Code 06840
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/05/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Hampton		First Nicole		MI	Contribution ID # 0159
Residential Street Address 8 Norden Pl		City Norwalk		State CT	Zip Code 06855
Principal Occupation Unemployed		Name of Employer Unemployed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/05/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Dannemann		First Eric		MI W	Contribution ID # 0161
Residential Street Address 71 Brushy Ridge Rd		City New Canaan		State CT	Zip Code 06840
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/07/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Dannemann		First Margaret		MI a	Contribution ID # 0160
Residential Street Address 71 Brushy Ridge Rd		City New Canaan		State CT	Zip Code 06840
Principal Occupation Educator (part time)		Name of Employer National Trust for Historic Preservation			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event 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	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Dannemann		First Margaret		MI	Contribution ID # 0160
Residential Street Address 71 Brushy Ridge Rd		City New Canaan		State CT	Zip Code 06840
Principal Occupation Educator (part-time)			Name of Employer National Trust for Historic Preservation		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches 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 03/07/2026	
				Aggregate Contributions \$50.00	

Total of Section B		\$6,490.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Total on Line 14, Column A of Summary Page)		\$6,490.00

I. MONETARY RECEIPTS (Section A-I)

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

C1. Contributions from Other Committees

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

Total of Section C1	
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I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Lucy 2026				April 10 Filing - Amendment	
C2. Reimbursements or Surplus Distributions from other Committees					
Name of Committee			Name of Treasurer		
Address				Date Received	Amount of Receipt
City	State	Zip Code	Payment Type Reimbursement for shared expense Surplus distribution from exploratory committee		
Expenditure #	Description				
Total of Section C2					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Lucy 2026				April 10 Filing - Amendment	
D. Loans Received this Period					
Name of Lender		Source of Loan:			Date of Receipt
		Bank	Candidate	Individual	Other
Street Address		City	State	Zip Code	Is there a cosigner or Guarantor of this loan?
					Yes No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address		City	Stat	Zip Code	
Total of Section D					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Lucy 2026	April 10 Filing - Amendment

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

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

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Lucy 2026	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
Lucy 2026	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	
Lucy 2026				April 10 Filing - Amendment	
I. Miscellaneous Monetary Receipts not Considered Contributions					
Name			Date of Transaction		Amount Received
Street Address	City	State	Zip Code		
Description					
Total of Section I					

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Lucy 2026				April 10 Filing - Amendment	
J1. Event Information					
Event # Date of Event	Letter	Description			Was this a fundraising event? Yes No
Location: Street Address			City	State	Zip Code
Was this event hosted at a personal residence?		Yes	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.		
		No			
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	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.		
		No			
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	(If yes, enter Total Receipts here.)		
		No			
Total of Section J1					

II.EVENT ACTIVITY (Sections J1 - J4)

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

TYPE OF REPORT

Lucy 2026

April 10 Filing - Amendment

J3. In-Kind Donations Not Considered Contributions

Name of the Donor

Street Address

City

State

Zip Code

Donation Given by:

Description of Donation

Fair Market Value of
Donation

Individual

Business Entity

Sole Proprietorship

Date Received

Event #

Aggregate value for this event

Total of Section J3**II.EVENT ACTIVITY (Sections J1 - J4)**

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

TYPE OF REPORT

Lucy 2026

April 10 Filing - Amendment

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

Name of Host

Is this event supporting more than one candidate?

Yes

No

If yes, complete Itemization in
Addendum J4

Street Address

City

State

Zip Code

Description of Donation

Fair Market Value of
Donation

Event #

Aggregate value of this Event - all hosts

Aggregate value of all Events - this host/candidate

Total of Section J4

III. NONMONETARY RECEIPTS (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lucy 2026	April 10 Filing - Amendment
K. In-Kind Contributions	

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

Total of Section K**III. Non Monetary Receipts (Sections K - L)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lucy 2026	April 10 Filing - Amendment
L. Refundable Deposit to Telephone Company	

Last Name of Individual	First Name	MI	Date Deposit Made
Residential Street Address	City	State	Zip Code
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
Lucy 2026	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Day Campaign		Date of Payment 02/02/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 112 Bloomfield Ave		City Windsor	State CT	Zip Code 06095
Purpose of Expendit WEB	Description Online Donation Setup Fee (Auto Pay)			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 N		Expenditure # (if applicable)	Event #	\$200.00

Name of Payee Day Campaign		Date of Payment 02/02/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 112 Bloomfield Ave		City Windsor	State CT	Zip Code 06095
Purpose of Expendit BNK	Description Fee for Partial Refund of Online Contributions			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 N		Expenditure # (if applicable)	Event #	\$309.40

Name of Payee Day Campaign		Date of Payment 02/02/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 112 Bloomfield Ave		City Windsor	State CT	Zip Code 06095
Purpose of Expendit BNK	Description Fee for Partial Refund of Online Contributions			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 N		Expenditure # (if applicable)	Event #	\$386.70

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lucy 2026	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Day Campaign		Date of Payment 03/24/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 112 Bloomfied Ave		City Windsor		State CT
Zip Code 06095				
Purpose of Expendit BNK	Description Fee for Partial Refund of Online Contributions			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 N		Expenditure # (if applicable)	Event #	\$386.70

Name of Payee Day Campaign		Date of Payment 03/24/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 112 Bloomfied Ave		City Windsor		State CT
Zip Code 06095				
Purpose of Expendit BNK	Description Fee for Partial Refund of Online Contributions			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 N		Expenditure # (if applicable)	Event #	\$386.70

Name of Payee Katy Kinsella		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 34 Channel Ave		City Norwalk		State CT
Zip Code 06854				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			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 N		Expenditure # (if applicable)	Event #	\$82.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lucy 2026	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Andrew Ault		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 308 Greenley Road 308 Greenley Rd		City New Canaan		State CT
Zip Code 06840				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			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 N		Expenditure # (if applicable)	Event #	\$4.20

Name of Payee Jane S. Cullen		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 40 Pond View Ln		City New Canaan		State CT
Zip Code 06840				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			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 N		Expenditure # (if applicable)	Event #	\$3.69

Name of Payee Alyssa MacKenzie		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 80 Forest St # B		City New Canaan		State CT
Zip Code 06840				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			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 N		Expenditure # (if applicable)	Event #	\$4.20

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lucy 2026	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Alison Lee		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT
Street Address 407 Newtown Av 407 Newtown Ave	City Norwalk	State CT	Zip Code 06851
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees		Amount \$4.20
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Adam Fasciolo		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT
Street Address 29 Marlborough Rd	City Norwalk	State CT	Zip Code 06851
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees		Amount \$4.20
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Rachel Rodgers		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT
Street Address 237 S Bald Hill Rd	City New Canaan	State CT	Zip Code 06840
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees		Amount \$82.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lucy 2026	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Brandalyn Williams		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT
Street Address 26 Belden Ave # 1449	City Norwalk	State CT	Zip Code 06850
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees		Amount \$4.20
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No		Expenditure # (if applicable)	
If yes, assign an Expenditure # and complete Itemization in Addendum N		Event #	

Name of Payee Russell Barksdale		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT
Street Address 249 Old Stamford Rd # 249 Old Stamford Road	City New Canaan	State CT	Zip Code 06840
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees		Amount \$82.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No		Expenditure # (if applicable)	
If yes, assign an Expenditure # and complete Itemization in Addendum N		Event #	

Name of Payee Kristin Reed		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT
Street Address 824 N Wilton Rd	City New Canaan	State CT	Zip Code 06840
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees		Amount \$82.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No		Expenditure # (if applicable)	
If yes, assign an Expenditure # and complete Itemization in Addendum N		Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lucy 2026	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee benita Watford		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT
Street Address 107 Maywood Rd	City Norwalk	State CT	Zip Code 06850
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees		Amount \$4.20
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No		Expenditure # (if applicable)	
If yes, assign an Expenditure # and complete Itemization in Addendum N		Event #	

Name of Payee Galen Wells		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT
Street Address 224 W Norwalk Rd	City Norwalk	State CT	Zip Code 06850
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees		Amount \$168.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No		Expenditure # (if applicable)	
If yes, assign an Expenditure # and complete Itemization in Addendum N		Event #	

Name of Payee Renee Roen		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT
Street Address 723 Silvermine Rd	City New Canaan	State CT	Zip Code 06840
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees		Amount \$82.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No		Expenditure # (if applicable)	
If yes, assign an Expenditure # and complete Itemization in Addendum N		Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lucy 2026	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Ashley Gulyas		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT
Street Address 5 Cliffview Drive 5 Cliffview Dr	City Norwalk	State CT	Zip Code 06850
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees		Amount \$4.20
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No		Expenditure # (if applicable)	
If yes, assign an Expenditure # and complete Itemization in Addendum N		Event #	

Name of Payee Alan Badanes		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT
Street Address 175 Hickok Road 175 Hickok Rd	City New Canaan	State CT	Zip Code 06840
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees		Amount \$4.20
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No		Expenditure # (if applicable)	
If yes, assign an Expenditure # and complete Itemization in Addendum N		Event #	

Name of Payee Mark Harris		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT
Street Address 236 S Bald Hill Rd .	City New Canaan	State CT	Zip Code 06840
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees		Amount \$285.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No		Expenditure # (if applicable)	
If yes, assign an Expenditure # and complete Itemization in Addendum N		Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lucy 2026	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Mary Bussmann		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT
Street Address 354 Seale Ave	City Palo Alto	State CA	Zip Code 94301
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees		Amount \$168.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Karen Willett		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT
Street Address 60 Spring Water Ln	City New Canaan	State CT	Zip Code 06840
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees		Amount \$3.70
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 Susan Edmands		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT
Street Address 4 Mead St	City New Canaan	State CT	Zip Code 06840
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees		Amount \$3.70
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lucy 2026	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Colin Hosten		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 28 Dock Rd		City Norwalk	State CT	Zip Code 06854
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$39.98
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 Nicholas Kantor		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 25 Hawthorne Dr		City Norwalk	State CT	Zip Code 06851
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$15.79
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 Lauren Kantor		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 25 Hawthorne Dr		City Norwalk	State CT	Zip Code 06851
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$15.79
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee Alyssa Mackenzie		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT		
Street Address 80 Forest St # B		City New Canaan		State CT	
Zip Code 06840		Amount \$3.70			
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees				
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)

Name of Payee Lisa Hannich		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT		
Street Address 90 Kimberly Pl		City New Canaan		State CT	
Zip Code 06840		Amount \$19.82			
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees				
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)

Name of Payee Sandy rama		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT		
Street Address 300 Glover Ave		City Norwalk		State CT	
Zip Code 06850		Amount \$3.70			
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees				
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)

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lucy 2026	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Jamie Boris		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 22 Crystal St		City New Canaan		State CT
Zip Code 06840				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$3.70
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 Jane Himmel		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 50 Braeburn Dr		City New Canaan		State CT
Zip Code 06840				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$80.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Sven Englund		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 9 Fairty Dr		City New Canaan		State CT
Zip Code 06840				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$80.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee Christina Fagerstal		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT
Street Address 289 Weed St 289 Weed St	City New Canaan		State CT Zip Code 06840
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees		Amount \$19.82
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No		Expenditure # (if applicable)	
If yes, assign an Expenditure # and complete Itemization in Addendum N		Event #	

Name of Payee Emma Cheung		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT
Street Address 152 Hoyt Farm Rd	City New Canaan		State CT Zip Code 06840
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees		Amount \$273.84
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No		Expenditure # (if applicable)	
If yes, assign an Expenditure # and complete Itemization in Addendum N		Event #	

Name of Payee Andres Bermudez Hallstrom		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT
Street Address 158 Perry Ave	City Norwalk		State CT Zip Code 06850
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees		Amount \$15.79
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No		Expenditure # (if applicable)	
If yes, assign an Expenditure # and complete Itemization in Addendum N		Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lucy 2026	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Toddy Turrentine		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 79 Greenley Rd .		City New Canaan		State CT
Zip Code 06840				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$39.98
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 Deborah Seaman		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 8 Old Saugatuck Rd		City Norwalk		State CT
Zip Code 06855				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$39.98
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 Michelle Woods Matthews		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 51 Myrtle Street Ext 51 Myrtle Street Ext , 5169658058		City Norwalk		State CT
Zip Code 06855				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$7.73
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lucy 2026	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Tracey Harris		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 236 S Bald Hill Rd		City New Canaan		State CT
Zip Code 06840				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$80.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anne Wennerstrand		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 17 Rome St		City Norwalk		State CT
Zip Code 06851				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$80.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Louise Washer		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 280 Silvermine Ave		City Norwalk		State CT
Zip Code 06850				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$273.84
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

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

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Name of Payee Nora Niedzielski-Eichner		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT
Street Address 7 Outer Rd	City Norwalk		State CT Zip Code 06854
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees		Amount \$39.98
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No		Expenditure # (if applicable)	
If yes, assign an Expenditure # and complete Itemization in Addendum N		Event #	

Name of Payee Michael Davis		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT
Street Address 200 Glover Ave Apt 260	City Norwalk		State CT Zip Code 06850
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees		Amount \$80.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No		Expenditure # (if applicable)	
If yes, assign an Expenditure # and complete Itemization in Addendum N		Event #	

Name of Payee Mary Fields		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT
Street Address 280 Silvermine Ave	City Norwalk		State CT Zip Code 06850
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees		Amount \$39.98
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No		Expenditure # (if applicable)	
If yes, assign an Expenditure # and complete Itemization in Addendum N		Event #	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lucy 2026	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee David Westmoreland		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 50 Elmwood Ave		City Norwalk	State CT	Zip Code 06854
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$39.98
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 priscilla feral		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 5 McKinley Street 5 McKinley St		City Rowayton	State CT	Zip Code 06853
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$19.82
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 Lina Lee		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 160 Ferris Hill Road 160 Ferris Hill Rd		City New Canaan	State CT	Zip Code 06840
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$39.98
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lucy 2026	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee justin matley		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 4 Cindy Ln		City Norwalk	State CT	Zip Code 06851
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$3.70
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 Louise Clancy		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 126 Woodland Rd		City New Canaan	State CT	Zip Code 06840
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$19.82
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 Josh Goldstein		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 22 Princes Pine Rd		City Norwalk	State CT	Zip Code 06850
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$19.82
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lucy 2026	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Elisabeth Stonehill		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 7 Ravenwood Rd		City Norwalk	State CT	Zip Code 06850
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$19.82
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 Meredith Tobitsch		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 203 Putnam Rd		City New Canaan	State CT	Zip Code 06840
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$3.70
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 JAN DEGENSHEIN		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 407 Newtown Avenue 407 Newtown Ave		City Norwalk	State CT	Zip Code 06851
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$3.70
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lucy 2026	April 10 Filing - Amendment
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Name of Payee Alison Lee		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 407 Newtown Av 407 Newtown Ave		City Norwalk	State CT	Zip Code 06851
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$3.70
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 Joseph Andrasko		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 28 Dock Rd		City Norwalk	State CT	Zip Code 06854
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$19.82
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 David DeVito		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 263 S Bald Hill Rd		City New Canaan	State CT	Zip Code 06840
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$3.70
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lucy 2026	April 10 Filing - Amendment
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Name of Payee Lucia Rilling		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 98 Gillies Ln		City Norwalk	State CT	Zip Code 06854
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$3.70
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 Jason Bennett		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 12 Olmstead Ct		City New Canaan	State CT	Zip Code 06840
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$3.70
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 Barbara Smyth		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 4 Brookhill Ln		City Norwalk	State CT	Zip Code 06851
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$39.98
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lucy 2026	April 10 Filing - Amendment
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Name of Payee Rebecca Martin		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 185 N Avenue 185 North Ave		City Westport	State CT	Zip Code 06880
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$7.73
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 Tiffany Leija-Wheeler		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 134 Millport Ave		City New Canaan	State CT	Zip Code 06840
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$80.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Diane Lauricella		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 21 Little Fox Ln		City Norwalk	State CT	Zip Code 06850
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$3.70
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

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

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Name of Payee Andy Garfunkel		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 41 Beau St		City Norwalk		State CT
Zip Code 06850				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			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 N		Expenditure # (if applicable)	Event #	
			\$39.98	

Name of Payee Adam Fasciole		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 29 Marlborough Rd		City Norwalk		State CT
Zip Code 06851				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			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 N		Expenditure # (if applicable)	Event #	
			\$3.70	

Name of Payee Eva Levine		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 240 Davenport Ridge Road 240 Davenport Ridge Rd		City New Canaan		State CT
Zip Code 06840				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			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 N		Expenditure # (if applicable)	Event #	
			\$19.82	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lucy 2026	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Michael Dorfsman		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 172 Putnam Rd		City New Canaan		State CT
Zip Code 06840				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$3.70
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 Luke Cohler		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 375 Canoe Hill Rd		City New Canaan		State CT
Zip Code 06840				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$7.73
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 Rachel Rodgers		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 237 S Bald Hill Rd		City New Canaan		State CT
Zip Code 06840				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$80.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
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Name of Payee Kirsten Wieser Scott		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 205 Silvermine Ave		City Norwalk	State CT	Zip Code 06850
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$3.70
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 Richard Dellinger		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 45 Purdy Rd E # 45 Purdy Road East		City Norwalk	State CT	Zip Code 06850
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$39.98
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 Claire Schoen		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 7 Studio Ln 7 Studio Ln		City Norwalk	State CT	Zip Code 06850
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$80.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
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Name of Payee PATRICIA MARSHOCK		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 12 Edith Ln		City Norwalk		State CT
Zip Code 06851				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$3.70
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 Colin Hosten		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 71 Aiken St # A14		City Norwalk		State CT
Zip Code 06851				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$19.82
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 Tom Cosker		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 52 Tall Pines Ln		City Rocky Hill		State CT
Zip Code 06067				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$19.82
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lucy 2026	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Brandalyn Williams		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 26 Belden Ave # 1449		City Norwalk	State CT	Zip Code 06850
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$3.70
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 Timothy Klimpl		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 109 Benedict Hill Rd		City New Canaan	State CT	Zip Code 06840
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$19.82
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 bryan Gulyas		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 5 Cliffview		City Norwalk	State CT	Zip Code 06850
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$3.70
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 #	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
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Name of Payee Joshua Kaye		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 927 Silvermine Road 927 Silvermine Rd		City New Canaan		State CT
Zip Code 06840				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$39.98
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 Megan Ridley-Kaye		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 927 Silvermine Rd		City New Canaan		State CT
Zip Code 06840				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$39.98
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 Geraldyn Madigan		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 347 Galloway Oaks Dr		City Ballwin		State MO
Zip Code 63021				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$3.70
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lucy 2026	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Ruth Rothseid		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 205 Main St Apt 23		City New Canaan		State CT
Zip Code 06840				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$7.73
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 Sheri & Brian West		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 255 W Hills Rd		City New Canaan		State CT
Zip Code 06840				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$39.98
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 Heather Carroll		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 118 Evergreen Rd		City New Canaan		State CT
Zip Code 06840				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$39.98
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lucy 2026	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Kathy Chapman-Bakal		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 107 Pocconock Trl		City New Canaan		State CT
Zip Code 06840				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$39.98
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 Nick Mitrakis		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 201 Mill Rd		City New Canaan		State CT
Zip Code 06840				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$39.98
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 Rita Bettino		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 94 Field Crest Rd		City New Canaan		State CT
Zip Code 06840				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$19.82
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lucy 2026	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Jennifer Hladick		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 77 Knollwood Ln		City New Canaan		State CT
Zip Code 06840				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$39.98
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 Y Cullen		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 40 Pond View Ln		City New Canaan		State CT
Zip Code 06840				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$3.70
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 Janet Leung		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 90 South Ave		City New Canaan		State CT
Zip Code 06840				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$3.70
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lucy 2026	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Russell Barksdale		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT
Street Address 249 Old Stamford Rd # 249 Old Stamford Road	City New Canaan	State CT	Zip Code 06840
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees		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 N		Expenditure # (if applicable)	Event #
			\$80.30

Name of Payee Terri Hott		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT
Street Address 145 Orchard Dr	City New Canaan	State CT	Zip Code 06840
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees		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 N		Expenditure # (if applicable)	Event #
			\$39.98

Name of Payee Elaine Lloyd		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT
Street Address 3 Holmewood Ln	City New Canaan	State CT	Zip Code 06840
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees		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 N		Expenditure # (if applicable)	Event #
			\$19.82

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lucy 2026	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Luella Major		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 9 Glenwood Ave Unit 13		City Norwalk		State CT
Zip Code 06854				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$3.70
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 Dan Okeefe		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 21 Brooks Rd		City New Canaan		State CT
Zip Code 06840				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$3.70
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 Jack Pavia		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 32 Vanderbilt Ave		City Norwalk		State CT
Zip Code 06854				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$3.70
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lucy 2026	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Kristen Schilo		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 18 Seminary St		City New Canaan	State CT	Zip Code 06840
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$19.82
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 Laura Ault		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 308 Greenley Rd		City New Canaan	State CT	Zip Code 06840
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$3.70
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 Lise Shonfield		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 34 Bayberry Rd 34 Bayberry Rd		City New Canaan	State CT	Zip Code 06840
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$3.70
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lucy 2026	April 10 Filing - Amendment
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Name of Payee Ken D'Arinzo		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 28 Morehouse Ln		City Norwalk	State CT	Zip Code 06850
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$7.73
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 Jo Bennett		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 8 Silver Ledge Rd # 8 Silver Ledge road		City Norwalk	State CT	Zip Code 06850
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$3.70
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 Debra DArinzo		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 28 Morehouse Ln		City Norwalk	State CT	Zip Code 06850
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$3.70
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lucy 2026	April 10 Filing - Amendment
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Name of Payee Julia Stewart		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 433 Old Stamford Rd		City New Canaan		State CT
Zip Code 06840				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$19.82
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 Kevin Tepas		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 7 Barnfield Rd		City Norwalk		State CT
Zip Code 06853				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$39.98
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 Richard Lurie		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 341 Jelliff Mill Rd		City New Canaan		State CT
Zip Code 06840				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$3.70
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lucy 2026	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Elizabeth Goldstein		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 22 Princes Pine Rd		City Norwalk		State CT
Zip Code 06850				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$3.70
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 Kristin Reed		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 824 N Wilton Rd		City New Canaan		State CT
Zip Code 06840				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$80.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Katy Kinsella		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 34 Channel Ave		City Norwalk		State CT
Zip Code 06854				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$80.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
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Name of Payee Sophie Duplock		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT
Street Address 2 Silvermine Rdg	City Norwalk		State CT Zip Code 06850
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees		Amount \$3.70
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 Andrew Ault		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT
Street Address 308 Greenley Road 308 Greenley Rd	City New Canaan		State CT Zip Code 06840
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees		Amount \$3.70
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 Barbara Rucci		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT
Street Address 697 Valley Rd	City New Canaan		State CT Zip Code 06840
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees		Amount \$19.82
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
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Name of Payee Jesse Buccolo		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 5 Alden Ave		City Norwalk	State CT	Zip Code 06855
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$19.82
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 Diane Jellerette		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 25 Ellen St		City Norwalk	State CT	Zip Code 06851
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$19.82
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 Mary Yordon		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 67 North St		City Easton	State CT	Zip Code 06612
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$19.82
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 #	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lucy 2026	April 10 Filing - Amendment
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Name of Payee Sonja Wells		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 71 Haviland Rd		City Stamford	State CT	Zip Code 06903
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$3.70
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 Jalin Sead		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 140 Main St Unit 10		City Norwalk	State CT	Zip Code 06851
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$3.70
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 RACHEL DRUCKER		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 108 New Canaan Ave Unit 320		City Norwalk	State CT	Zip Code 06850
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$39.98
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 #	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lucy 2026	April 10 Filing - Amendment
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Name of Payee Lynne Moore		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 813 Foxboro Dr		City Norwalk		State CT
Zip Code 06851				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$3.70
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 Nicolé Eaddy		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 230 East Ave Apt C208		City Norwalk		State CT
Zip Code 06855				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$3.70
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 Johan Lopez		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 41 Fairfield Avenue 6 Hendricks Ave		City Norwalk		State CT
Zip Code 06854				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$19.82
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 #	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
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Name of Payee Kathleen Tepper		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 186 Gillies Ln		City Norwalk	State CT	Zip Code 06854
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$19.82
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 Scott Kimmich		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 186 Gillies Ln		City Norwalk	State CT	Zip Code 06854
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$19.82
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 Adam Wexler		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 84 Rilling Rdg		City New Canaan	State CT	Zip Code 06840
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$19.82
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
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N. Expenses Paid By Committee	

Name of Payee Bonnie Baker		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 925 New Norwalk Rd		City New Canaan		State CT
Zip Code 06840				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$39.98
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 Elizabeth Orteig		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 108 Bayberry Rd		City New Canaan		State CT
Zip Code 06840				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$39.98
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 Diane Rende		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 115 N Seir Hill Rd		City Norwalk		State CT
Zip Code 06850				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$7.73
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 #	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
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Name of Payee David Davidson		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 16 Betmarlea Rd .		City Norwalk	State CT	Zip Code 06850
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$3.70
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 Jennifer Prescott		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 5 Libby Rd		City Norwalk	State CT	Zip Code 06850
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$3.70
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 Benita Watford		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 107 Maywood Rd		City Norwalk	State CT	Zip Code 06850
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$3.70
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)	
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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

Lucy 2026

April 10 Filing - Amendment

N. Expenses Paid By Committee	
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Name of Payee Galen Wells		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 224 W Norwalk Rd		City Norwalk	State CT	Zip Code 06850
Purpose of Expendit REF	Description Partial refund of contribution less Credit Card fees			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 N		Expenditure # (if applicable)	Event #	\$160.94

Name of Payee Stuart Wells		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 224 W Norwalk Rd		City Norwalk	State CT	Zip Code 06850
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees		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 N		Expenditure # (if applicable)	Event #	\$3.70

Name of Payee Kathryn Sullivan		Date of Payment 03/29/2026		Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1 Red Barn Ln		City Norwalk		State CT	Zip Code 06850
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees				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 N		Expenditure # (if applicable)	Event #		\$19.82

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lucy 2026	April 10 Filing - Amendment
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Name of Payee David Stonehill		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 7 Ravenwood Rd		City Norwalk	State CT	Zip Code 06850
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$19.82
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 Tina Duryea		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 6 Deane Ct		City Norwalk	State CT	Zip Code 06853
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$11.76
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 Jacquen Byron		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 100 San Vincenzo Pl Unit 5		City Norwalk	State CT	Zip Code 06854
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$3.70
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lucy 2026	April 10 Filing - Amendment
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Name of Payee Thomas Livingston		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 23 Crockett St		City Norwalk		State CT
Zip Code 06853				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$39.98
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 Beth Siegelbaum		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 57 Russell St 57 Russell St		City Norwalk		State CT
Zip Code 06855				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$19.82
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 Ryan Deal		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 141 Rowayton Woods Dr		City Norwalk		State CT
Zip Code 06854				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$3.70
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lucy 2026	April 10 Filing - Amendment
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Name of Payee Diane Keefe		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 249 Chestnut Hill Rd 249 Chestnut Hill Rd		City Norwalk		State CT
Zip Code 06851				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$39.98
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 Robin Wells		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 71 Haviland Rd		City Stamford		State CT
Zip Code 06903				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$19.82
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 David Heuvelman		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 10 Buckingham Pl		City Norwalk		State CT
Zip Code 06851				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$3.70
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lucy 2026	April 10 Filing - Amendment
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Name of Payee Lauren Nussbaum		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 65 Whiffle Tree Ln		City New Canaan	State CT	Zip Code 06840
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$19.82
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 Alicia Meyer		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 21 Maple St Apt 102		City New Canaan	State CT	Zip Code 06840
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$39.98
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 Meredith Bergman		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 183 Smith Ridge Road 183 Smith Ridge Rd		City New Canaan	State CT	Zip Code 06840
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$15.79
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
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Name of Payee Renee Roen		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT
Street Address 723 Silvermine Rd		City New Canaan	State CT Zip Code 06840
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees		Amount \$80.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Sue Brotherton		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT
Street Address 45 Weed Ave .		City Norwalk	State CT Zip Code 06850
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees		Amount \$39.98
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 Brenda Penn-Williams		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT
Street Address 21 Karen Drive 21 Karen Dr		City Norwalk	State CT Zip Code 06851
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees		Amount \$19.82
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
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Name of Payee Andrea E Bernier		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 232 W Norwalk Rd		City Norwalk		State CT
Zip Code 06850				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$39.98
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 Jennifer Chadwick		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 33 Geneva Rd		City Norwalk		State CT
Zip Code 06850				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$19.82
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 Mary Ellen Flaherty-Ludwig		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 89 Soundview Ave		City Norwalk		State CT
Zip Code 06854				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$19.82
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lucy 2026	April 10 Filing - Amendment
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Name of Payee Robert Bernier		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 232 W Norwalk Rd		City Norwalk	State CT	Zip Code 06850
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$39.98
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 Linda Johnson		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 36 Fawn Ridge Lane 36 Fawn Ridge Ln		City Wilton	State CT	Zip Code 06897
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$7.73
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 Steve Orteig		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 108 Bayberry Rd .		City New Canaan	State CT	Zip Code 06840
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$19.82
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 #	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
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Name of Payee Matthew Silber		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 230 East Ave		City Norwalk	State CT	Zip Code 06855
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$3.70
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 Tess MacKenzie		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 174 Gerdes Rd		City New Canaan	State CT	Zip Code 06840
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$3.70
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 Addi MacKenzie		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 174 Gerdes Rd		City New Canaan	State CT	Zip Code 06840
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$19.82
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lucy 2026	April 10 Filing - Amendment
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Name of Payee Sharon Baanante		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 64 Comstock Hill Ave		City Norwalk	State CT	Zip Code 06850
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$80.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Mary Murphy		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 43 Chichester Rd		City New Canaan	State CT	Zip Code 06840
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$3.70
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 ADAM RAMIREZ		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 40 Shady Knoll Ln		City New Canaan	State CT	Zip Code 06840
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$80.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
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Name of Payee Ulrich Hannich		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 90 Kimberly Pl		City New Canaan	State CT	Zip Code 06840
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$3.70
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 Melissa Murray		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 8 Norden Pl Apt 222		City Norwalk	State CT	Zip Code 06855
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$39.98
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 Ashley Gulyas		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 5 Cliffview Drive 5 Cliffview Dr		City Norwalk	State CT	Zip Code 06850
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$3.70
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
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Name of Payee Jenn McMurrer		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 71 Gregory Blvd 71 Gregory Blvd		City Norwalk	State CT	Zip Code 06855
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$3.70
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 Jillian Badanes		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 36 Mead St Unit 6		City New Canaan	State CT	Zip Code 06840
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$19.82
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 Alan Badanes		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 175 Hickok Road 175 Hickok Rd		City New Canaan	State CT	Zip Code 06840
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$3.70
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 #	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
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Name of Payee Peter Smyth		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 4 Brookhill Ln		City Norwalk		State CT
Zip Code 06851				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$3.70
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 Lisa Silver		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 181 Benedict Hill Road 181 Benedict Hill Rd		City New Canaan		State CT
Zip Code 06840				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$3.69
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 Joanne Duff		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 2 Red Barn Ln		City Norwalk		State CT
Zip Code 06850				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$7.73
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 #	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
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Name of Payee Hilary Ormond		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 36 Brushy Ridge Rd		City New Canaan		State CT
Zip Code 06840				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$3.70
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 Danika Landers		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 77 Grove St Unit B		City New Canaan		State CT
Zip Code 06840				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$3.70
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 Elizabeth Golden		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 22 Sunrise Hill Rd		City Norwalk		State CT
Zip Code 06851				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$15.79
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 #	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
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Name of Payee Jessica HECKERLING		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 123 Colonial Road 123 Colonial Rd		City New Canaan		State CT
Zip Code 06840				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			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 N		Expenditure # (if applicable)	Event #	\$80.30

Name of Payee Parisa Howard		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 52 Adams Ln		City New Canaan		State CT
Zip Code 06840				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			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 N		Expenditure # (if applicable)	Event #	\$19.82

Name of Payee Mark Harris		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 236 S Bald Hill Rd		City New Canaan		State CT
Zip Code 06840				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			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 N		Expenditure # (if applicable)	Event #	\$273.84

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
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N. Expenses Paid By Committee	

Name of Payee Stephanie Compton		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 928 Amarillo		City Palo Alto	State CA	Zip Code 94303
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$39.98
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 Mary Bussmann		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 354 Seale Ave		City Palo Alto	State CA	Zip Code 94301
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$160.94
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 James Beall		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 34 Scofield Ln		City New Canaan	State CT	Zip Code 06840
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$80.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee Savet Constantine		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 135 Whipstick Rd		City Wilton		State CT
Zip Code 06897				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$80.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Jim Foley		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 4 Ravenwood Rd		City Norwalk		State CT
Zip Code 06850				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$39.98
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 Douglas Walker		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 4 Mead St		City New Canaan		State CT
Zip Code 06840				
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$3.70
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lucy 2026	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Nicole Hampton		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 8 Norden Pl Apt 453		City Norwalk	State CT	Zip Code 06855
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$3.70
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 Margaret Dannemann		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 71 Brushy Ridge Rd		City New Canaan	State CT	Zip Code 06840
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$39.98
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 Eric Dannemann		Date of Payment 03/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 71 Brushy Ridge Rd		City New Canaan	State CT	Zip Code 06840
Purpose of Expendit REF	Description Partial refund of contribution_less Credit Card fees			Amount \$39.98
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lucy 2026	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Angela Jameson		Date of Payment 03/30/2026	Method of Payment ☒ Check # 102 ☐ Debit Card ☐ EFT	
Street Address 1370 Ponus Ridge Rd		City New Canaan	State CT	Zip Code 06840
Purpose of Expendit REF	Description Return of contribution net of expenses			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 N		Expenditure # (if applicable)	Event #	\$84.00-

Name of Payee Elizabeth Jones		Date of Payment 03/30/2026	Method of Payment ☒ Check # 103 ☐ Debit Card ☐ EFT	
Street Address 101 Harrison Ave		City New Canaan	State CT	Zip Code 06840
Purpose of Expendit REF	Description Return of contribution net of expenses			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 N		Expenditure # (if applicable)	Event #	\$8.40

Name of Payee Julia Mitchell		Date of Payment 03/30/2026	Method of Payment ☒ Check # 104 ☐ Debit Card ☐ EFT	
Street Address 92 Sturbridge Hill Rd		City New Canaan	State CT	Zip Code 06840
Purpose of Expendit REF	Description Return of contribution net of expenses			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 N		Expenditure # (if applicable)	Event #	\$4.20

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lucy 2026	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Edward Vollmer		Date of Payment 03/30/2026	Method of Payment ☒ Check # <u>105</u> ☐ Debit Card ☐ EFT	
Street Address 377 Main St Unit 13		City New Canaan	State CT	Zip Code 06840
Purpose of Expendit REF	Description Return of contribution net of expenses			Amount \$4.20
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Jacqueline Dathan		Date of Payment 03/30/2026	Method of Payment ☒ Check # 106 ☐ Debit Card ☐ EFT	
Street Address 950 Silvermine Rd		City New Canaan	State CT	Zip Code 06840
Purpose of Expendit REF	Description Return of contribution net of expenses			Amount \$8.40
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Charles Dathan		Date of Payment 03/30/2026	Method of Payment ☒ Check # 107 ☐ Debit Card ☐ EFT	
Street Address 950 Silvermine Rd		City New Canaan	State CT	Zip Code 06840
Purpose of Expendit REF	Description Return of contribution net of expenses			Amount \$8.40
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lucy 2026	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee James H-W Dathan		Date of Payment 03/30/2026	Method of Payment ☒ Check # 108 ☐ Debit Card ☐ EFT	
Street Address 950 Silvermine Rd		City New Canaan	State CT	Zip Code 06840
Purpose of Expendit REF	Description Return of contribution net of expenses			Amount \$8.40-
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Elsa Obuchowski		Date of Payment 03/30/2026	Method of Payment ☒ Check # 109 ☐ Debit Card ☐ EFT	
Street Address 41 East Ave		City Norwalk	State CT	Zip Code 06851
Purpose of Expendit REF	Description Return of contribution net of expenses			Amount \$16.80
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Pia O'Connell		Date of Payment 03/30/2026	Method of Payment ☒ Check # 110 ☐ Debit Card ☐ EFT	
Street Address 12 Coachmans Ct		City Norwalk	State CT	Zip Code 06850
Purpose of Expendit REF	Description Return of contribution net of expenses			Amount \$21.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lucy 2026	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Ivy Hannich		Date of Payment 03/30/2026	Method of Payment ☒ Check # <u>112</u> ☐ Debit Card ☐ EFT	
Street Address 90 Kimberly Pl		City New Canaan	State CT	Zip Code 06840
Purpose of Expendit REF	Description Return of contribution net of expenses			Amount \$4.20
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Charlotte Hannich		Date of Payment 03/30/2026	Method of Payment ☒ Check # <u>111</u> ☐ Debit Card ☐ EFT	
Street Address 90 Kimberly Pl		City New Canaan	State CT	Zip Code 06840
Purpose of Expendit REF	Description Return of contribution net of expenses			Amount \$4.20
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Joanna Whitcher		Date of Payment 03/30/2026	Method of Payment ☒ Check # <u>113</u> ☐ Debit Card ☐ EFT	
Street Address 1108 Inverness Pl		City San Luis Obispo	State CA	Zip Code 93401
Purpose of Expendit REF	Description Return of contribution net of expenses			Amount \$42.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lucy 2026	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Jean Pierre Berliet		Date of Payment 03/30/2026	Method of Payment ☒ Check # <u>114</u> ☐ Debit Card ☐ EFT	
Street Address 166 Ferris Hill Rd		City New Canaan	State CT	Zip Code 06840
Purpose of Expendit REF	Description Return of contribution net of expenses			Amount \$4.20
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Martine Berliet		Date of Payment 03/30/2026	Method of Payment ☒ Check # <u>115</u> ☐ Debit Card ☐ EFT	
Street Address 166 Ferris Hill Rd		City New Canaan	State CT	Zip Code 06840
Purpose of Expendit REF	Description Return of contribution net of expenses			Amount \$84.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Francesca Segalas		Date of Payment 03/30/2026	Method of Payment ☒ Check # <u>116</u> ☐ Debit Card ☐ EFT	
Street Address 48 Old Norwalk Rd		City New Canaan	State CT	Zip Code 06840
Purpose of Expendit REF	Description Return of contribution net of expenses			Amount \$4.20
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee Angela Jameson	Date of Payment 03/30/2026	Method of Payment ☒ Check # <u>117</u> ☐ Debit Card ☐ EFT
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Street Address 1370 Ponus Ridge Rd	City New Canaan	State CT	Zip Code 06840
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Purpose of Expendit POST	Description Postage	Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No	Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and complete Itemization in Addendum N		\$6.08

Name of Payee Day Campaign	Date of Payment 03/31/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT
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Street Address 112 Bloomfield Ave	City Windsor	State CT	Zip Code 06095
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Purpose of Expendit BNK	Description Credit card fees	Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No	Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and complete Itemization in Addendum N		\$309.40

Total of Section N**\$6,047.67**

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT	
Lucy 2026					April 10 Filing - Amendment	
O. Expenses Paid By Candidate						
Name of Payee (Name of vendor who candidate paid directly)				Date of Payment		Is Reimbursement Claimed? Yes No
Street Address		City		State	Zip Code	Amount
Purpose of Expenditure (by code)	Description			Event #		
Total of Section O						

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT	
Lucy 2026					April 10 Filing - Amendment	
P. Expenses Incurred on Committee Credit Card						
Name of Issuing Institution				Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☐ Other		
Name of Vendor					Date of Transaction	
Street Address			City		State	Zip Code
Purpose of Expenditure (by code)	Description				Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Yes No	Expenditure # (if applicable)	Event #		
If yes, assign an Expenditure # and complete Itemization in Addendum P						
Total of Section P						

IV. EXPENDITURES (Sections N - S)

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

Q. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor		Date Incurred	
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description		Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No Expenditure # (if applicable) Event #			
If yes, assign an Expenditure # and completes Itemization in Addendum Q			

Total of Section Q

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lucy 2026	April 10 Filing - Amendment
R. Itemization of Reimbursements and Secondary Payees	

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

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lucy 2026	April 10 Filing - Amendment
S. Surplus Distribution of Equipment and Furniture	
Name of Recipient	
Street Address	City
State	Zip Code
Description of Item	
Original Purchase Amount 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