

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

Revised February 2015



Electronic Filing

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Page 1 of 89

COVER PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
Erick Russell for State Treasurer 26				☒ Candidate Committee ☐ Exploratory Committee	
3. TREASURER NAME					
First	MI	Last	Suffix		
Thomas	J	Gaudett			
4. TREASURER ADDRESS					
Street Address	City	State	Zip Code		
1705 Capitol Ave	Bridgeport	CT	06604		
5. ELECTION DATE	6. OFFICE SOUGHT (Complete only if Candidate Committee)			7. DISTRICT NUMBER (if applicable)	
11/03/2026	State Treasurer				
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First	MI	Last	Suffix		
Erick	A	Russell			
9. TYPE OF REPORT					
April 10 Filing - Amendment					
10. PERIOD COVERED					
Beginning Date Ending Date					
02/16/2026 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		Thomas Gaudett		08/06/2026 7:27:05PM	
SIGNATURE		PRINT NAME OF THE SIGNER		DATE CERTIFIED	
A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.					

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
Erick Russell for State Treasurer 26	April 10 Filing - Amendment	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$0.00	
14. Contributions received from Individuals (Section A and B)	\$31,394.39	\$31,394.39
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)	\$31,394.39	\$31,394.39
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$31,394.39	\$31,394.39
20. Expenses Paid by Committee (Section N)	\$1,019.63	\$1,019.63
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	\$30,374.76	\$30,374.76
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)	\$8,991.99	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$8,991.99	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Erick Russell for State Treasurer 26		April 10 Filing - Amendment	
A. Total Contributions from Small Contributors-Received this Period ONLY		For Nonparticipating Candidates ONLY	
		\$0.00	
B. Itemized Contributions from Individuals			

Last Name Gaudett		First Thomas		MI J	Contribution ID # 0289
Residential Street Address 1705 Capitol Ave		City Bridgeport		State CT	Zip Code 06604
Principal Occupation Chief Administrative Officer			Name of Employer City of Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$50.00
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #		Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/02/2026	
				Aggregate Contributions \$50.00	

Last Name Farina		First Michael		MI CT	Contribution ID # 0001
Residential Street Address 54 Robert Rd		City Manchester		State CT	Zip Code 06040-4520
Principal Occupation Professor			Name of Employer Yale University		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$5.00
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #		Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/05/2026	
				Aggregate Contributions \$10.00	

Last Name Farina		First Michael		MI CT	Contribution ID # 0002
Residential Street Address 54 Robert Rd		City Manchester		State CT	Zip Code 06040-4520
Principal Occupation Professor			Name of Employer Yale University		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$5.00
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #		Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/05/2026	
				Aggregate Contributions \$10.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Farina		First Michael		MI	Contribution ID # 0003
Residential Street Address 54 Robert Rd		City Manchester		State CT	Zip Code 06040-4520
Principal Occupation Professor		Name of Employer Yale University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/06/2026	Aggregate Contributions \$20.00	\$5.00

Last Name Farina		First Michael		MI	Contribution ID # 0004
Residential Street Address 54 Robert Rd		City Manchester		State CT	Zip Code 06040-4520
Principal Occupation Professor		Name of Employer Yale University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/06/2026	Aggregate Contributions \$20.00	\$5.00

Last Name Zartman		First Justin		MI A	Contribution ID # 0005
Residential Street Address 158 Hillcrest Ter		City Meriden		State CT	Zip Code 06450-6129
Principal Occupation Attorney		Name of Employer CT Education Association			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/06/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Cardillo		First Chad		MI	Contribution ID # 0006
Residential Street Address 158 Hillcrest Ter		City Meriden		State CT	Zip Code 06450-6129
Principal Occupation Teacher		Name of Employer Meriden BOE			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/06/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Egan		First Patrick		MI	Contribution ID # 0007
Residential Street Address 640 Townsend Ave		City New Haven		State CT	Zip Code 06512-3123
Principal Occupation Labor Relations		Name of Employer CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/07/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Comer		First Andrea		MI L	Contribution ID # 0008
Residential Street Address 1 Linden Pl		City Hartford		State CT	Zip Code 06106-1748
Principal Occupation Chief of Staff		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$100.00	\$100.00

Last Name camp		First richard		MI	Contribution ID # 0009
Residential Street Address 25 Hobart St		City New Haven		State CT	Zip Code 06511-4030
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 \$25.00	\$25.00

Last Name Mills		First Gwen		MI	Contribution ID # 0010
Residential Street Address 551 Santa Clara Ave		City Alameda		State CA	Zip Code 94501-3256
Principal Occupation President		Name of Employer UNITE HERE			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$250.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT

Erick Russell for State Treasurer 26

April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Christie		First Kevin		MI	Contribution ID # 0011
Residential Street Address 7 Bruce Ln		City Westport		State CT	Zip Code 06880-1701
Principal Occupation First Selectman		Name of Employer Town of Westport			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/07/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Seltzer		First Paul		MI	Contribution ID # 0012
Residential Street Address 95 Lyon St Apt 2		City New Haven		State CT	Zip Code 06511-4925
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 03/07/2026	Aggregate Contributions \$60.00	\$60.00

Last Name Waters		First Adam		MI	Contribution ID # 0013
Residential Street Address 156 Foster St		City New Haven		State CT	Zip Code 06511-2654
Principal Occupation Union Organizer		Name of Employer Local 33-UNITE HERE!			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$60.00	\$60.00

Last Name Liu		First Ridge		MI	Contribution ID # 0014
Residential Street Address 156 Foster St		City New Haven		State CT	Zip Code 06511-2654
Principal Occupation Graduate worker		Name of Employer Yale University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/07/2026	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
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Acharya		First Arita		MI	Contribution ID # 0015
Residential Street Address 239 Saint John St Unit 3		City New Haven		State CT	Zip Code 06511-4916
Principal Occupation Organizer		Name of Employer Local 33-UNITE HERE!			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$60.00	\$60.00

Last Name Camp		First Chris		MI	Contribution ID # 0016
Residential Street Address 92 Lawrence St Apt 2		City New Haven		State CT	Zip Code 06511-2542
Principal Occupation Grad Student		Name of Employer Yale University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/07/2026	Aggregate Contributions \$60.00	\$60.00

Last Name Stanley		First Joshua		MI	Contribution ID # 0017
Residential Street Address 16 Kenter Pl		City New Haven		State CT	Zip Code 06515-2412
Principal Occupation Union organizer		Name of Employer Unite Here Local 217			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$100.00	\$100.00

Last Name St Mark		First Diana		MI	Contribution ID # 0018
Residential Street Address 282 Vine St		City Hartford		State CT	Zip Code 06112-2027
Principal Occupation Organize		Name of Employer Not self employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/07/2026	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
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Milanez		First Isadora		MI	Contribution ID # 0019
Residential Street Address 125 Olive St Apt G2		City New Haven		State CT	Zip Code 06511-4945
Principal Occupation Organizer		Name of Employer Unite here local 217			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$25.00	\$25.00

Last Name Lawlor		First Michael		MI P	Contribution ID # 0020
Residential Street Address 95 Kneeland Rd		City New Haven		State CT	Zip Code 06512-5008
Principal Occupation Professor		Name of Employer University of New Haven			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/08/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Schmitt		First Henry		MI	Contribution ID # 0021
Residential Street Address 45 Paramount Ave		City Hamden		State CT	Zip Code 06517-2714
Principal Occupation Organizer		Name of Employer Local 217 UNITE HERE			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/08/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Scalettar		First Ellen		MI	Contribution ID # 0022
Residential Street Address 1265 Racebrook Rd		City Woodbridge		State CT	Zip Code 06525-1824
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 03/08/2026	Aggregate Contributions \$250.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Lawlor		First Kevin		MI	Contribution ID # 0023
Residential Street Address 126 Buell St		City North Haven		State CT	Zip Code 06473-4313
Principal Occupation Attorney		Name of Employer Flood Law Firm			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/08/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Luttecke		First Kurt		MI	Contribution ID # 0024
Residential Street Address 21 Tecumseh Rd		City West Hartford		State CT	Zip Code 06117-2136
Principal Occupation Executive		Name of Employer Geisslers 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 03/08/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Carlson		First Martha		MI	Contribution ID # 0031
Residential Street Address 33 Horseshoe Rd		City Guilford		State CT	Zip Code 06437-2961
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 03/08/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Boyd		First Lorenzo		MI M	Contribution ID # 0027
Residential Street Address 36 Meadow Brook Dr		City North Branford		State CT	Zip Code 06471
Principal Occupation Professor		Name of Employer U New Haven			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/08/2026	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
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Nemec		First Michael		MI	Contribution ID # 0025
Residential Street Address 760 Rock Rimmon Rd		City Stamford		State CT	Zip Code 06903-1223
Principal Occupation Attorney		Name of Employer State of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/08/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Ashton		First Alexandra		MI	Contribution ID # 0026
Residential Street Address 760 Rock Rimmon Rd		City Stamford		State CT	Zip Code 06903-1223
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 03/08/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Boyd		First Lorenzo		MI MA	Contribution ID # 0027
Residential Street Address PO Box 14		City North Branford		State CT	Zip Code 06471-0014
Principal Occupation Professor		Name of Employer U New Haven			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/08/2026	Aggregate Contributions \$200.00-	\$100.00-

Last Name Mauro Celentano		First Georgette		MI	Contribution ID # 0028
Residential Street Address 64 Morris Cove Rd		City New Haven		State CT	Zip Code 06512-4017
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 03/08/2026	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

Erick Russell for State Treasurer 26

April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Pulchin		First Howard		MI	Contribution ID # 0029
Residential Street Address 7 Town Hill Rd		City Warren		State CT	Zip Code 06754-1808
Principal Occupation Not Employed		Name of Employer Not Employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/08/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Gabel		First Jennifer		MI	Contribution ID # 0030
Residential Street Address 21 Tecumseh Rd		City West Hartford		State CT	Zip Code 06117-2136
Principal Occupation Self Employed		Name of Employer Self Employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/08/2026	Aggregate Contributions \$150.00	\$150.00

Last Name Carlson		First Marti		MI	Contribution ID # 0031
Residential Street Address 33 Horseshoe Rd		City Guilford		State CT	Zip Code 06437-2961
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 03/08/2026	Aggregate Contributions \$680.00	\$340.00

Last Name Carrington		First Michael		MI P	Contribution ID # 0032
Residential Street Address 76 Reservoir Rd		City Southbury		State CT	Zip Code 06488-1962
Principal Occupation Attorney		Name of Employer Guliano Richardson & Sfara			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Price		First Troy		MI M	Contribution ID # 0033
Residential Street Address 5115 Pleasant St		City Des Moines		State IA	Zip Code 50312-1854
Principal Occupation Self employed		Name of Employer New Hampshire Democratic Party			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Gerratana		First Gregory		MI J	Contribution ID # 0034
Residential Street Address 11 Dorset Ln		City Farmington		State CT	Zip Code 06032-2330
Principal Occupation Consultant		Name of Employer Nutmeg Strategies			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Saccente		First Kenneth		MI	Contribution ID # 0035
Residential Street Address 10 Grove St		City Milford		State CT	Zip Code 06460-8207
Principal Occupation Legislative Staff		Name of Employer State of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Carmody		First Samuel		MI	Contribution ID # 0036
Residential Street Address 116 Center St Apt 2A		City Wallingford		State CT	Zip Code 06492-4155
Principal Occupation Community Relations		Name of Employer Eversource Energy			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Holtgrewe		First Burdette		MI W	Contribution ID # 0037
Residential Street Address 27 Huntington St Apt 1		City Manchester		State CT	Zip Code 06040-4235
Principal Occupation Political Consultant		Name of Employer Blue Edge Strategies			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Kapoor		First Nicholas		MI CT	Contribution ID # 0038
Residential Street Address 109 Meadows End Rd		City Monroe		State CT	Zip Code 06468-1705
Principal Occupation Professor		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 03/09/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Sabin		First Eli		MI CT	Contribution ID # 0039
Residential Street Address 191 Willard St Fl 1		City New Haven		State CT	Zip Code 06515-2031
Principal Occupation Legislative coordinator		Name of Employer CT Voices for Children			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Pierog		First Sandra		MI W	Contribution ID # 0040
Residential Street Address 37 Brandy St		City Bolton		State CT	Zip Code 06043-7600
Principal Occupation CPA		Name of Employer Murphy & Company LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	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
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name McCabe		First patrick		MI	Contribution ID # 0041
Residential Street Address 36 Trumbull St		City Hartford		State CT	Zip Code 06103-2413
Principal Occupation public ffairs		Name of Employer capitol strategies group			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Thommen		First David		MI	Contribution ID # 0042
Residential Street Address 450 Lake Ave		City Bridgeport		State CT	Zip Code 06605-3517
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Pastet		First Walter		MI	Contribution ID # 0043
Residential Street Address 213 Winthrop Dr		City Cheshire		State CT	Zip Code 06410-1940
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Zakur		First David		MI	Contribution ID # 0044
Residential Street Address 95 Kneeland Rd		City New Haven		State CT	Zip Code 06512-5008
Principal Occupation Clinical scientist		Name of Employer Atrium Staffing			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Gallo		First Christopher		MI	Contribution ID # 0045
Residential Street Address 278 Main St		City West Haven		State CT	Zip Code 06516-7318
Principal Occupation Manager		Name of Employer Compass Group USA			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Bergenn		First James		MI	Contribution ID # 0046
Residential Street Address 50 Castlewood Rd		City West Hartford		State CT	Zip Code 06107-2903
Principal Occupation Attorney		Name of Employer Shipman & Goodwin LLP			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$25.00	\$25.00

Last Name LaPenta-Duffek		First Teresa		MI R	Contribution ID # 0047
Residential Street Address 7 Barkledge Dr		City Newington		State CT	Zip Code 06111-2253
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Henderson		First Christopher		MI	Contribution ID # 0048
Residential Street Address 69 Johnson Pond Ln		City Westbrook		State CT	Zip Code 06498-3526
Principal Occupation Attorney		Name of Employer Howd & Ludorf, LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$60.00	\$60.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Baker		First Frederic		MI D	Contribution ID # 0049
Residential Street Address 43 Parkway Trumbull		City Trumbull		State CT	Zip Code 06611
Principal Occupation Human Resources		Name of Employer University of New Haven			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Quinn		First Michael		MI D	Contribution ID # 0050
Residential Street Address 47 Beth Ann Cir		City Meriden		State CT	Zip Code 06450-7301
Principal Occupation Attorney		Name of Employer Mahon, Quinn & Mahon, 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 03/09/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Lyddy		First Sally		MI	Contribution ID # 0051
Residential Street Address 297 South Trl		City Stratford		State CT	Zip Code 06614-8107
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Pierson		First Sue		MI	Contribution ID # 0052
Residential Street Address 25 Mettler Dr		City Wallingford		State CT	Zip Code 06492-3422
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Moriarty		First Moriah		MI H	Contribution ID # 0053
Residential Street Address 1644 Main St		City East Hartford		State CT	Zip Code 06108-1610
Principal Occupation Elections Officer		Name of Employer CT Secretary of the State			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$25.00	\$25.00

Last Name harper		First annie		MI CT	Contribution ID # 0054
Residential Street Address 58 Anderson St		City New Haven		State CT	Zip Code 06511-2538
Principal Occupation Professor		Name of Employer Yale University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Vahey		First Brian		MI CT	Contribution ID # 0055
Residential Street Address 1625 Melville Ave		City Fairfield		State CT	Zip Code 06825-2044
Principal Occupation Consultant		Name of Employer RSRD LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Reyor		First Bill		MI CT	Contribution ID # 0056
Residential Street Address 3 Haviland Rd		City Bloomfield		State CT	Zip Code 06002-3421
Principal Occupation Solution Architech		Name of Employer XBOW			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Galdenzi		First Jeff		MI A	Contribution ID # 0057
Residential Street Address 118 Green Knolls Ln		City Fairfield		State CT	Zip Code 06824-3510
Principal Occupation IT Manager		Name of Employer CooperSurgical			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$25.00	\$25.00

Last Name McCreery		First Ellen		MI M	Contribution ID # 0058
Residential Street Address 39 Greene Ter		City East Hartford		State CT	Zip Code 06108-1606
Principal Occupation accountant		Name of Employer City of Hartford			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Hanrahan		First Cynthia		MI 	Contribution ID # 0059
Residential Street Address 18 Village Cir		City Guilford		State CT	Zip Code 06437-5312
Principal Occupation Social worker		Name of Employer Cynthia Hanrahan LCSW			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Bhalla		First Vanita		MI D	Contribution ID # 0060
Residential Street Address 26 Parkland Dr		City Woodbury		State CT	Zip Code 06798-3637
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$200.00	\$200.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Angelopoulos		First Maria		MI	Contribution ID # 0061
Residential Street Address 26 Parkland Dr		City Woodbury		State CT	Zip Code 06798-3637
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$200.00	\$200.00

Last Name Knybel		First Stephanie		MI A	Contribution ID # 0062
Residential Street Address 185 E Center St Apt 2D		City Manchester		State CT	Zip Code 06040-5222
Principal Occupation Asst registrar of voters		Name of Employer Town of Manchester			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Erickson		First Julie		MI M	Contribution ID # 0063
Residential Street Address 85 Hickory Hill Rd		City Berlin		State CT	Zip Code 06037-1209
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Zelaya		First Sonia		MI E	Contribution ID # 0064
Residential Street Address 400 N Main St		City Manchester		State CT	Zip Code 06042-1933
Principal Occupation Aerospace Quality Control		Name of Employer Collins Aerospace			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Farina		First Michael		MI	Contribution ID # 0065
Residential Street Address 54 Robert Rd		City Manchester		State CT	Zip Code 06040-4520
Principal Occupation Professor		Name of Employer Yale University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$120.00	\$100.00

Last Name Currey		First Jeff		MI A	Contribution ID # 0066
Residential Street Address 50 McKee St		City East Hartford		State CT	Zip Code 06108-4019
Principal Occupation Chief of Staff		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Howroyd		First Josh		MI M	Contribution ID # 0067
Residential Street Address 155 Mountain Rd		City Manchester		State CT	Zip Code 06040-4549
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Sager		First Jennifer		MI D	Contribution ID # 0068
Residential Street Address 234 N Beacon St		City Hartford		State CT	Zip Code 06105-2247
Principal Occupation Travelers Insurance		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 03/09/2026	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
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Hensley		First Jordon		MI M	Contribution ID # 0069
Residential Street Address 26 Belden Ave Unit 1201		City Norwalk		State CT	Zip Code 06850-3364
Principal Occupation Assistant Librarian		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	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #		Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$5.00
Amount of Contribution \$5.00					

Last Name Shah		First Atul		MI 	Contribution ID # 0070
Residential Street Address 15 Beacon Hill Dr		City Waterford		State CT	Zip Code 06385-4147
Principal Occupation Engineer		Name of Employer Applied Physical Sciences Corporation			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which 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 03/09/2026	Aggregate Contributions \$25.00
Amount of Contribution \$25.00					

Last Name Schain		First Dennis		MI S	Contribution ID # 0071
Residential Street Address 245 Redwood Rd		City Manchester		State CT	Zip Code 06040-6333
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #		Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$30.00
Amount of Contribution \$30.00					

Last Name DAuria		First Cyril		MI 	Contribution ID # 0072
Residential Street Address 17 McDivitt Dr		City Manchester		State CT	Zip Code 06042-2239
Principal Occupation Lead bail commissioner		Name of Employer State of Connecticut judicial branch			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which 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 03/09/2026	Aggregate Contributions \$5.00
Amount of Contribution \$5.00					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Fox		First Ellen		MI S	Contribution ID # 0073
Residential Street Address 522 Traditions Ct N		City Oxford		State CT	Zip Code 06478-3122
Principal Occupation Registrar of Voters		Name of Employer Town of Oxford, CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Conroy		First Theresa		MI	Contribution ID # 0074
Residential Street Address 177 Skokorat St		City Seymour		State CT	Zip Code 06483-3024
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Lyddy		First Kyle		MI	Contribution ID # 0075
Residential Street Address 20 Juniper Rd		City Newtown		State CT	Zip Code 06470-2052
Principal Occupation VP, Owner		Name of Employer Omaha Beef Company, 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 03/09/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Siegelbaum		First Beth		MI M	Contribution ID # 0076
Residential Street Address 57 Russell St		City Norwalk		State CT	Zip Code 06855-1306
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT

Erick Russell for State Treasurer 26

April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Hertlein-Perez		First Victoria		MI L	Contribution ID # 0077
Residential Street Address 1 Ardell Rd		City Bronxville		State NY	Zip Code 10708-6501
Principal Occupation Social worker		Name of Employer The Guidance Center of Westchester			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Turner		First Bill		MI CT	Contribution ID # 0078
Residential Street Address 297 New London Tpke		City Stonington		State CT	Zip Code 06378-1713
Principal Occupation Realtor, Berkshire Hathaway Home Services		Name of Employer Realtor			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Kalamarides		First John		MI J	Contribution ID # 0079
Residential Street Address 180 Westport Rd		City Wilton		State CT	Zip Code 06897-4637
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Barnes		First Benjamin		MI CT	Contribution ID # 0080
Residential Street Address 28 Brightwood Ave		City Stratford		State CT	Zip Code 06614-4110
Principal Occupation Chief of staff		Name of Employer Charter Oak Communities			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Fisher		First Timothy		MI	Contribution ID # 0081
Residential Street Address 105 Scarborough St		City Hartford		State CT	Zip Code 06105-1108
Principal Occupation Professor		Name of Employer Unviersity of Connecticut School of Law			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Grabarz		First John		MI	Contribution ID # 0082
Residential Street Address 103 Sunset Hill Dr		City Branford		State CT	Zip Code 06405-6419
Principal Occupation Realtor		Name of Employer Greystone 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 03/09/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Dubin		First Thomas		MI I	Contribution ID # 0083
Residential Street Address 197 Signal Hill Rd		City Wilton		State CT	Zip Code 06897-1933
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Moon		First Polly		MI R	Contribution ID # 0084
Residential Street Address 23 Orchard Brook Dr		City Wethersfield		State CT	Zip Code 06109-2434
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Prause		First Eric		MI R	Contribution ID # 0085
Residential Street Address 147 John Olds Dr Apt 212		City Manchester		State CT	Zip Code 06042-8806
Principal Occupation Engineer		Name of Employer Nel Hydrogen			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Revaz		First Julie		MI 	Contribution ID # 0086
Residential Street Address 30 Buckboard Ln		City Marlborough		State CT	Zip Code 06447-1016
Principal Occupation Administrator		Name of Employer Ct Judicial Branch			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Radcliffe		First David		MI 	Contribution ID # 0087
Residential Street Address 415 Brooksvale Ave		City Hamden		State CT	Zip Code 06518-1222
Principal Occupation Policy analyst		Name of Employer The New School			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Menon		First Yamuna		MI 	Contribution ID # 0088
Residential Street Address 61 Bruce Rd		City Manchester		State CT	Zip Code 06040-7035
Principal Occupation Attorney		Name of Employer State of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Sullivan		First Michael		MI	Contribution ID # 0089
Residential Street Address 280 River Valley Rd		City Stratford		State CT	Zip Code 06614-1663
Principal Occupation Assistant Golf Course Supt		Name of Employer Brooklawn CC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Mandato		First Brandi		MI	Contribution ID # 0090
Residential Street Address 56 South Ave		City North Haven		State CT	Zip Code 06473-2714
Principal Occupation Sr Director		Name of Employer Jobs for the Future			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Robinson		First Holly		MI	Contribution ID # 0091
Residential Street Address 4 Circle Dr E		City Danbury		State CT	Zip Code 06811-4975
Principal Occupation Lawyer		Name of Employer Nuvance Health			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Brown-Clayton		First Janet		MI	Contribution ID # 0092
Residential Street Address 71 Stanley St		City New Haven		State CT	Zip Code 06511-4232
Principal Occupation Retured		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$60.00	\$60.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT

Erick Russell for State Treasurer 26

April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Giering		First Andrew		MI	Contribution ID # 0093
Residential Street Address 43 Harbour Close		City New Haven		State CT	Zip Code 06519-2845
Principal Occupation Attorney		Name of Employer U.S. Courts			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Gentile		First Vincent		MI J	Contribution ID # 0094
Residential Street Address 35 Horse Shoe Dr		City Westbrook		State CT	Zip Code 06498-1444
Principal Occupation Systems Administrator		Name of Employer Whelen Engineering			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Fluker		First Zillah		MI	Contribution ID # 0095
Residential Street Address 2664 Albany Ave		City West Hartford		State CT	Zip Code 06117-2331
Principal Occupation Director		Name of Employer RTX			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Carbone		First William		MI	Contribution ID # 0096
Residential Street Address 96 Vista Ter		City New Haven		State CT	Zip Code 06515-2402
Principal Occupation Professor		Name of Employer University of New Haven			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Moran		First Patricia		MI	Contribution ID # 0097
Residential Street Address 67 Orion St 67 Orion St		City West Haven		State CT	Zip Code 06516
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Luna		First Daniela		MI	Contribution ID # 0098
Residential Street Address 17 Cyr Dr		City Manchester		State CT	Zip Code 06040-6374
Principal Occupation Legislative Aide		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Rakov		First Jake		MI	Contribution ID # 0099
Residential Street Address 1806 Riverview St Apt B		City Austin		State TX	Zip Code 78702-5466
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 03/09/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Freed		First Meghan		MI E	Contribution ID # 0100
Residential Street Address 3 Linden Pl # B		City Hartford		State CT	Zip Code 06106-1730
Principal Occupation Self, Attorney		Name of Employer Freed Marcroft LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	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

Erick Russell for State Treasurer 26

April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Kubeck		First Brian		MI	Contribution ID # 0101
Residential Street Address 355 Finch Ave		City Cheshire		State CT	Zip Code 06410-1873
Principal Occupation Realtor		Name of Employer Coldwell Banker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Pyrke-Fairchild		First Lyndsey		MI	Contribution ID # 0102
Residential Street Address 37 Greenmanville Ave		City Mystic		State CT	Zip Code 06355-1939
Principal Occupation Policy Analyst		Name of Employer Empire Fisheries			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Robinson		First Thomas		MI	Contribution ID # 0103
Residential Street Address 124 Kent Dr		City Manchester		State CT	Zip Code 06042-2257
Principal Occupation Attorney		Name of Employer Fmpr			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Marcoccia		First Maria		MI	Contribution ID # 0104
Residential Street Address 72 Heather Rd		City Monroe		State CT	Zip Code 06468-2717
Principal Occupation Director of preschool		Name of Employer Self Employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Newman		First Eric		MI S	Contribution ID # 0105
Residential Street Address 85 Eastfield Dr		City Fairfield		State CT	Zip Code 06825-1116
Principal Occupation CPA		Name of Employer City of Stamford			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Riley		First Emmett		MI D	Contribution ID # 0106
Residential Street Address 25 Sherwood Ln		City Norwich		State CT	Zip Code 06360-5219
Principal Occupation Communications		Name of Employer CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Andrews		First Peter		MI B	Contribution ID # 0107
Residential Street Address 893 Farmington Ave Apt 6H		City West Hartford		State CT	Zip Code 06119-1458
Principal Occupation Constituent Engagement Coordinator		Name of Employer State of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Kurian		First Kevin		MI J	Contribution ID # 0108
Residential Street Address 5 Laurie Joe Way		City Simsbury		State CT	Zip Code 06070-1327
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 03/09/2026	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
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Gallant		First Megan		MI	Contribution ID # 0109
Residential Street Address 93 Brewster St		City Stratford		State CT	Zip Code 06614-4109
Principal Occupation Teacher		Name of Employer School			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Naeem		First Ojala		MI	Contribution ID # 0110
Residential Street Address 100 Pierce Blvd		City Windsor		State CT	Zip Code 06095-1711
Principal Occupation Design director		Name of Employer Travelers			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Moore		First Brandon		MI	Contribution ID # 0111
Residential Street Address 17 Plumtrees Rd		City Newtown		State CT	Zip Code 06470-1729
Principal Occupation Director of Political Talent		Name of Employer Leadership 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 03/09/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Neeley		First Nicholas		MI	Contribution ID # 0112
Residential Street Address 46 Oliver Rd		City New Haven		State CT	Zip Code 06515-2734
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name O'Donnell		First Kelly		MI	Contribution ID # 0113
Residential Street Address 19 William St		City Darien		State CT	Zip Code 06820-4029
Principal Occupation Attorney		Name of Employer Interlaken 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 03/09/2026	Aggregate Contributions \$50.00-	\$25.00-

Last Name LESTER		First JEANNE		MI M	Contribution ID # 0114
Residential Street Address 229 Stony Creek Rd		City Branford		State CT	Zip Code 06405-3201
Principal Occupation Stylist		Name of Employer JHilburn			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$75.00	\$75.00

Last Name Douglas		First Damani		MI	Contribution ID # 0115
Residential Street Address 20 Still Ln		City West Hartford		State CT	Zip Code 06117-1214
Principal Occupation Project management		Name of Employer GHP Media			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Thomas		First Lisa		MI D	Contribution ID # 0116
Residential Street Address 255 Geraldine Dr		City Coventry		State CT	Zip Code 06238-1331
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/09/2026	Aggregate Contributions \$30.00	\$30.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT

Erick Russell for State Treasurer 26

April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name O'Donnell		First Kelly		MI	Contribution ID # 0113
Residential Street Address 452 Oldfield Rd		City Fairfield		State CT	Zip Code 06824
Principal Occupation Attorney		Name of Employer Interlaken 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 03/09/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Hochberg		First David		MI	Contribution ID # 0117
Residential Street Address 1385 York Ave		City New York		State NY	Zip Code 10021-3904
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Duncan		First Michael		MI	Contribution ID # 0118
Residential Street Address 13 Sharon Dr		City Shelton		State CT	Zip Code 06484-4227
Principal Occupation Sales		Name of Employer Tata consumer products			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Fox		First Chris		MI	Contribution ID # 0119
Residential Street Address 88 Worcester St Apt 4		City Boston		State MA	Zip Code 02118-3927
Principal Occupation Teacher		Name of Employer CREC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$60.00	\$60.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Paulson		First Lorie		MI N	Contribution ID # 0120
Residential Street Address 6 Turtleback Rd		City Wilton		State CT	Zip Code 06897-1223
Principal Occupation Psychotherapist		Name of Employer Self Employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Gold		First Lindy		MI 	Contribution ID # 0121
Residential Street Address 360 Fountain St Apt 13		City New Haven		State CT	Zip Code 06515-2610
Principal Occupation State of CT DECD Econ Development		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$18.00	\$18.00

Last Name Kelly		First Christopher		MI 	Contribution ID # 0122
Residential Street Address 351 W 20th St # 4		City New York		State NY	Zip Code 10011-3300
Principal Occupation Physician		Name of Employer NYP			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Paterna		First Andrew		MI A	Contribution ID # 0123
Residential Street Address 301 Strawberry Ln		City South Windsor		State CT	Zip Code 06074-2092
Principal Occupation Retired/Professor		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Abt		First Michelle		MI	Contribution ID # 0124
Residential Street Address 150 June Road 150 June Rd		City Stamford		State CT	Zip Code 06903
Principal Occupation Writer		Name of Employer Pulse Content			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Morrin Bello		First Amy		MI	Contribution ID # 0125
Residential Street Address 311 Hartford Ave		City Wethersfield		State CT	Zip Code 06109-1212
Principal Occupation Admin Asst		Name of Employer Wesleyan University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Friedman		First Mark		MI M	Contribution ID # 0126
Residential Street Address 14 Saint George Pl		City Westport		State CT	Zip Code 06880-1251
Principal Occupation Investor		Name of Employer Mark Friedman			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$25.00	\$25.00

Last Name DORANTES		First VANNESSA		MI	Contribution ID # 0127
Residential Street Address 10 Haskins Rd		City Windsor		State CT	Zip Code 06095-4768
Principal Occupation Managing Director		Name of Employer Casey Family Programs			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT

Erick Russell for State Treasurer 26

April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Sager		First Christian		MI	Contribution ID # 0128
Residential Street Address 234 N Beacon St		City Hartford		State CT	Zip Code 06105-2247
Principal Occupation Insurance Professional		Name of Employer Chubb Insurance			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Kavros DeGraw		First Eleni		MI	Contribution ID # 0129
Residential Street Address 112 Westland Rd		City Avon		State CT	Zip Code 06001-2349
Principal Occupation State Representative		Name of Employer State of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Christopher		First Alysha		MI	Contribution ID # 0130
Residential Street Address 2505 Standifer Pl		City Lanham		State MD	Zip Code 20706-2679
Principal Occupation Assistant principal		Name of Employer DCPS			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Rizzolo		First Carol		MI L	Contribution ID # 0131
Residential Street Address 24 Long HI Farm 24 Long HI, Farm		City Guilford		State CT	Zip Code 06437
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT

Erick Russell for State Treasurer 26

April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Rizzolo		First Larry		MI L	Contribution ID # 0132
Residential Street Address 24 Long HI Farm 24 Long HI, Farm		City Guilford		State CT	Zip Code 06437
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Waller		First Robert		MI D	Contribution ID # 0133
Residential Street Address 259 Park Rd		City Haddam		State CT	Zip Code 06438-1225
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Buckley		First Raymond		MI NH	Contribution ID # 0134
Residential Street Address 700 S Porter St Apt 9		City Manchester		State NH	Zip Code 03103-3195
Principal Occupation State Party Chair		Name of Employer NH Democratic Party			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Mounds		First Sharon D		MI D	Contribution ID # 0135
Residential Street Address 53 Brookwood Dr Apt C		City Rocky Hill		State CT	Zip Code 06067-2721
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT

Erick Russell for State Treasurer 26

April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Viola		First Joseph		MI	Contribution ID # 0136
Residential Street Address 503 Prospect Ave		City West Hartford		State CT	Zip Code 06105-3902
Principal Occupation Teacher		Name of Employer West Hartford public schools			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Mushinsky		First Mary		MI	Contribution ID # 0137
Residential Street Address 188 S Cherry St		City Wallingford		State CT	Zip Code 06492-4016
Principal Occupation Legislator		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$15.00	\$15.00

Last Name Dalena		First Doug		MI C	Contribution ID # 0138
Residential Street Address 100 Brace Rd		City West Hartford		State CT	Zip Code 06107-1806
Principal Occupation Attorney		Name of Employer State of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Lajoie		First Tracie		MI	Contribution ID # 0139
Residential Street Address 136 Logging Trail Rd		City Danbury		State CT	Zip Code 06811-2629
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Blewett		First Kathleen		MI K	Contribution ID # 0140
Residential Street Address 136 Taunton Hill Rd		City Newtown		State CT	Zip Code 06470-1723
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Talamelli Cusick		First Karen		MI CT	Contribution ID # 0141
Residential Street Address 5085 Main St		City Trumbull		State CT	Zip Code 06611-5900
Principal Occupation Administrator		Name of Employer Luchs Consulting Engineers			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Khanna		First Rachel		MI CT	Contribution ID # 0142
Residential Street Address 163 John St		City Greenwich		State CT	Zip Code 06831-2514
Principal Occupation Selectwoman		Name of Employer Town of Greenwich CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Olsen		First John		MI W	Contribution ID # 0143
Residential Street Address 101 Pratt Rd		City Clinton		State CT	Zip Code 06413-2624
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT

Erick Russell for State Treasurer 26

April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Kostek		First David		MI 	Contribution ID # 0144
Residential Street Address 16 Keyser Rd		City Westport		State CT	Zip Code 06880-5043
Principal Occupation Digital Director		Name of Employer DSCC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Coyne		First Drew		MI H	Contribution ID # 0145
Residential Street Address 175 Old Post Rd		City Fairfield		State CT	Zip Code 06824-6207
Principal Occupation College Advisor		Name of Employer Self-Employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Long		First Michael		MI T	Contribution ID # 0146
Residential Street Address 50 Sarah Ln Apt 318		City Simsbury		State CT	Zip Code 06070-3405
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Michel		First Nichole		MI 	Contribution ID # 0147
Residential Street Address 185 Stevenson Rd		City New Haven		State CT	Zip Code 06515-2468
Principal Occupation Graphic Designer		Name of Employer Nichole Michel			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$150.00	\$150.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT

Erick Russell for State Treasurer 26

April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Berryman		First Jonathan		MI Q	Contribution ID # 0148
Residential Street Address 55 Walnut St Apt 7		City New Haven		State CT	Zip Code 06511-5016
Principal Occupation Teacher		Name of Employer New Haven Board of Education			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Gerratana		First Terry		MI CT	Contribution ID # 0149
Residential Street Address 11 Dorset Ln		City Farmington		State CT	Zip Code 06032-2330
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Shortell		First Bill		MI CT	Contribution ID # 0150
Residential Street Address 947 W Main St Apt 102		City New Britain		State CT	Zip Code 06053-3497
Principal Occupation retired		Name of Employer machinist			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/10/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Travers		First Jim		MI CT	Contribution ID # 0151
Residential Street Address 60 Mumford Rd		City New Haven		State CT	Zip Code 06515-2432
Principal Occupation Municipal 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 03/10/2026	Aggregate Contributions \$30.00	\$30.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Esposito		First Jenny		MI	Contribution ID # 0152
Residential Street Address 137 Heritage Hill Rd Apt A		City New Canaan		State CT	Zip Code 06840-4633
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/11/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Suzuki		First Kenneth H		MI H	Contribution ID # 0153
Residential Street Address 95 Cottage St		City New Haven		State CT	Zip Code 06511-0202
Principal Occupation Union representative		Name of Employer Local 34 UNITE HERE, Yale University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/11/2026	Aggregate Contributions \$200.00	\$200.00

Last Name Hemingway		First Joseph		MI M	Contribution ID # 0154
Residential Street Address 10 Overlook Knoll Rd		City Sandy Hook		State CT	Zip Code 06482-1032
Principal Occupation Project Manager		Name of Employer Banton Construction			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/11/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Gettinger		First Benjamin		MI	Contribution ID # 0155
Residential Street Address 596 Gulf St		City Milford		State CT	Zip Code 06460-7270
Principal Occupation Probate Judge		Name of Employer State of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/11/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Crisci		First Anthony		MI H	Contribution ID # 0156
Residential Street Address 21 Knollwood Rd		City Norwalk		State CT	Zip Code 06854-3904
Principal Occupation Healthcare Administrator		Name of Employer World Health Clinicians			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/11/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Burgos		First Jhermyne		MI CT	Contribution ID # 0157
Residential Street Address 15 Farren Ave		City New Haven		State CT	Zip Code 06513-4554
Principal Occupation Cook		Name of Employer Sodexo @ Univeristy of New Haven			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/11/2026	Aggregate Contributions \$10.00	\$10.00

Last Name LaRocca		First Adam		MI CT	Contribution ID # 0158
Residential Street Address 61 Nicole Dr		City Milford		State CT	Zip Code 06460-6970
Principal Occupation Cook		Name of Employer Sodexo at University of New Haven			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/11/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Ezzes		First James		MI C	Contribution ID # 0159
Residential Street Address 1 Punch Bowl Dr # A		City Westport		State CT	Zip Code 06880-2126
Principal Occupation general contractor		Name of Employer Soundview Builders LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/11/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Hemingway		First Maribeth		MI M	Contribution ID # 0160
Residential Street Address 10 Overlook Knoll Rd		City Sandy Hook		State CT	Zip Code 06482-1032
Principal Occupation Magner Funeral Home Inc		Name of Employer Business Manager			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/12/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Greenblatt		First Sarah		MI B	Contribution ID # 0161
Residential Street Address 190 Wooster St Apt 40		City New Haven		State CT	Zip Code 06511-5763
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 03/12/2026	Aggregate Contributions \$36.00	\$36.00

Last Name Georgiadis		First Dru		MI M	Contribution ID # 0162
Residential Street Address 321 Puritan Rd		City Fairfield		State CT	Zip Code 06824-6837
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 03/12/2026	Aggregate Contributions \$340.00	\$340.00

Last Name mitchell-namdar		First Andrew		MI	Contribution ID # 0163
Residential Street Address 137 Hollow Tree Ridge Rd		City Darien		State CT	Zip Code 06820-5045
Principal Occupation Manager		Name of Employer Mitchells			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/12/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT

Erick Russell for State Treasurer 26

April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Namdar		First Isaac		MI	Contribution ID # 0164
Residential Street Address 137 Hollow Tree Ridge Rd		City Darien		State CT	Zip Code 06820-5045
Principal Occupation Doctor		Name of Employer Mt sinai			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/12/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Popilowski		First Matthew		MI D	Contribution ID # 0165
Residential Street Address 1050 State St Apt 307		City New Haven		State CT	Zip Code 06511-2769
Principal Occupation Lawyer		Name of Employer Lynch, Traub, Keefe & Errante 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 03/12/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Altmeyer		First Eric		MI	Contribution ID # 0166
Residential Street Address 28 Midwood Rd		City Branford		State CT	Zip Code 06405-4852
Principal Occupation Social Worker		Name of Employer MTA			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/12/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Perugine		First Pat		MI	Contribution ID # 0167
Residential Street Address 455		City West Haven		State CT	Zip Code 06516
Principal Occupation Self Employed		Name of Employer Self Employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/12/2026	Aggregate Contributions \$680.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Psarras		First Patrick		MI	Contribution ID # 0168
Residential Street Address 820 Townsend Ave		City New Haven		State CT	Zip Code 06512-5041
Principal Occupation Firefighter		Name of Employer New Haven			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/12/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Gough		First George Kevin		MI K	Contribution ID # 0169
Residential Street Address 5 Bear Ridge Dr		City Bloomfield		State CT	Zip Code 06002-1107
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 03/12/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Ntem-Mensah		First Kwasi		MI	Contribution ID # 0170
Residential Street Address 27 Sage Dr		City Manchester		State CT	Zip Code 06042-2241
Principal Occupation Fatherhood Consultant		Name of Employer Hartford Healthcare			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/12/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Perugino		First Pat		MI	Contribution ID # 0167
Residential Street Address 455 Ocean Ave		City West Haven		State CT	Zip Code 06516
Principal Occupation Caring		Name of Employer Caring International			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/12/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Savitsky		First Linda		MI R	Contribution ID # 0177
Residential Street Address 17B Sunset Ter		City Essex		State CT	Zip Code 06426
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 03/13/2026	Aggregate Contributions \$54.00	
					\$54.00

Last Name smith		First nessah		MI	Contribution ID # 0181
Residential Street Address 500 Evers St		City Bridgeport		State CT	Zip Code 06610
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 03/13/2026	Aggregate Contributions \$25.00	
					\$25.00

Last Name Barry		First Chris		MI	Contribution ID # 0174
Residential Street Address 49 Hoadley St		City Naugatuck		State CT	Zip Code 06770-3734
Principal Occupation Long Term Disability Claims		Name of Employer Metlife			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/13/2026	Aggregate Contributions \$30.00	
					\$5.00

Last Name Barry		First Katie		MI	Contribution ID # 0173
Residential Street Address 49 Hoadley St		City Naugatuck		State CT	Zip Code 06770-3734
Principal Occupation Long Term Disability Claims		Name of Employer Metlife			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/13/2026	Aggregate Contributions \$30.00	
					\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Bove		First Peter		MI A	Contribution ID # 0171
Residential Street Address 10 Old Hickory Ln		City Branford		State CT	Zip Code 06405-2828
Principal Occupation Judicial Marshal		Name of Employer State Of CT Judicial Branch			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/13/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Scott		First Kelly		MI 	Contribution ID # 0172
Residential Street Address 58 Bystrek Dr		City Middletown		State CT	Zip Code 06457-8714
Principal Occupation Attorney		Name of Employer Pullman & Comley LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/13/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Barry		First Katie		MI 	Contribution ID # 0173
Residential Street Address 49 Hoadley St		City Naugatuck		State CT	Zip Code 06770-3734
Principal Occupation Long Term Disability Claims		Name of Employer Metlife			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/13/2026	Aggregate Contributions \$60.00-	\$25.00-

Last Name Barry		First Katie		MI 	Contribution ID # 0174
Residential Street Address 49 Hoadley St		City Naugatuck		State CT	Zip Code 06770-3734
Principal Occupation Long Term Disability Claims		Name of Employer Metlife			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/13/2026	Aggregate Contributions \$60.00-	\$5.00-

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Litt		First Elizabeth		MI	Contribution ID # 0175
Residential Street Address 86 Great Hill Rd		City Newtown		State CT	Zip Code 06470-1747
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 03/13/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Haley		First Regina		MI M	Contribution ID # 0176
Residential Street Address 25 Odell Ave		City Milford		State CT	Zip Code 06460-7347
Principal Occupation Marketing		Name of Employer Haley Co., LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/13/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Savitsky		First Linda		MI R	Contribution ID # 0177
Residential Street Address PO Box 863		City Essex		State CT	Zip Code 06426-0863
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 03/13/2026	Aggregate Contributions \$108.00-	\$54.00-

Last Name Gray		First Charles		MI	Contribution ID # 0178
Residential Street Address 25 Scarborough St		City Hartford		State CT	Zip Code 06105-1106
Principal Occupation Chief Revenue Officer		Name of Employer Paytronix			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/13/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Walker		First Joan		MI M	Contribution ID # 0179
Residential Street Address 39 Stepping Stone Ln		City Madison		State CT	Zip Code 06443-1763
Principal Occupation Treasurer		Name of Employer UNAPEN, 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 03/13/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Green		First Floyd		MI W	Contribution ID # 0180
Residential Street Address 1316 S Asylum Ave # 2		City Hartford		State CT	Zip Code 06105-6001
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 03/13/2026	Aggregate Contributions \$250.00	\$250.00

Last Name smith		First nessah		MI	Contribution ID # 0181
Residential Street Address PO Box 56		City Stratford		State CT	Zip Code 06615-0056
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 03/13/2026	Aggregate Contributions \$50.00-	\$25.00-

Last Name Mehta		First Avani		MI	Contribution ID # 0182
Residential Street Address 343 E 30th St Apt 6L		City New York		State NY	Zip Code 10016-6430
Principal Occupation organizer		Name of Employer Unite Here Local 34			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/13/2026	Aggregate Contributions \$20.00	\$20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Decker		First Charles		MI	Contribution ID # 0183
Residential Street Address 1833 Biscayne Dr		City Winter Park		State FL	Zip Code 32789-3502
Principal Occupation Research Director		Name of Employer UNITE HERE			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/13/2026	Aggregate Contributions \$50.33	\$50.33

Last Name Camp		First Edwin		MI	Contribution ID # 0184
Residential Street Address 165 Kohary Dr		City New Haven		State CT	Zip Code 06515-2464
Principal Occupation Researcher		Name of Employer UNITE HERE Local 34			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/13/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Shannahan		First Michael		MI	Contribution ID # 0185
Residential Street Address 36 Trout Brook Ter		City West Hartford		State CT	Zip Code 06119-2226
Principal Occupation Mktg Mgr		Name of Employer Henkel			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/13/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Melita		First Gus		MI	Contribution ID # 0186
Residential Street Address 1823 Asylum Ave		City West Hartford		State CT	Zip Code 06117-2602
Principal Occupation Government Relations		Name of Employer Ct Educ Asnn			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/13/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Barry		First Katie		MI	Contribution ID # 0187
Residential Street Address 49 Hoadley St		City Naugatuck		State CT	Zip Code 06770-3734
Principal Occupation Long Term Disability Claims		Name of Employer Metlife			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/14/2026	Aggregate Contributions \$100.00-	\$20.00-

Last Name O'Connell		First Matthew		MI	Contribution ID # 0188
Residential Street Address 175 Old Post Rd		City Fairfield		State CT	Zip Code 06824-6207
Principal Occupation Executive Recruiter		Name of Employer True Search			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/14/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Last		First Michael		MI P	Contribution ID # 0189
Residential Street Address 62 Great Circle Rd		City West Haven		State CT	Zip Code 06516-7133
Principal Occupation CFO		Name of Employer State of Ct - Ag Experiment Station			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/14/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Bartram		First Glenn		MI	Contribution ID # 0190
Residential Street Address 66 Veres St		City Fairfield		State CT	Zip Code 06824-6444
Principal Occupation HR professional		Name of Employer Nayya health			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/14/2026	Aggregate Contributions \$250.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT

Erick Russell for State Treasurer 26

April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Carr		First Jonathan		MI	Contribution ID # 0191
Residential Street Address 188 Sultan St		City Stratford		State CT	Zip Code 06614-2777
Principal Occupation Sales Manager		Name of Employer Massanois			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/14/2026	Aggregate Contributions \$200.00	\$200.00

Last Name Decola		First Salvatore		MI	Contribution ID # 0192
Residential Street Address 22 Hickory Ct		City Wallingford		State CT	Zip Code 06492-4372
Principal Occupation Retiref		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 03/14/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Farrar		First Kate		MI	Contribution ID # 0193
Residential Street Address 253 Ridgewood Rd		City West Hartford		State CT	Zip Code 06107-3510
Principal Occupation Legislator		Name of Employer CT General Assembly			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/14/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Barry		First Chris		MI	Contribution ID # 0187
Residential Street Address 49 Hoadley St		City Naugatuck		State CT	Zip Code 06770-3734
Principal Occupation Long Term Disability Claims		Name of Employer Metlife			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/14/2026	Aggregate Contributions \$50.00	\$20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Goldblatt		First Mitch		MI R	Contribution ID # 0194
Residential Street Address 291 Drummond Rd		City Orange		State CT	Zip Code 06477-3406
Principal Occupation Director of Human Resources		Name of Employer Town of Guilford			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/15/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Mulligan		First Maureen		MI 	Contribution ID # 0195
Residential Street Address 153 Highland Dr		City Monroe		State CT	Zip Code 06468-1464
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 03/15/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Farina		First Michael		MI 	Contribution ID # 0196
Residential Street Address 54 Robert Rd		City Manchester		State CT	Zip Code 06040-4520
Principal Occupation Professor		Name of Employer Yale University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/15/2026	Aggregate Contributions \$125.00	\$5.00

Last Name Erickson		First Julie		MI M	Contribution ID # 0197
Residential Street Address 85 Hickory Hill Rd		City Berlin		State CT	Zip Code 06037-1209
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 03/15/2026	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

Erick Russell for State Treasurer 26

April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Hosten		First Colin		MI A	Contribution ID # 0198
Residential Street Address 71 Aiken St Apt A14		City Norwalk		State CT	Zip Code 06851-2153
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 03/15/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Weintraub		First Eva		MI MA	Contribution ID # 0199
Residential Street Address 196 Shutesbury Rd		City Amherst		State MA	Zip Code 01002-1264
Principal Occupation Researcher		Name of Employer Unite Here Local 217			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/16/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Allen-Varcianna		First Sheryl		MI CT	Contribution ID # 0200
Residential Street Address 148 Ashcraft Rd		City New London		State CT	Zip Code 06320-3620
Principal Occupation Organizer		Name of Employer Local 217			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/16/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Kemp		First Leonard		MI CT	Contribution ID # 0201
Residential Street Address 793 Ridgebury Rd		City Ridgefield		State CT	Zip Code 06877-1015
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/16/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Dellinger		First Richard		MI	Contribution ID # 0202
Residential Street Address 45 Purdy Rd E		City Norwalk		State CT	Zip Code 06850-1526
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 03/17/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Bacigalupo		First Tony		MI	Contribution ID # 0203
Residential Street Address 515 West Ave # PH07		City Norwalk		State CT	Zip Code 06850-4054
Principal Occupation Head of Commuity		Name of Employer Scalepath			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/17/2026	Aggregate Contributions \$5.00	\$5.00

Last Name ANDRASKO		First JOSEPH		MI	Contribution ID # 0204
Residential Street Address 28 Dock Rd 28 Dock Rd		City Norwalk		State CT	Zip Code 06854
Principal Occupation FINANCE		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 03/17/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Lopez		First Johan		MI	Contribution ID # 0205
Residential Street Address 41 Fairfield Ave		City Norwalk		State CT	Zip Code 06854-2181
Principal Occupation Analyst		Name of Employer World Bank group			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/17/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name MARCELLINO		First ALEXANDER		MI	Contribution ID # 0206
Residential Street Address 87 Davis Rd		City Mansfield		State CT	Zip Code 06268-2523
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 03/18/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Carr		First Hilary		MI	Contribution ID # 0207
Residential Street Address 288 Reef Rd		City Fairfield		State CT	Zip Code 06824-6545
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 03/18/2026	Aggregate Contributions \$50.00	\$50.00

Last Name McNeil		First James		MI	Contribution ID # 0208
Residential Street Address 535 Poplar St		City Boston		State MA	Zip Code 02131-4917
Principal Occupation General Agent		Name of Employer UNITE HERE Local 26			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/18/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Stanback		First Anne		MI	Contribution ID # 0209
Residential Street Address 44 Clipper Point Rd		City Mystic		State CT	Zip Code 06355-3650
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 03/18/2026	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
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Aina		First Ola		MI	Contribution ID # 0210
Residential Street Address 2 Brooke St		City Bloomfield		State CT	Zip Code 06002-2711
Principal Occupation interNESS llc.		Name of Employer interNESS llc.			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/19/2026	Aggregate Contributions \$60.00	\$60.00

Last Name Healy		First Taylor		MI	Contribution ID # 0211
Residential Street Address 55 Catherine Ter		City Fairfield		State CT	Zip Code 06824-6462
Principal Occupation Self employed		Name of Employer Fine jewelry consultant			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/19/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Kim		First Ginny		MI	Contribution ID # 0212
Residential Street Address 169 Lakewood Rd		City South Glastonbury		State CT	Zip Code 06073-2321
Principal Occupation Attorney		Name of Employer State Of CT Office Of The Treasurer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/20/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Underwood		First Janis		MI E	Contribution ID # 0213
Residential Street Address 73 Woodside Ter		City New Haven		State CT	Zip Code 06515-2020
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/20/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT

Erick Russell for State Treasurer 26

April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name BESSON		First SEBASTIEN		MI	Contribution ID # 0214
Residential Street Address 39 Maple Tree Ave Unit 6		City Stamford		State CT	Zip Code 06906-2271
Principal Occupation CEO		Name of Employer Champagne de Lossy Distribution LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/20/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Wise		First Dana		MI	Contribution ID # 0215
Residential Street Address 314 Dale Dr		City Silver Spring		State MD	Zip Code 20910-5526
Principal Occupation Analyst		Name of Employer UNITE HERE			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/20/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Grimes		First Carla		MI	Contribution ID # 0216
Residential Street Address 7 Choma Ln		City Colchester		State CT	Zip Code 06415-1258
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 03/21/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Breckinridge		First Karen K.		MI	Contribution ID # 0217
Residential Street Address 15 Lawson Ln		City Ridgefield		State CT	Zip Code 06877-3956
Principal Occupation Retired teacher		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 03/21/2026	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
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Lansner		First Thomas		MI P	Contribution ID # 0218
Residential Street Address 27 Laurel Cir		City East Windsor		State CT	Zip Code 06088-1717
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 03/21/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Genga		First Henry		MI J	Contribution ID # 0219
Residential Street Address 5 Elaine Dr		City East Hartford		State CT	Zip Code 06118-3515
Principal Occupation State Rep		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/21/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Gentile		First Vincent		MI J	Contribution ID # 0220
Residential Street Address 35 Horse Shoe Dr		City Westbrook		State CT	Zip Code 06498-1444
Principal Occupation Systems Administrator		Name of Employer Whelen Engineering			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/22/2026	Aggregate Contributions \$90.00	\$60.00

Last Name Weaver		First Belinda		MI D	Contribution ID # 0221
Residential Street Address 224 Walnut St		City Waterbury		State CT	Zip Code 06704-4003
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/22/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Paulson		First Lorie		MI N	Contribution ID # 0222
Residential Street Address 6 Turtleback Rd		City Wilton		State CT	Zip Code 06897-1223
Principal Occupation Psychotherapist		Name of Employer Self Employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/23/2026	Aggregate Contributions \$125.00	\$100.00

Last Name DeMaio		First Pat		MI CT	Contribution ID # 0223
Residential Street Address 40 Oak Ridge Rd		City Branford		State CT	Zip Code 06405-4622
Principal Occupation Attorney		Name of Employer Law Offices of Pat DeMaio, Jr., Esq.			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/23/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Ezzes		First Katherine		MI VA	Contribution ID # 0224
Residential Street Address 12564 Rock Ridge Rd		City Herndon		State VA	Zip Code 20170-2885
Principal Occupation International development		Name of Employer Plan Inywrnational			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/23/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Hampford Donahue		First Clare		MI CT	Contribution ID # 0225
Residential Street Address 83 Meadow Rd W		City Trumbull		State CT	Zip Code 06611-2046
Principal Occupation Executive		Name of Employer Hampford Research 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 03/23/2026	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
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Jennings		First Kevin		MI	Contribution ID # 0226
Residential Street Address 470 Warren St		City Brooklyn		State NY	Zip Code 11217-4838
Principal Occupation CEO		Name of Employer Lambda Legal			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/23/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Cullinan		First Courtney		MI	Contribution ID # 0227
Residential Street Address 420 Sheridan Dr		City Cheshire		State CT	Zip Code 06410-2041
Principal Occupation Chief of staff		Name of Employer State of ct			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/24/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Morris		First Bryan		MI	Contribution ID # 0228
Residential Street Address 51 Erdmann Ln		City Wilton		State CT	Zip Code 06897-4612
Principal Occupation Realtor		Name of Employer William Pitt Sotheby's International 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 03/24/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Cullinan		First Edmond		MI	Contribution ID # 0229
Residential Street Address 495 Chestnut St		City Cheshire		State CT	Zip Code 06410-2049
Principal Occupation Self Employed state Marshal		Name of Employer Self Employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/24/2026	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

Erick Russell for State Treasurer 26

April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Cann		First Dr. Immacula		MI	Contribution ID # 0230
Residential Street Address 234 Klondike St		City Stratford		State CT	Zip Code 06614-4654
Principal Occupation Nurse		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/24/2026	Aggregate Contributions \$60.00	\$60.00

Last Name Harris		First Tyron		MI V	Contribution ID # 0231
Residential Street Address 118 Clayton Rd		City East Hartford		State CT	Zip Code 06118-2709
Principal Occupation East Hartford		Name of Employer CHRO			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/25/2026	Aggregate Contributions \$51.06	\$51.06

Last Name Garofalo		First Marc		MI J	Contribution ID # 0232
Residential Street Address 95 Academy Hill Rd		City Derby		State CT	Zip Code 06418-2055
Principal Occupation Town Clerk		Name of Employer City of Derby			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/25/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Tickey		First James		MI J	Contribution ID # 0233
Residential Street Address 9 Madison Ave		City Shelton		State CT	Zip Code 06484-6025
Principal Occupation Director		Name of Employer US House of Representatives			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/27/2026	Aggregate Contributions \$150.00	\$150.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Sager		First Jennifer		MI D	Contribution ID # 0234
Residential Street Address 234 N Beacon St		City Hartford		State CT	Zip Code 06105-2247
Principal Occupation Travelers Insurance		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 03/28/2026	Aggregate Contributions \$340.00	\$315.00

Last Name Meyer		First Michael		MI CT	Contribution ID # 0235
Residential Street Address 394 Browns Rd		City Mansfield		State CT	Zip Code 06268-2707
Principal Occupation Rrtired		Name of Employer Retired UConn Professor			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/28/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Sager		First Lorna		MI CT	Contribution ID # 0236
Residential Street Address 120 Forest St		City Manchester		State CT	Zip Code 06040-5906
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/28/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Kaminsky		First Laura		MI CT	Contribution ID # 0237
Residential Street Address 273 Queen St Apt 10B		City Southington		State CT	Zip Code 06489-1918
Principal Occupation Cook		Name of Employer Sodexo@UNH			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/29/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Coppola		First Michael		MI	Contribution ID # 0238
Residential Street Address 227 Terry Rd		City Hartford		State CT	Zip Code 06105-1114
Principal Occupation Marketing		Name of Employer Hubbell Incorporated			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/29/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Eastman		First Susan		MI	Contribution ID # 0239
Residential Street Address 15 Lockwood Cir		City Westport		State CT	Zip Code 06880-1640
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 03/29/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Attanasio		First Tony		MI	Contribution ID # 0240
Residential Street Address 97 W Main St Apt 18		City Niantic		State CT	Zip Code 06357-1730
Principal Occupation Engineer		Name of Employer General Dynamics-Electric Boat			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/29/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Bradley		First Therese		MI M	Contribution ID # 0241
Residential Street Address 373 N Brooksvale Rd		City Cheshire		State CT	Zip Code 06410-3341
Principal Occupation Project manager		Name of Employer AVISPL			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/29/2026	Aggregate Contributions \$20.00	\$20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Carozza		First Peter		MI	Contribution ID # 0242
Residential Street Address PO Box 9153		City Waterbury		State CT	Zip Code 06724-0153
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 03/29/2026	Aggregate Contributions \$200.00-	\$100.00-

Last Name Hershman		First Josh		MI	Contribution ID # 0243
Residential Street Address 695 Podunk Rd		City Guilford		State CT	Zip Code 06437-2217
Principal Occupation Insurance Regulator		Name of Employer State of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/29/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Lautenberg		First Ellen		MI S	Contribution ID # 0244
Residential Street Address 10 Woody Ln		City Westport		State CT	Zip Code 06880-2259
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 03/29/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Carozza		First Peter		MI	Contribution ID # 0242
Residential Street Address 12 Spindle Hill Rd # 10F		City Wolcott		State CT	Zip Code 06716
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 03/29/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name RUSSELL		First CHRISTIAN		MI	Contribution ID # 0245
Residential Street Address 34 Prospect St		City Terryville		State CT	Zip Code 06786-5409
Principal Occupation Director		Name of Employer Comcast Cable Corporation			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/30/2026	Aggregate Contributions \$340.00	\$340.00

Last Name RUSSELL		First VICTORIA		MI	Contribution ID # 0246
Residential Street Address 34 Prospect St		City Terryville		State CT	Zip Code 06786-5409
Principal Occupation Secretary		Name of Employer Consolidated School District of New Britain			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/30/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Seritella		First Freda		MI	Contribution ID # 0247
Residential Street Address 57 Woodland Dr # 6105		City Hartford		State CT	Zip Code 06105-1202
Principal Occupation CGA		Name of Employer EMPLOYED			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/30/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Weaver		First Belinda		MI D	Contribution ID # 0248
Residential Street Address 224 Walnut St		City Waterbury		State CT	Zip Code 06704-4003
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 03/30/2026	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
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Chinsky		First Jack		MI	Contribution ID # 0249
Residential Street Address 15 Sunrise Ln		City South Windsor		State CT	Zip Code 06074-2060
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 03/30/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Ladd		First C Marston		MI	Contribution ID # 0250
Residential Street Address 5 Cricket Ct		City Old Saybrook		State CT	Zip Code 06475-2405
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 03/30/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Dyer		First Matt		MI D	Contribution ID # 0251
Residential Street Address 405 Hunter Dr		City Litchfield		State CT	Zip Code 06759-2834
Principal Occupation Attorney		Name of Employer Furey, Donovan, Cooney & Dyer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/30/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Drew		First Jill		MI S	Contribution ID # 0252
Residential Street Address 10 Dakin Rd		City Sharon		State CT	Zip Code 06069-2036
Principal Occupation Manager		Name of Employer Drew 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 03/30/2026	Aggregate Contributions \$60.00	\$60.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name OBrien		First Laura		MI L	Contribution ID # 0253
Residential Street Address 178 Glengarry Rd		City Fairfield		State CT	Zip Code 06825-1169
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 03/30/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Gaines		First Richard		MI A	Contribution ID # 0254
Residential Street Address 51 Black Bridge Rd		City Sandy Hook		State CT	Zip Code 06482-1077
Principal Occupation IT Consultant		Name of Employer R. Gaines Consulting			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/30/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Kim		First Christine		MI	Contribution ID # 0255
Residential Street Address 406 Humphrey St		City New Haven		State CT	Zip Code 06511-3711
Principal Occupation Alder		Name of Employer City of New haven			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/30/2026	Aggregate Contributions \$30.00	\$30.00

Last Name DiLaura		First Arnold		MI	Contribution ID # 0256
Residential Street Address 99 Barry Ave		City Ridgefield		State CT	Zip Code 06877-4311
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 03/30/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Gaiewski		First Daniel		MI D	Contribution ID # 0257
Residential Street Address 136 Ocean View Ave		City Mystic		State CT	Zip Code 06355-2236
Principal Occupation State Representative		Name of Employer State of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/30/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Bromley		First Sarah		MI E	Contribution ID # 0258
Residential Street Address 27 Norway St		City Milford		State CT	Zip Code 06461-2917
Principal Occupation Preschool Teacher		Name of Employer Bright Horizons			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/30/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Urena		First Tatiana		MI E	Contribution ID # 0259
Residential Street Address 108 Stillman St		City Bridgeport		State CT	Zip Code 06608-1543
Principal Occupation Payroll Clerk		Name of Employer City of Bridgeport			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Underwood		First Janis		MI E	Contribution ID # 0260
Residential Street Address 73 Woodside Ter		City New Haven		State CT	Zip Code 06515-2020
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$50.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Gerstel		First Karin		MI	Contribution ID # 0261
Residential Street Address 535 Under Mountain Rd		City Salisbury		State CT	Zip Code 06068-1106
Principal Occupation Self-employed weaver at Under Mountain Weavers		Name of Employer Self-employed weaver at Under Mountain Weavers			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Woodard		First Joseph		MI	Contribution ID # 0262
Residential Street Address 535 Under Mountain Rd		City Salisbury		State CT	Zip Code 06068-1106
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Paterna		First Andrew		MI A	Contribution ID # 0263
Residential Street Address 301 Strawberry Ln		City South Windsor		State CT	Zip Code 06074-2092
Principal Occupation Retired/Professor		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$160.00	\$60.00

Last Name Tate		First David		MI C	Contribution ID # 0264
Residential Street Address 70 Autumn St		City New Haven		State CT	Zip Code 06511-2221
Principal Occupation Psychologist		Name of Employer Yale University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/31/2026	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
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Falk		First Joseph		MI 	Contribution ID # 0265
Residential Street Address 1770 Micanopy Ave		City Miami		State FL	Zip Code 33133-3323
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$290.00	\$290.00

Last Name Ulvert		First Christian		MI 	Contribution ID # 0266
Residential Street Address 1742 W Flagler St # He		City Miami		State FL	Zip Code 33135-2017
Principal Occupation Consultant		Name of Employer Edge 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 03/31/2026	Aggregate Contributions \$290.00	\$290.00

Last Name Green		First Floyd		MI W	Contribution ID # 0267
Residential Street Address 1316 S Asylum Ave # 2		City Hartford		State CT	Zip Code 06105-6001
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$350.00	\$100.00

Last Name Hale		First Gary		MI A	Contribution ID # 0268
Residential Street Address 22314 Town Walk Dr		City Hamden		State CT	Zip Code 06518-3761
Principal Occupation Renewable Energy Developer		Name of Employer Government Strategies Consulting, LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Gutcheon		First Adam		MI	Contribution ID # 0269
Residential Street Address 19 Mechanic St		City Windsor		State CT	Zip Code 06095-2523
Principal Occupation Consultant		Name of Employer Voyager Data Services			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Godfrey		First Robert		MI	Contribution ID # 0270
Residential Street Address 13 Stillman Ave # 6810		City Danbury		State CT	Zip Code 06810-8007
Principal Occupation State Representative		Name of Employer Connecticut House of Representatives			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$60.00	\$60.00

Last Name Blackwell		First Eric		MI	Contribution ID # 0271
Residential Street Address 1051 Timbergrove Yards Ln		City Houston		State TX	Zip Code 77008-2907
Principal Occupation Government Affairs		Name of Employer NRG Energy			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Gordon		First Derrick		MI	Contribution ID # 0272
Residential Street Address 44 Old Quarry Rd		City Woodbridge		State CT	Zip Code 06525-1006
Principal Occupation Psychologist		Name of Employer Yale university			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT

Erick Russell for State Treasurer 26

April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Canton		First Jamea		MI	Contribution ID # 0273
Residential Street Address 70 Autumn St		City New Haven		State CT	Zip Code 06511-2221
Principal Occupation Executive		Name of Employer No			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Morgan		First Larry		MI	Contribution ID # 0274
Residential Street Address 75 Ridgebury Rd # 6810		City Danbury		State CT	Zip Code 06810-7219
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Asher		First Jeffrey		MI A	Contribution ID # 0275
Residential Street Address 49 Reed Dr		City Manchester		State CT	Zip Code 06040-6775
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Zahorsky		First Claudia		MI	Contribution ID # 0276
Residential Street Address 556 W McKinley Ave		City Bridgeport		State CT	Zip Code 06604-1632
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name O'Donnell		First Kelly		MI	Contribution ID # 0277
Residential Street Address 19 William St		City Darien		State CT	Zip Code 06820-4029
Principal Occupation Attorney		Name of Employer Interlaken 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 03/31/2026	Aggregate Contributions \$150.00	\$100.00

Last Name Weisselberg		First Susan		MI E	Contribution ID # 0278
Residential Street Address 46 Oliver Rd		City New Haven		State CT	Zip Code 06515-2734
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Gilman		First Michelle		MI H	Contribution ID # 0279
Residential Street Address 247 Woodbine Rd		City Colchester		State CT	Zip Code 06415-1882
Principal Occupation 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 03/31/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Gilman		First Timothy		MI	Contribution ID # 0280
Residential Street Address 247 Woodbine Rd		City Colchester		State CT	Zip Code 06415-1882
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Idelson		First Douglas		MI	Contribution ID # 0281
Residential Street Address 76 Quarry Dock Rd		City Branford		State CT	Zip Code 06405-4656
Principal Occupation Doctor		Name of Employer Yale University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Mattei		First Christopher		MI M	Contribution ID # 0282
Residential Street Address 176 N Beacon St		City Hartford		State CT	Zip Code 06105-2247
Principal Occupation Attorney		Name of Employer Koskoff, Koskoff & Bieder			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Meade		First Donna		MI L	Contribution ID # 0283
Residential Street Address 118 Broad St Apt 11		City Plainville		State CT	Zip Code 06062-2266
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Sealey		First Randolph		MI	Contribution ID # 0284
Residential Street Address 9 Boulder Creek Rd		City Newtown		State CT	Zip Code 06470-5703
Principal Occupation Physician		Name of Employer Ortho CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$250.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Hoffler		First Steven		MI	Contribution ID # 0285
Residential Street Address 26 Joseph Ln		City Hamden		State CT	Zip Code 06514-3748
Principal Occupation College professor		Name of Employer Southern CT State University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Sullivan		First Beatrice		MI F	Contribution ID # 0286
Residential Street Address 31 Woodland St Apt 10S		City Hartford		State CT	Zip Code 06105-4303
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Ferguson		First Andrew		MI	Contribution ID # 0287
Residential Street Address 22 Scribner Hill Rd		City Wilton		State CT	Zip Code 06897-2221
Principal Occupation Nonprofit Executive		Name of Employer Redwood Endeavors 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 03/31/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Gerratana		First Terry		MI	Contribution ID # 0288
Residential Street Address 11 Dorset Ln		City Farmington		State CT	Zip Code 06032-2330
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/31/2026	Aggregate Contributions \$200.00	\$100.00

Total of Section B			\$31,394.39
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS	(Sections A + B)	(Total on Line 14, Column A of Summary Page)	\$31,394.39

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

C1. Contributions from Other Committees

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

Total of Section C1

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

C2. Reimbursements or Surplus Distributions from other Committees

Name of Committee				Name of Treasurer		
Address					Date Received	Amount of Receipt
				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	
Erick Russell for State Treasurer 26				April 10 Filing - Amendment	
D. Loans Received this Period					
Name of Lender		Source of Loan:			Date of Receipt
		Bank	Candidate	Individual	Other
Street Address		City	State	Zip Code	Is there a cosigner or Guarantor of this loan?
					Yes No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address		City	Stat	Zip Code	
Total of Section D					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Erick Russell for State Treasurer 26				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	
Erick Russell for State Treasurer 26				April 10 Filing - Amendment	
G. Interest from Deposits in Authorized Accounts					
Name of Institution			Date Received		Amount
Street Address		City	State	Zip Code	
Total of Section G					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

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

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

I. Miscellaneous Monetary Receipts not Considered Contributions

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

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
Erick Russell for State Treasurer 26			April 10 Filing - Amendment	
J1. Event Information				
Event # Date of Event	Letter	Description	Was this a fundraising event? Yes No	
Location: Street Address		City	State	Zip Code
Was this event hosted at a personal residence?		Yes No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		Yes No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		Yes No	(If yes, enter Total Receipts here.)	
Total of Section J1				

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
Erick Russell for State Treasurer 26			April 10 Filing - Amendment	
J3. In-Kind Donations Not Considered Contributions				
Name of the Donor				
Street Address		City	State	Zip Code
Donation Given by:	Description of Donation			Fair Market Value of Donation
Individual				
Business Entity	Date Received	Event #	Aggregate value for this event	
Sole Proprietorship				
Total of Section J3				

II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

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

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

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

K. In-Kind Contributions

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

Total of Section K

III. Non Monetary Receipts (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	April 10 Filing - Amendment
L. Refundable Deposit to Telephone Company	

Last Name of Individual	First Name	MI	Date Deposit Made
Residential Street Address	City	State	Zip Code
Name of Telephone company			
Street Address	City	State	Zip Code
Amount of Deposit			
Total of Section L			

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee	Date of Payment	Method of Payment	
EveryAction, Inc. USA	03/31/2026	☐ Check #	☐ Debit Card
		☒ EFT	
Street Address	City	State	Zip Code
750 17th St NW	Washington	DC	20006
Purpose of Expendit	Description	Amount	
Misc *	Transaction Fees for Online Contributions		
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			
Total of Section N			\$1,019.63

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT	
Erick Russell for State Treasurer 26					April 10 Filing - Amendment	
O. Expenses Paid By Candidate						
Name of Payee (Name of vendor who candidate paid directly)				Date of Payment		Is Reimbursement Claimed? Yes No
Street Address		City		State	Zip Code	Amount
Purpose of Expenditure (by code)	Description			Event #		
Total of Section O						

IV. EXPENDITURES (Sections N - S)

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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

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

Name of Creditor Erick Russell			Date Incurred 03/06/2026	
Street Address 215 Stevenson Rd		City New Haven		State CT Zip Code 06515
Purpose of Expenditure (by code) RMB	Description Reimbursement for website expense			Amount Incurred (Estimate or Actual) \$3,600.00
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				

Name of Creditor Blue Edge Strategies			Date Incurred 03/08/2026	
Street Address 54 Robert Rd		City Manchester		State CT Zip Code 06040
Purpose of Expenditure (by code) CNSLT	Description			Amount Incurred (Estimate or Actual) \$3,000.00
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				

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	April 10 Filing - Amendment

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

Name of Creditor EveryAction, Inc. USA		Date Incurred 03/31/2026	
Street Address 750 17th St NW		City Washington	State DC Zip Code 20006
Purpose of Expenditure (by code) Misc *	Description NGP VAN		Amount Incurred (Estimate or Actual) \$2,391.99
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and completes Itemization in Addendum Q		Expenditure # (if applicable)	

Total of Section Q**\$8,991.99**

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	April 10 Filing - Amendment
R. Itemization of Reimbursements and Secondary Payees	

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

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Erick Russell for State Treasurer 26	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