

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

Revised February 2015



Electronic Filing

Do Not Mark in This Space For Official Use Only

Page 1 of 42

COVER PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
Vote Vail				☒ Candidate Committee ☐ Exploratory Committee	
3. TREASURER NAME					
First Danele		MI P	Last Rhoads		Suffix
4. TREASURER ADDRESS					
Street Address 111 Stafford St		City Stafford Springs		State CT	Zip Code 06076
5. ELECTION DATE 11/03/2026		6. OFFICE SOUGHT (Complete only if Candidate Committee) State Representative			7. DISTRICT NUMBER (if applicable) R052
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Kurt		MI	Last Vail		Suffix
9. TYPE OF REPORT April 10 Filing - Amendment					
10. PERIOD COVERED					
Beginning Date Ending Date 01/01/2026 thru 03/31/2026					
11. CERTIFICATION					
☒ I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.					
Electronic Filing SIGNATURE		Danele Rhoads PRINT NAME OF THE SIGNER		08/17/2026 10:34:52PM 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	
Vote Vail	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	\$280.00	
14. Contributions received from Individuals (Section A and B)	\$3,840.00	\$4,120.00
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$0.45	\$0.45
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)	\$3,840.45	\$4,120.45
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$4,120.45	\$4,120.45
20. Expenses Paid by Committee (Section N)	\$305.15	\$305.15
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	\$3,815.30	\$3,815.30
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	
Vote Vail		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 Sundie		First Bryan		MI	Contribution ID # 0006
Residential Street Address 152 Spencer Hill Rd		City Winsted		State CT	Zip Code 06098
Principal Occupation Communications		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 01/02/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Sundie		First Bryan		MI	Contribution ID # 0007
Residential Street Address 152 Spencer Hill Rd		City Winsted		State CT	Zip Code 06098
Principal Occupation Communications		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 01/08/2026	Aggregate Contributions \$10.00	\$5.00

Last Name Carney		First Devin		MI	Contribution ID # 0008
Residential Street Address 45 Sherwood Ter Ste 3		City Old Saybrook		State CT	Zip Code 06475
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 01/14/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Gordon		First Jeffrey		MI	Contribution ID # 0009
Residential Street Address 39 May Brook Rd		City Woodstock		State CT	Zip Code 06281
Principal Occupation Doctor		Name of Employer UMass Memorial Health Harrington			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/14/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Vail		First Matthew		MI S	Contribution ID # 0010
Residential Street Address 12 Woodland Dr		City Stafford Springs		State CT	Zip Code 06076
Principal Occupation Civil Engineer		Name of Employer GM 2 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 01/15/2026	Aggregate Contributions \$100.00	\$50.00

Last Name Bollinger		First Sarah		MI S	Contribution ID # 0011
Residential Street Address 13 Robert St		City Somers		State CT	Zip Code 06071
Principal Occupation sales manager		Name of Employer Siemens Industry			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/15/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Vail		First Matthew		MI	Contribution ID # 0010
Residential Street Address 12 Woodland Dr		City Stafford Springs		State CT	Zip Code 06076
Principal Occupation Civil Engineer		Name of Employer GM 2 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 01/15/2026	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
Vote Vail	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Bagley	First Brian	MI S	Contribution ID # 0012
Residential Street Address 9 Virginia Ln	City Stafford Springs	State CT	Zip Code 06076
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 01/16/2026	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Kology	First Jeff	MI S	Contribution ID # 0013
Residential Street Address 78 Hopyard Rd	City Stafford Springs	State CT	Zip Code 06076
Principal Occupation Electrician	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	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	Date Received 01/21/2026	Aggregate Contributions \$200.00
		Amount of Contribution \$200.00	

Last Name Vail	First Noah	MI S	Contribution ID # 0014
Residential Street Address 90 W Main St # B	City Stafford Springs	State CT	Zip Code 06076
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	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	Date Received 01/22/2026	Aggregate Contributions \$10.00
		Amount of Contribution \$10.00	

Last Name Barker	First Carmen	MI	Contribution ID # 0015
Residential Street Address 786 Asylum Ave	City Hartford	State CT	Zip Code 06114
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	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	Date Received 01/24/2026	Aggregate Contributions \$150.00
		Amount of Contribution \$150.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Lipton		First Louis		MI S	Contribution ID # 0016
Residential Street Address 407 South Rd		City Somers		State CT	Zip Code 06071
Principal Occupation Farmer		Name of Employer Pleasant View Farms 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 01/28/2026	Aggregate Contributions \$150.00	\$150.00

Last Name Barile		First Jim		MI CT	Contribution ID # 0017
Residential Street Address 111 Highland View Dr		City Somers		State CT	Zip Code 06071
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 01/31/2026	Aggregate Contributions \$25.00	\$25.00

Last Name DePellegrini		First Dino		MI CT	Contribution ID # 0018
Residential Street Address 4 Skyview Ln		City Stafford Springs		State CT	Zip Code 06076
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/01/2026	Aggregate Contributions \$200.00	\$200.00

Last Name McPherson		First Sage		MI CT	Contribution ID # 0019
Residential Street Address 44 Tolland Ave # 40		City Stafford Springs		State CT	Zip Code 06076
Principal Occupation Drain technician		Name of Employer ADB Construction and Septic Corp.			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/01/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Cimini		First PJ		MI	Contribution ID # 0020
Residential Street Address 71 Hunters Rdg		City Rocky Hill		State CT	Zip Code 06067
Principal Occupation Attorney/Lobbyist		Name of Employer Capitol Strategies Group, LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/01/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Halpin		First Susan		MI	Contribution ID # 0021
Residential Street Address 249 Forest Ln		City Glastonbury		State CT	Zip Code 06033
Principal Occupation Lobbyist		Name of Employer CTGRG of Robinson + Cole			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/02/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Cammarata		First Julie		MI	Contribution ID # 0022
Residential Street Address 502 Briarbrook Way		City Deland		State FL	Zip Code 32724
Principal Occupation Lobbyist		Name of Employer Cammarata Government Affairs, LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/02/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Turner		First Mary Ann		MI	Contribution ID # 0023
Residential Street Address 7 Meadow Rd		City Enfield		State CT	Zip Code 06082
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/02/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Brucker		First Jude		MI	Contribution ID # 0024
Residential Street Address 109 Rosewood Rd		City Avon		State CT	Zip Code 06001
Principal Occupation Homemaker/Sahm		Name of Employer Homemaker/Sahm			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/02/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Galotto		First David		MI	Contribution ID # 0025
Residential Street Address 12 Magauran Dr		City Stafford Springs		State CT	Zip Code 06076
Principal Occupation Sales		Name of Employer Longview RV			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/06/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Clark		First Natalie		MI	Contribution ID # 0026
Residential Street Address 72 Collette Rd E		City Stafford Springs		State CT	Zip Code 06076
Principal Occupation Assoc Director of Fiscal Affairs		Name of Employer Eastern 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 02/09/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Vail		First Matthew		MI S	Contribution ID # 0027
Residential Street Address 12 Woodland Dr		City Stafford Springs		State CT	Zip Code 06076
Principal Occupation Civil Engineer		Name of Employer GM 2 Associates			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/09/2026	Aggregate Contributions \$150.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Vail		First Matthew		MI	Contribution ID # 0027
Residential Street Address 12 Woodland Dr		City Stafford Springs		State CT	Zip Code 06076
Principal Occupation Civil Engineer		Name of Employer GM 2 Associates			
Is contributor a principal of a state contractor or prospective state contractor? ☒ Yes ☐ No If yes, indicate which branch or branches of government the contract is with: ☒ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/09/2026	Aggregate Contributions \$75.00	\$25.00

Last Name Richens		First Mark		MI J	Contribution ID # 0055
Residential Street Address 48 Greaves Rd W		City Stafford Springs		State CT	Zip Code 06076
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/10/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Ryniewicz		First Dwight		MI	Contribution ID # 0028
Residential Street Address 34 Laurel Hill Dr		City Woodstock Valley		State CT	Zip Code 06282
Principal Occupation Director		Name of Employer Town of Vernon			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/15/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Hofmann		First Marnie		MI	Contribution ID # 0029
Residential Street Address 67 Old Monson Rd		City Stafford Springs		State CT	Zip Code 06076
Principal Occupation Records		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 02/15/2026	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
Vote Vail	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Costa		First Wendy		MI	Contribution ID # 0030
Residential Street Address 67 E Quasset Rd		City Woodstock		State CT	Zip Code 06281
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/18/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Firreno		First John		MI	Contribution ID # 0048
Residential Street Address 1727 Route 197		City Woodstock		State CT	Zip Code 06281
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/18/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Ryniewicz		First Carol		MI L	Contribution ID # 0052
Residential Street Address 34 Laurel Hill Dr		City Woodstock Valley		State CT	Zip Code 06282
Principal Occupation Real Estate Agent		Name of Employer CR Premier Properties			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/18/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Rhoads		First Eve		MI	Contribution ID # 0053
Residential Street Address 111 Stafford St		City Stafford Springs		State CT	Zip Code 06076
Principal Occupation waitress		Name of Employer Metro Bistrot			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/18/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Stavens		First Erin		MI	Contribution ID # 0031
Residential Street Address 211 Charter Rd		City Tolland		State CT	Zip Code 06084
Principal Occupation HR Manager		Name of Employer Barber Utilities, LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/19/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Bacon		First Thomas		MI W	Contribution ID # 0032
Residential Street Address 6 Bush Rd		City Union		State CT	Zip Code 02142
Principal Occupation Farmer		Name of Employer Thomas Bacon			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event 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	\$50.00

Last Name Stone (Bacon)		First Thomas		MI W	Contribution ID # 0032
Residential Street Address 6 Bush Rd		City Union		State CT	Zip Code 02142
Principal Occupation Farmer		Name of Employer Thomas Bacon			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event 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 \$50.00	\$50.00

Last Name Vail		First Sarah		MI S	Contribution ID # 0033
Residential Street Address 90 W Main St # B		City Stafford Springs		State CT	Zip Code 06076
Principal Occupation Childcare worker		Name of Employer Tolland Green Learning Center			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/22/2026	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
Vote Vail	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Vail		First Kurt		MI	Contribution ID # 0034
Residential Street Address 90 B W Main St		City Stafford Springs		State CT	Zip Code 06076
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 02/22/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Sfreddo		First Scott		MI S	Contribution ID # 0035
Residential Street Address 65 Hopyard Rd		City Stafford Springs		State CT	Zip Code 06076
Principal Occupation Sr Bus Driver		Name of Employer Town of somers			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/22/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Palmberg		First David		MI S	Contribution ID # 0036
Residential Street Address 45 Greaves Rd W		City Stafford Springs		State CT	Zip Code 06076
Principal Occupation Engineer		Name of Employer Town of Rocky Hill			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/22/2026	Aggregate Contributions \$25.00	\$25.00

Last Name McDowell		First Jennifer		MI	Contribution ID # 0037
Residential Street Address 3 Woody Rd		City Woodstock		State CT	Zip Code 06281
Principal Occupation Bookkeeper		Name of Employer Self, Lyon Hill 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 02/22/2026	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
Vote Vail	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Cournoyer		First Alexander		MI	Contribution ID # 0046
Residential Street Address 3 Woody Rd		City Woodstock		State CT	Zip Code 06281
Principal Occupation Student		Name of Employer Student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/22/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Cournoyer		First Simon		MI	Contribution ID # 0047
Residential Street Address 3 Woody Rd		City Woodstock		State CT	Zip Code 06281
Principal Occupation Student		Name of Employer Student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/22/2026	Aggregate Contributions \$5.00	\$5.00

Last Name McCaffrey		First David		MI	Contribution ID # 0038
Residential Street Address 249 9th District Rd		City Somers		State CT	Zip Code 06071
Principal Occupation Director		Name of Employer Department of Veterans Affairs			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event 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 \$100.00	\$100.00

Last Name Vail		First Hannah		MI	Contribution ID # 0039
Residential Street Address 90 B W Main St		City Stafford Springs		State CT	Zip Code 06076
Principal Occupation Dental hygienist		Name of Employer Dasilva dental			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event 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 \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Martinsen		First Shirley		MI J	Contribution ID # 0051
Residential Street Address 28 Center Rd		City Stafford Springs		State CT	Zip Code 06076
Principal Occupation Retired		Name of Employer Homemaker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/24/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Bergenn		First Laurie		MI CT	Contribution ID # 0045
Residential Street Address 40 Playground Dr		City Woodstock		State CT	Zip Code 06281
Principal Occupation Assessment		Name of Employer Town of Woodstock			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event 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 \$10.00	\$10.00

Last Name Rhoads		First Christopher		MI CT	Contribution ID # 0054
Residential Street Address 111 Stafford St		City Stafford Springs		State CT	Zip Code 06076
Principal Occupation Professor		Name of Employer Uconn			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event 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 \$10.00	\$10.00

Last Name Hartnett		First Joanne		MI CT	Contribution ID # 0049
Residential Street Address 152 Conklin Rd		City Stafford Springs		State CT	Zip Code 06076
Principal Occupation Benefits Manager		Name of Employer Sturdy 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 02/25/2026	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
Vote Vail	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Martinsen, Jr		First Donald		MI J	Contribution ID # 0050
Residential Street Address 28 Center Rd		City Stafford Springs		State CT	Zip Code 06076
Principal Occupation Labor		Name of Employer Triumph			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 02/25/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Eaton		First David		MI CT	Contribution ID # 0056
Residential Street Address 24 Cemetery Rd		City Union		State CT	Zip Code 06076
Principal Occupation Public Works		Name of Employer Town of Union			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event 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	\$25.00

Last Name Hart		First Paul		MI CT	Contribution ID # 0040
Residential Street Address 59 Somerset Ln		City Somers		State CT	Zip Code 06071
Principal Occupation Accountant		Name of Employer Sun Life Financial			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/25/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Stebbins		First Carl		MI CT	Contribution ID # 0041
Residential Street Address 7 Turnpike Rd		City Somers		State CT	Zip Code 06071
Principal Occupation NETTTS		Name of Employer NETTTS			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/25/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Stebbins		First Ana		MI	Contribution ID # 0042
Residential Street Address 7 Turnpike Rd		City Somers		State CT	Zip Code 06071
Principal Occupation Peoples Bank		Name of Employer Peoples Bank			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/25/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Prucker		First Geoff		MI	Contribution ID # 0043
Residential Street Address 273 Monson Rd		City Stafford Springs		State CT	Zip Code 06076
Principal Occupation Equipment operator		Name of Employer D&G 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 02/25/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Sooter		First Karen		MI	Contribution ID # 0103
Residential Street Address 15 Harvest Hill Rd		City Somers		State CT	Zip Code 06071
Principal Occupation customer service BigY		Name of Employer customer service BigY			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event 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 \$10.00	\$10.00

Last Name Sooter		First Kristine		MI	Contribution ID # 0104
Residential Street Address 15 Harvest Hill Rd		City Somers		State CT	Zip Code 06071
Principal Occupation Massmutual		Name of Employer Massmutual			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event 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 \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Stebbins		First Doug		MI	Contribution ID # 0105
Residential Street Address 15 Harvest Hill Rd		City Somers		State CT	Zip Code 06071
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/25/2026	Aggregate Contributions \$15.00	\$15.00

Last Name Stebbins		First Donna		MI	Contribution ID # 0106
Residential Street Address 15 Harvest Hill Rd		City Somers		State CT	Zip Code 06071
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/25/2026	Aggregate Contributions \$15.00	\$15.00

Last Name Dolby		First Barry		MI	Contribution ID # 0044
Residential Street Address 135 Chestnut Hill Rd		City Stafford Springs		State CT	Zip Code 06076
Principal Occupation Tree Service		Name of Employer Mountain Tree Service Inc			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 02/26/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Mahon		First Patrick		MI	Contribution ID # 0057
Residential Street Address 531 Hall Hill Rd		City Somers		State CT	Zip Code 06071
Principal Occupation Insurance Agent		Name of Employer Mullen & Mahon, 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 03/02/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Mangold		First Jennifer		MI	Contribution ID # 0058
Residential Street Address 22 Olympic Ave		City Stafford Springs		State CT	Zip Code 06076
Principal Occupation Office Manager		Name of Employer Gottier Fuel Co. 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 03/02/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Durst		First Dorothy		MI	Contribution ID # 0059
Residential Street Address 37 Underwood Rd		City Woodstock		State CT	Zip Code 06281
Principal Occupation School Principal		Name of Employer Retired Dept of Corrections			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event 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 \$10.00	\$10.00

Last Name Durst		First Wayne		MI W	Contribution ID # 0060
Residential Street Address 37 Underwood Rd		City Woodstock		State CT	Zip Code 06281
Principal Occupation Dept of Corrections		Name of Employer Retired State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/03/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Paquette		First Celestia		MI K	Contribution ID # 0061
Residential Street Address 34 Quarry Rd		City South Woodstock		State CT	Zip Code 06267
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	
Is this contribution associated with an event 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 \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Paquette		First Chander		MI L	Contribution ID # 0062
Residential Street Address 34 Quarry Rd		City South Woodstock		State CT	Zip Code 06267
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	
Is this contribution associated with an event 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	\$25.00

Last Name Keeney		First Tim		MI CT	Contribution ID # 0071
Residential Street Address PO Box 167 57 Maple St.		City Somersville		State CT	Zip Code 06072
Principal Occupation Government		Name of Employer Town of Somers			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event 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 \$100.00	\$100.00

Last Name Valentine		First Nora		MI	Contribution ID # 0066
Residential Street Address 49 Brickyard Rd S		City Woodstock		State CT	Zip Code 06281
Principal Occupation Tax Collector		Name of Employer Woodstock municipality			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event 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 \$15.00	\$15.00

Last Name Keeney		First Tim		MI	Contribution ID # 0071
Residential Street Address PO Box 167		City Somersville		State CT	Zip Code 06072
Principal Occupation Government		Name of Employer Town of Somers			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event 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 \$200.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Hemp		First Brice		MI	Contribution ID # 0063
Residential Street Address 9 Park St Apt 21		City Stafford		State CT	Zip Code 06076
Principal Occupation Manager		Name of Employer Ted Ondricks			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event 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 \$20.00	\$20.00

Last Name Meier		First William		MI	Contribution ID # 0064
Residential Street Address 42 Lance Dr		City Somers		State CT	Zip Code 06071
Principal Occupation Director of Business		Name of Employer Vernon 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 03/05/2026	Aggregate Contributions \$100.00	\$100.00

Last Name McDowell		First Samantha		MI L	Contribution ID # 0065
Residential Street Address 3 Woody Rd		City Woodstock		State CT	Zip Code 06281
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 03/05/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Manning		First Shane		MI S	Contribution ID # 0072
Residential Street Address 19 Mulberry Ln		City Somers		State CT	Zip Code 06071
Principal Occupation Business Development Manager		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 03/08/2026	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
Vote Vail	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Meier		First Cheryl		MI	Contribution ID # 0073
Residential Street Address 43 Lance Dr		City Somers		State CT	Zip Code 06071
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 \$150.00	\$150.00

Last Name Meier		First Lily		MI	Contribution ID # 0074
Residential Street Address 43 Lance Dr		City Somers		State CT	Zip Code 06071
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 03/08/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Lucia		First David		MI S	Contribution ID # 0075
Residential Street Address 30 Hillcrest Dr .		City Stafford Springs		State CT	Zip Code 06076
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 \$50.00	\$50.00

Last Name Hoffman		First Aaron		MI	Contribution ID # 0077
Residential Street Address 88 Wales Rd .		City Stafford Springs		State CT	Zip Code 06076
Principal Occupation Educator		Name of Employer Ellington 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 03/13/2026	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
Vote Vail	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Manusky		First Anne		MI	Contribution ID # 0078
Residential Street Address 20 Morning Glory Dr		City Easton		State CT	Zip Code 06612
Principal Occupation Homemaker		Name of Employer Homemaker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/13/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Salva		First Paul		MI	Contribution ID # 0076
Residential Street Address 17 Twinbrook Dr		City Somers		State MA	Zip Code 06071
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	\$50.00

Last Name Greene		First Carey		MI	Contribution ID # 0079
Residential Street Address 26 Belcrest Rd		City West Hartford		State CT	Zip Code 06107
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 \$100.00	\$100.00

Last Name Bradrick		First Roy		MI	Contribution ID # 0080
Residential Street Address 529 County Rd		City Woodstock		State CT	Zip Code 06281
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 \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Proulx		First Mark		MI R	Contribution ID # 0081
Residential Street Address 130 Boyer Rd		City Stafford		State CT	Zip Code 06076
Principal Occupation Project Manager		Name of Employer Proulx Building and Remodeling			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event 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 Rose		First Terrance		MI D	Contribution ID # 0082
Residential Street Address 46 Edgewood St # 40		City Stafford Springs		State CT	Zip Code 06076
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/24/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Rose		First Deborah		MI J	Contribution ID # 0083
Residential Street Address 46 Edgewood St # 40		City Stafford Springs		State CT	Zip Code 06076
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/24/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Fox		First Nathan		MI	Contribution ID # 0084
Residential Street Address 148 Furnace Ave		City Stafford		State CT	Zip Code 06076
Principal Occupation Director, Projects		Name of Employer Dyno Nobel			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/24/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Boudreau		First Nicholas		MI	Contribution ID # 0085
Residential Street Address 4 Acorn Dr		City Stafford		State CT	Zip Code 06076
Principal Occupation Correctional Lieutenant		Name of Employer State of CT DOC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event 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 \$20.00	\$20.00

Last Name Webb		First Richard		MI D	Contribution ID # 0086
Residential Street Address 6 Summer St		City Stafford Springs		State CT	Zip Code 06076
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/24/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Fox		First Stephanie		MI L	Contribution ID # 0087
Residential Street Address 148 Furnace Ave		City Stafford		State CT	Zip Code 06076
Principal Occupation Accounting Manager		Name of Employer Town of Mansfield			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 03/24/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Ulitsch		First Melissa		MI L	Contribution ID # 0088
Residential Street Address 4 Colburn Rd		City Stafford Springs		State CT	Zip Code 06076
Principal Occupation Medical billing trainer		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 03/24/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Galotto		First Heather		MI M	Contribution ID # 0089
Residential Street Address 12 Maugauran Dr		City Stafford Springs		State CT	Zip Code 06076
Principal Occupation Teacher		Name of Employer Stafford 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 03/24/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Mayhew		First Vanessa		MI CT	Contribution ID # 0090
Residential Street Address 30 Hampden Rd		City Stafford Springs		State CT	Zip Code 06076
Principal Occupation Educator of my children		Name of Employer Homemaker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/25/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Mayhew		First Ryan		MI CT	Contribution ID # 0091
Residential Street Address 30 Hampden Rd		City Stafford Springs		State CT	Zip Code 06076
Principal Occupation Residential Contracting		Name of Employer Mayhew Home Improvement			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event 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 \$5.00	\$5.00

Last Name Gaudenzi		First Lori		MI CT	Contribution ID # 0092
Residential Street Address 19 Hillcrest Dr		City Stafford Springs		State CT	Zip Code 06076
Principal Occupation HOMEMAKER		Name of Employer HOMEMAKER			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 03/25/2026	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
Vote Vail	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Pelczar		First Piotr		MI Y	Contribution ID # 0093
Residential Street Address 11 Melissa Way		City Stafford Springs		State CT	Zip Code 06076
Principal Occupation Plant Facility Engineer		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 03/25/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Pelczar		First Gabriella		MI A	Contribution ID # 0094
Residential Street Address 11 Melissa Way		City Stafford Springs		State CT	Zip Code 06076
Principal Occupation Cashier		Name of Employer Tractor Supply			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event 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 \$60.00	\$60.00

Last Name Triba		First Carolyn		MI	Contribution ID # 0095
Residential Street Address 4 Hemlock Cir		City Stafford Springs		State CT	Zip Code 06076
Principal Occupation Special Education Teacher		Name of Employer Town of Stafford			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event 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 Bolduc		First Daniel		MI	Contribution ID # 0096
Residential Street Address 61 Conklin Rd		City Stafford Springs		State CT	Zip Code 06076
Principal Occupation Director of Field Service		Name of Employer Tulimieri Associates, 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 03/30/2026	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
Vote Vail	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Bradrick		First Heidi		MI	Contribution ID # 0098
Residential Street Address 24 Cemetery Rd		City Union		State CT	Zip Code 06076
Principal Occupation Town Clerk		Name of Employer Town of Union			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event 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 Vennart		First Timothy		MI	Contribution ID # 0099
Residential Street Address 334 Stickney Hill Rd .		City Union		State CT	Zip Code 06076
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 \$10.00	\$10.00

Last Name Huda		First Mary		MI	Contribution ID # 0100
Residential Street Address 1071 Buckley Hwy		City Union		State CT	Zip Code 06076
Principal Occupation Assessor		Name of Employer Town of South Windsor			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event 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 Doucette		First Paul		MI	Contribution ID # 0101
Residential Street Address 116 Main St Unit B		City Somers		State CT	Zip Code 06071
Principal Occupation Driver		Name of Employer Barber Utilities			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event 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

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Bacon		First Thomas		MI W	Contribution ID # 0194
Residential Street Address 6 Bush Rd		City Union		State CT	Zip Code 06076
Principal Occupation Farmer		Name of Employer Self employed/Farmer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event 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 D'Amato		First Nicholas		MI	Contribution ID # 0097
Residential Street Address 9 Old Monson Rd		City Stafford Springs		State CT	Zip Code 06076
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 \$25.00	\$25.00

Total of Section B					\$3,840.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Total on Line 14, Column A of Summary Page)					\$3,840.00

I. MONETARY RECEIPTS (Section A-I)

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

G. Interest from Deposits in Authorized Accounts

Name of Institution Stafford Savings Bank	Date Received 01/31/2026	Amount
Street Address 74 W Stafford Rd	City Stafford Springs	State CT
	Zip Code 06076	\$0.04
Name of Institution Stafford Savings Bank	Date Received 02/28/2026	Amount
Street Address 74 W Stafford Rd	City Stafford Springs	State CT
	Zip Code 06076	\$0.14
Name of Institution Stafford Savings Bank	Date Received 03/31/2026	Amount
Street Address 74 W Stafford Rd	City Stafford Springs	State CT
	Zip Code 06076	\$0.27
Total of Section G		\$0.45

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Vote Vail	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
Vote Vail	April 10 Filing - Amendment

I. Miscellaneous Monetary Receipts not Considered Contributions

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

II. EVENT ACTIVITY (Sections J1 - J4)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
Vote Vail			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	
Vote Vail			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
Vote Vail	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
Vote Vail	April 10 Filing - Amendment

K. In-Kind Contributions

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

Total of Section K

III. Non Monetary Receipts (Sections K - L)

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

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

IV. EXPENDITURES (Sections N - S)

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

TYPE OF REPORT

Vote Vail

April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee

Kristine Sooter

Date of Payment

02/25/2026

Method of Payment

☐

Check #

☐

Debit Card

☒

EFT

Street Address

15 Harvest Hill Rd

City

Somers

State

CT

Zip Code

06071

Purpose of Expendit

REF

Description

Refunded Donation due to disqualifying credit card.

Amount

Is this expenditure coordinated with another candidate for which reimbursement is sought?

☐

Yes

☒

No

Expenditure #
(if applicable)

Event #

\$10.00

If yes, assign an Expenditure # and complete Itemization in Addendum N

Name of Payee

Karen Sooter

Date of Payment

02/25/2026

Method of Payment

☐

Check #

☐

Debit Card

☒

EFT

Street Address

15 Harvest Hill Rd

City

Somers

State

CT

Zip Code

06071

Purpose of Expendit

REF

Description

Refunded Donation due to disqualifying credit card.

Amount

Is this expenditure coordinated with another candidate for which reimbursement is sought?

☐

Yes

☒

No

Expenditure #
(if applicable)

Event #

\$10.00

If yes, assign an Expenditure # and complete Itemization in Addendum N

Name of Payee

Doug Stebbins

Date of Payment

02/25/2026

Method of Payment

☐

Check #

☐

Debit Card

☒

EFT

Street Address

15 Harvest Hill Rd

City

Somers

State

CT

Zip Code

06071

Purpose of Expendit

REF

Description

Refunded Donation due to disqualifying credit card.

Amount

Is this expenditure coordinated with another candidate for which reimbursement is sought?

☐

Yes

☒

No

Expenditure #
(if applicable)

Event #

\$15.00

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
Vote Vail	April 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Donna Stebbins		Date of Payment 02/25/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 15 Harvest Hill Rd		City Somers	State CT	Zip Code 06071
Purpose of Expendit REF	Description Refunded Donation due to disqualifying credit card.			Amount \$15.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Jennifer McDowell		Date of Payment 02/25/2026	Method of Payment ☒ Check # <u>098</u> ☐ Debit Card ☐ EFT	
Street Address 3 Woody Rd		City Woodstock	State CT	Zip Code 06281
Purpose of Expendit OFFICE	Description			Amount \$100.21
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Stafford Savings Bank		Date of Payment 03/04/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 74 W Stafford Rd		City Stafford Springs	State CT	Zip Code 06076
Purpose of Expendit BNK	Description Checks for Vote Vail			Amount \$24.04
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Anedot		Date of Payment 03/04/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas		State TX
Zip Code 75206-5311				
Purpose of Expendit BNK	Description Donation refund fee.			Amount \$2.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot		Date of Payment 03/04/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas		State TX
Zip Code 75206-5311				
Purpose of Expendit WEB	Description Donation refund fee.			Amount \$2.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Anedot		Date of Payment 03/31/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas		State TX
Zip Code 75206-5311				
Purpose of Expendit BNK	Description Anedot Fees			Amount \$128.90
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee Anedot		Date of Payment 03/31/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas	State TX	Zip Code 75206-5311
Purpose of Expendit WEB	Description Anedot Fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$128.00

Total of Section N**\$305.15****IV. EXPENDITURES (Sections N - S)**

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

IV. EXPENDITURES (Sections N - S)

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

R. Itemization of Reimbursements and Secondary Payees

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

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Vote Vail	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