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

Electronic Filing

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COVER PAGE

1.NAME OF COMMITTEE	2. TYPE OF COMMITTEE
Bobforthe48th	[x] Candidate Committee [ ] Exploratory Committee

3. TREASURER NAME

First	MI	Last	Suffix
Gregg		**LePage**	

4. TREASURER ADDRESS

Street Address	City	State	Zip Code
89 Shadbush Dr	**Colchester**	**CT**	**06415**

5. ELECTION DATE	6. OFFICE SOUGHT *(Complete only if Candidate Committee)*	7. DISTRICT NUMBER *(if applicable)*
11/03/2026	**State Representative**	**R048**

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

First	MI	Last	Suffix
Robert	**C**	**Fernandez**	**DC**

9. TYPE OF REPORT

April 10 Filing - Amendment

10. PERIOD COVERED

Beginning Date		Ending Date
01/26/2026	thru	**03/31/2026**

11. CERTIFICATION

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

Electronic Filing	**Gregg LePage**	**08/06/2026 10:59:40PM**
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	
Bobforthe48th	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)	**$1,925.00**	**$1,925.00**
15. Receipts from Other Committees (Sections C1 and C2)	**$0.00**	**$0.00**
16. Other Monetary Receipts (Section D through I)	**$0.04**	**$0.04**
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)	**$1,925.04**	**$1,925.04**
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	**$1,925.04**	**$1,925.04**
20. Expenses Paid by Committee (Section N)	**$116.02**	**$116.02**
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	**$1,809.02**	**$1,809.02**
22. In-Kind Donations not Considered Contributions Received (Section J3)	**$0.00**	**$0.00**
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	**$0.00**	**$0.00**
24. In-Kind Contributions Received (Section K)	**$0.00**	**$0.00**
25. Refundable Deposit to Telephone Company (Section L)	**$0.00**	**$0.00**
26. Beginning Loan Balance	**$0.00**	
26a. + Loans Received (Section D)	**$0.00**	**$0.00**
26b. + Interest and Penalties on Loan(s)	**$0.00**	**$0.00**
26c. - Payments on Loan(s)	**$0.00**	**$0.00**
26d. Total Outstanding Loan Amount	**$0.00**	
27. Campaign Expenses Paid By Candidate (Section O)	**$0.00**	**$0.00**
28. Expenses Incurred on Committee Credit Card (Section P)	**$0.00**	**$0.00**
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	**$0.00**	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	**$0.00**	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bobforthe48th	April 10 Filing - Amendment

A. Total Contributions from Small Contributors-Received this Period ONLY — For Nonparticipating Candidates ONLY: **$0.00**

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
LePage	Gregg		0005

Residential Street Address	City	State	Zip Code
89 Shadbush Dr	Colchester	CT	06415

Principal Occupation	Name of Employer
Financial Analysis	Farmers Insurance Company

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 02/10/2026

Aggregate Contributions: $55.00

Last Name	First	MI	Contribution ID #
LePage	Gregg		0001

Residential Street Address	City	State	Zip Code
89 Shadbush Dr	Colchester	CT	06415

Principal Occupation	Name of Employer
Financial Analysis	Farmers Insurance Company

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 02/10/2026

Aggregate Contributions: $55.00

Last Name	First	MI	Contribution ID #
LePage	Dawn		0002

Residential Street Address	City	State	Zip Code
89 Shadbush Dr	Colchester	CT	06415

Principal Occupation	Name of Employer
Unemployed	Unemployed

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 02/10/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Bobforthe48th

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
LePage	Calem		0003

Residential Street Address	City	State	Zip Code
89 Shadbush Dr	Colchester	CT	06415

Principal Occupation	Name of Employer
Student	Student

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 02/10/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Ganong	Sarah		0006

Residential Street Address	City	State	Zip Code
72 Hamilton St	Hartford	CT	06106

Principal Occupation	Name of Employer
State Director	Working Families 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: $25.00

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

If yes, list Event #:

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

Date Received: 02/13/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Calabrese	Christopher		0007

Residential Street Address	City	State	Zip Code
61 Loomis Rd	Colchester	CT	06415

Principal Occupation	Name of Employer
Policy Analyst	State of CT - General Assembly

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 02/16/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Rivers	Christopher		0008

Residential Street Address	City	State	Zip Code
27 Cambridge Ct	Colchester	CT	06415

Principal Occupation	Name of Employer
Consulting	Social Impact Partners for 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: $250.00

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

If yes, list Event #:

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

Date Received: 02/17/2026

Aggregate Contributions: $250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bobforthe48th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Barnowski	John		0009

Residential Street Address	City	State	Zip Code
55 Loomis Rd	Colchester	CT	06415

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 02/17/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Fernandez	Susan		0010

Residential Street Address	City	State	Zip Code
15 Birch Heights Rd	North Franklin	CT	06254

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #

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

Date Received: 02/17/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Melita	Enrico		0011

Residential Street Address	City	State	Zip Code
5 Maplewood Rd	New Haven	CT	06515

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 02/18/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Rose	Joanne		0012

Residential Street Address	City	State	Zip Code
74 Reservoir Rd	Colchester	CT	06415

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #

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

Date Received: 02/18/2026

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Bobforthe48th

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Soto	Chris		0013

Residential Street Address	City	State	Zip Code
18 Crouch St	New London	CT	06320

Principal Occupation	Name of Employer
Pesoni Corp	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: $200.00

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

If yes, list Event #:

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

Date Received: 02/19/2026

Aggregate Contributions: $200.00

Last Name	First	MI	Contribution ID #
Gilman	Tim		0014

Residential Street Address	City	State	Zip Code
247 Woodbine Rd	Colchester	CT	06415

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 02/19/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Santiago	Hilda		0015

Residential Street Address	City	State	Zip Code
86 South Ave	Meriden	CT	06451

Principal Occupation	Name of Employer
Legislator	State of Conn

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 02/19/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Hurt	Jake		0016

Residential Street Address	City	State	Zip Code
6 Nugget Hill Dr	Gales Ferry	CT	06335

Principal Occupation	Name of Employer
Officer	US Navy

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 02/20/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Bobforthe48th

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Domeika	Amy		0017

Residential Street Address	City	State	Zip Code
53 Old Rod Rd	Colchester	CT	06415

Principal Occupation: Public Relations

Name of Employer: Cision

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 02/21/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Byroade	Katherine		0018

Residential Street Address	City	State	Zip Code
85 Fennbrook Rd	West Hartford	CT	06119

Principal Occupation: Librarian

Name of Employer: Town of Colchester

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 02/21/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Anwar	Saud		0019

Residential Street Address	City	State	Zip Code
93 Rockledge Dr	South Windsor	CT	06074

Principal Occupation: Physician

Name of Employer: NEPA LLC

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 02/22/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Schulz	Carolyn		0020

Residential Street Address	City	State	Zip Code
2 Boulder Rd	Colchester	CT	06415

Principal Occupation: Digital Implementation Manager

Name of Employer: Thermo Fisher Scientific

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #

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

Date Received: 02/23/2026

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Bobforthe48th

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Jackson	Eric		0021

Residential Street Address	City	State	Zip Code
2 Boulder Rd	Colchester	CT	06415

Principal Occupation	Name of Employer
Research and development scientist	Intus Bioscience

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #:

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

Date Received: 02/23/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Swyden	Monica		0022

Residential Street Address	City	State	Zip Code
10 Vicki Ln	Colchester	CT	06415

Principal Occupation	Name of Employer
Teacher	Norwich Free Academy

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 02/24/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Goulart	Jeanne		0023

Residential Street Address	City	State	Zip Code
35 Bishop Rd	Bozrah	CT	06334

Principal Occupation	Name of Employer
educator	University 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: $25.00

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

If yes, list Event #:

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

Date Received: 02/25/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Isles	Keegan		0024

Residential Street Address	City	State	Zip Code
254 Bozrah St	Bozrah	CT	06334

Principal Occupation	Name of Employer
Electrical Engineer	ThayerMahan

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 02/25/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Bobforthe48th

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Anwar~~	~~Saud~~		~~0025~~

Residential Street Address	City	State	Zip Code
~~93 Rockledge Dr~~	~~South Windsor~~	~~CT~~	~~06074~~

Principal Occupation	Name of Employer
~~Physician~~	~~NEPA 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: ~~$240.00~~

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

If yes, list Event #

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

Date Received	Aggregate Contributions
~~02/26/2026~~	~~$590.00~~

Last Name	First	MI	Contribution ID #
Anwar	**Saud**		**0025**

Residential Street Address	City	State	Zip Code
93 Rockledge Dr	**South Windsor**	**CT**	**06074**

Principal Occupation	Name of Employer
Physician	**NEPA LLC**

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

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

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

Amount of Contribution: **$250.00**

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

If yes, list Event #

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

Date Received	Aggregate Contributions
02/26/2026	**$350.00**

Last Name	First	MI	Contribution ID #
Fernandez	David		0026

Residential Street Address	City	State	Zip Code
15 Birch Heights Rd	North Franklin	CT	06254

Principal Occupation	Name of Employer
Military	United States Air Force

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #

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

Date Received	Aggregate Contributions
03/01/2026	$10.00

Last Name	First	MI	Contribution ID #
Fernandez	Stephen		0027

Residential Street Address	City	State	Zip Code
15 Birch Heights Rd	North Franklin	CT	06254

Principal Occupation	Name of Employer

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #

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

Date Received	Aggregate Contributions
03/01/2026	$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Bobforthe48th

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Fernandez	Daniel		0028

Residential Street Address	City	State	Zip Code
303 Saint John St	New Haven	CT	06511

Principal Occupation: Server

Name of Employer: Tavern on State

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 03/01/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Holmes	JoAnn		0029

Residential Street Address	City	State	Zip Code
5 Gary Ln	Colchester	CT	06415

Principal Occupation: Social worker

Name of Employer: State of CT

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #:

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

Date Received: 03/02/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Corcoran	Ryan		0030

Residential Street Address	City	State	Zip Code
5 Mountain Rd	Mansfield Center	CT	06250

Principal Occupation: Teacher

Name of Employer: Windham 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: $25.00

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

If yes, list Event #:

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

Date Received: 03/03/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Arriaga	Ashley		0031

Residential Street Address	City	State	Zip Code
5 Mountain Rd	Mansfield	CT	06250

Principal Occupation: Teacher

Name of Employer: Windham 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: $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: 03/03/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Bobforthe48th

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Feder-Craney	Lynda		0032

Residential Street Address	City	State	Zip Code
255 Champion Rd	Franklin	CT	06254

Principal Occupation	Name of Employer
Town Clerk	Town of Franklin

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 03/04/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Nall	Danitza		0033

Residential Street Address	City	State	Zip Code
12 Thompson Rd	North Franklin	CT	06254

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #:

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

Date Received: 03/04/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Farlekas	Beatrice	E	0004

Residential Street Address	City	State	Zip Code
37 Natalie Ln	Colchester	CT	06415

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 03/09/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Riley	Jean	B	0047

Residential Street Address	City	State	Zip Code
17 Pautipaug Ln	Franklin	CT	06254

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $20.00

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

If yes, list Event #:

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

Date Received: 03/12/2026

Aggregate Contributions: $20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Bobforthe48th

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Barbone	Jessie	C	0048

Residential Street Address	City	State	Zip Code
23 Thompson Rd	North Franklin	CT	06254

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 03/12/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Carboni	Callie	E	0049

Residential Street Address	City	State	Zip Code
622 Route 32	Franklin	CT	06254

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 03/12/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Cohen	Steven		0034

Residential Street Address	City	State	Zip Code
1363 E Madison Dr	Casa Grande	AZ	85122-3291

Principal Occupation	Name of Employer
retired	retired

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 03/19/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Mandato	Brandi		0035

Residential Street Address	City	State	Zip Code
56 South Ave	North Haven	CT	06473

Principal Occupation	Name of Employer
Senior Director	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: $25.00

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

If yes, list Event #:

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

Date Received: 03/24/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Bobforthe48th

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Romero	Karen		0036

Residential Street Address	City	State	Zip Code
215 Woodbine Rd	Colchester	CT	06415

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 03/24/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Skaats	Donna	R	0046

Residential Street Address	City	State	Zip Code
420 Clubhouse Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
Attorney	Donna Skaats, Attorney

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

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

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

Amount of Contribution: $20.00

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

If yes, list Event #:

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

Date Received: 03/26/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Coyle	Rosemary		0037

Residential Street Address	City	State	Zip Code
39 Deer Run Dr	Colchester	CT	06415

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 03/27/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Coyle	Stephen		0038

Residential Street Address	City	State	Zip Code
39 Deer Run Dr	Colchester	CT	06415

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #:

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

Date Received: 03/27/2026

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Bobforthe48th

TYPE OF REPORT: April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Rose	Vincent		0039

Residential Street Address	City	State	Zip Code
161 Shadbush Dr	Colchester	CT	06415

Principal Occupation	Name of Employer
Regional Sales Manager	Draeger, 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: $10.00

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

If yes, list Event #:

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

Date Received: 03/27/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
LaPorte	Keith		0045

Residential Street Address	City	State	Zip Code
62 Clubhouse Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #:

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

Date Received: 03/28/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Smith	Kathleen		0040

Residential Street Address	City	State	Zip Code
234 E Hebron Tpke	Lebanon	CT	06249

Principal Occupation	Name of Employer
First Selectman	Town of Lebanon

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #:

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

Date Received: 03/29/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Brouillet	Nancy		0041

Residential Street Address	City	State	Zip Code
5 Hillcrest Hts	Lebanon	CT	06249

Principal Occupation	Name of Employer
Assistant Attorney General	State of Conn

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #:

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

Date Received: 03/29/2026

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bobforthe48th	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
McMahon	Patricia		0042

Residential Street Address	City	State	Zip Code
906 Beaumont Hwy	Lebanon	CT	06249

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #

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

Date Received: 03/29/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Cwikla	Kevin		0043

Residential Street Address	City	State	Zip Code
419 Levita Rd	Lebanon	CT	06249

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 03/30/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Barber	Raymond	C	0044

Residential Street Address	City	State	Zip Code
25 Goshen Rd	Bozrah	CT	06334

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 03/30/2026

Aggregate Contributions: $25.00

Total of Section B	**$1,925.00**
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Total on Line 14, Column A of Summary Page)*	**$1,925.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bobforthe48th	April 10 Filing - Amendment

C1. Contributions from Other Committees

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

Total of Section C1	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Bobforthe48th	April 10 Filing - Amendment

C2. Reimbursements or Surplus Distributions from other Committees

Name of Committee			Name of Treasurer	
Address			Date Received	Amount of Receipt
City	State	Zip Code	Payment Type Reimbursement for shared expense Surplus distribution from exploratory committee	
Expenditure #	Description			

Total of Section C2	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Bobforthe48th	April 10 Filing - Amendment

D. Loans Received this Period

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Bobforthe48th	April 10 Filing - Amendment

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

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

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Bobforthe48th	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
Bobforthe48th	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
Bobforthe48th	April 10 Filing - Amendment

I. Miscellaneous Monetary Receipts not Considered Contributions

Name	Date of Transaction	Amount Received
Citizens Election Fund	03/05/2026	

Street Address	City	State	Zip Code
55 Farmington Ave	Hartford	CT	06105

Description	
Penny Test	$0.04
Total of Section I	**$0.04**

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bobforthe48th	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 puchases made by host(s) for food, beverage and invitations.
Did this fundraiser include items donated by a business entity of up to $200 or items donated by an individual of up to $100?	Yes / 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
Bobforthe48th	April 10 Filing - Amendment

J3. In-Kind Donations Not Considered Contributions

Name of the Donor			

Street Address	City	State	Zip Code

Donation Given by: Individual / Business Entity / Sole Proprietorship	Description of Donation			Fair Market Value of Donation
	Date Received	Event #	Aggregate value for this event	

Total of Section J3	

II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bobforthe48th	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
Bobforthe48th	April 10 Filing - Amendment

K. In-Kind Contributions

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

Total of Section K	

III. Non Monetary Receipts (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bobforthe48th	April 10 Filing - Amendment

L. Refundable Deposit to Telephone Company

Last Name of Individual	First Name	MI	Date Deposit Made

Residential Street Address	City	State	Zip Code	Amount of Deposit

Name of Telephone company				

Street Address	City	State	Zip Code	

Total of Section L	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bobforthe48th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Dime Banking	02/17/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
139 S Main St	Colchester	CT	06415

Purpose of Expendit	Description	Amount
BNK	Bank Service fee for ATM	$1.50

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
~~Saud Anwar~~	~~02/26/2026~~	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
~~93 Rockledge Dr~~	~~South Windsor~~	~~CT~~	~~06074-0607~~

Purpose of Expendit	Description	Amount
~~Misc *~~	~~Partial refund for being over the contribution limit~~	~~$10.00~~

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Saud Anwar	**02/26/2026**	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
93 Rockledge Dr	**South Windsor**	**CT**	**06074-0607**

Purpose of Expendit	Description	Amount
REF	**Partial refund for being over the contribution limit - through Anedot for Contribution #25**	**$10.00**

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bobforthe48th	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Gregg LePage	03/04/2026	[X] Check # 0101 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
89 Shadbush Dr	Colchester	CT	06415

Purpose of Expendit	Description	Amount
RMB	Reimbursement for check order	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$23.02

Name of Payee	Date of Payment	Method of Payment
Dime Banking	03/12/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
139 S Main St	Colchester	CT	06415

Purpose of Expendit	Description	Amount
BNK	Bank Service Fee	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$3.00

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc	03/31/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
1340 Poydras St Ste 1770	New Orleans	LA	70112

Purpose of Expendit	Description	Amount
A-WEB	Anedot donation fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$78.50

Total of Section N	**$116.02**

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bobforthe48th	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
Bobforthe48th	April 10 Filing - Amendment

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card: Visa Master Card Discover American Express Other	
Name of Vendor		Date of Transaction
Street Address	City	State / Zip Code
Purpose of Expenditure (by code)	Description	Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No If yes, assign an Expenditure # and complete Itemization in Addendum P	Expenditure # (if applicable)	Event #

Total of Section P

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bobforthe48th	April 10 Filing - Amendment

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

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

Total of Section Q	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bobforthe48th	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:
LePage	Gregg		02/17/2026	[X] Check # 0101 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Carousel Checks

Street Address of Vendor	City	State	Zip Code
8906 S Harlem Ave	Bridgeview	IL	60482

Purpose of Expenditure (by code)	Description
OFFICE	Check order

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$23.02

Total of Section R	**$23.02**

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Bobforthe48th	April 10 Filing - Amendment

S. Surplus Distribution of Equipment and Furniture

Name of Recipient

Street Address	City	State	Zip Code	Original Purchase Amount of Item

Description of Item

Total of Section S	

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

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

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

Section Q. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

Q. Expenses Incurred by Committee but Not Paid During this Period - Addendum

Expenditure #	Amount of Expenditure

Name of Candidate	Office Sought

Section R. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

R. Itemization of Reimbursements and Secondary Payees - Addendum

Expenditure #	Amount of Expenditure

Name of Candidate	Office Sought