# SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

Electronic Filing

Do Not Mark in This Space. For Official Use Only.

## COVER PAGE

| 1. NAME OF COMMITTEE | 2. TYPE OF COMMITTEE |
|---|---|
| **NED for CT** | [x] Candidate Committee<br>[ ] Exploratory Committee |

3. TREASURER NAME

| First | MI | Last | Suffix |
|---|---|---|---|
| **Gabriela** | | **Koc** | |

4. TREASURER ADDRESS

| Street Address | City | State | Zip Code |
|---|---|---|---|
| **1340 Washington Blvd Unit 509** | **Stamford** | **CT** | **06902** |

| 5. ELECTION DATE | 6. OFFICE SOUGHT *(Complete only if Candidate Committee)* | 7. DISTRICT NUMBER *(if applicable)* |
|---|---|---|
| **11/03/2026** | **Governor** | |

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

| First | MI | Last | Suffix |
|---|---|---|---|
| **Edward** | **M** | **Lamont** | |

9. TYPE OF REPORT

**Final Weekly Supplemental Filing General Election - Original**

10. PERIOD COVERED

| Beginning Date | | Ending Date |
|---|---|---|
| **10/21/2026** | thru | **10/27/2026** |

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** | **Dennis Carnelli** | **10/29/2026 8:04:18PM** |
|---|---|---|
| SIGNATURE | PRINT NAME OF THE SIGNER | DATE CERTIFIED |

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

# SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

## SUMMARY PAGE TOTALS

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT | |
|---|---|---|
| **NED for CT** | **Final Weekly Supplemental Filing General Election - Original** | |
| | COLUMN A<br>This Period | COLUMN B<br>Aggregate |
| 12. Balance on hand from day Committee was formed | | **$0.00** |
| 13. Balance on hand at the beginning of Reporting Period | **$2,865,505.13** | |
| 14. Contributions received from Individuals (Section A and B) | **$4,932.26** | **$435,481.58** |
| 15. Receipts from Other Committees (Sections C1 and C2) | **$0.00** | **$0.00** |
| 16. Other Monetary Receipts (Section D through I) | **$1,702.28** | **$20,046,980.57** |
| 17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1) | **$0.00** | **$0.00** |
| 18. Total Monetary Receipts (add totals for lines 14 through 17) | **$6,634.54** | **$20,482,462.15** |
| 19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B) | **$2,872,139.67** | **$20,482,462.15** |
| 20. Expenses Paid by Committee (Section N) | **$1,161,046.89** | **$18,771,369.37** |
| 21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns ) | **$1,711,092.78** | **$1,711,092.78** |
| 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) | **$500.00** | **$17,860.20** |
| 25. Refundable Deposit to Telephone Company (Section L) | **$0.00** | **$0.00** |
| 26. Beginning Loan Balance | **$2,200,000.00** | |
| 26a. + Loans Received (Section D) | **$0.00** | **$2,200,000.00** |
| 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 | **$2,200,000.00** | |
| 27. Campaign Expenses Paid By Candidate (Section O) | **$0.00** | **$1,284.79** |
| 28. Expenses Incurred on Committee Credit Card (Section P) | **$0.00** | **$1,615,416.13** |
| 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 |
|---|---|
| NED for CT | Final Weekly Supplemental Filing General Election - Original |
| **A. Total Contributions from Small Contributors-Received this Period ONLY** | For Nonparticipating Candidates ONLY **$0.00** |

### B. Itemized Contributions from Individuals

| Last Name | First Name | MI | Contribution ID# |
|---|---|---|---|
| Carroll | Adorna | | 2960 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 23 Occhialini Ct | Newington | CT | 06111-4754 |

| Principal Occupation | Name of Employer |
|---|---|
| Realtor | Dynamic Directions, 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 | Aggregate Contributions | Amount of Contribution |
|---|---|---|
| 10/21/2026 | $400.00 | $400.00 |

| Last Name | First Name | MI | Contribution ID# |
|---|---|---|---|
| Dursi | Francis | J | 2966 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 5 High Ridge Dr | Pawcatuck | CT | 06379-1238 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Not Employed |

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

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

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

Amount of Contribution

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

If yes, list Event #

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

| Date Received | Aggregate Contributions | Amount of Contribution |
|---|---|---|
| 10/21/2026 | $500.00 | $500.00 |

| Last Name | First Name | MI | Contribution ID# |
|---|---|---|---|
| Hardin | Kay | J | 2969 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 6 Galloping Hl | Brookfield | CT | 06804-3611 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Not Employed |

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

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

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

Amount of Contribution

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

If yes, list Event #

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

| Date Received | Aggregate Contributions | Amount of Contribution |
|---|---|---|
| 10/21/2026 | $180.00 | $15.00 |

## I. MONETARY RECEIPTS (Section A-I)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| NED for CT | Final Weekly Supplemental Filing General Election - Original |

### B. Itemized Contributions from Individuals

| Last Name | First Name | MI | Contribution ID# |
|---|---|---|---|
| Levine | Dorothy | | 2972 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 54 Canfield Dr | Stamford | CT | 06902-1325 |

| Principal Occupation | Name of Employer |
|---|---|
| Physician | Self Employed |

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

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

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

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

If yes, list Event #

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

| Date Received | Aggregate Contributions | Amount of Contribution |
|---|---|---|
| 10/21/2026 | $141.21 | $15.69 |

| Last Name | First Name | MI | Contribution ID# |
|---|---|---|---|
| Veronesi | David | | 2990 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 314 Toll Gate Rd | Berlin | CT | 06037-3612 |

| Principal Occupation | Name of Employer |
|---|---|
| Financial Analyst | Pratt and Whitney |

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

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

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

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

If yes, list Event #

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

| Date Received | Aggregate Contributions | Amount of Contribution |
|---|---|---|
| 10/21/2026 | $5.36 | $5.36 |

| Last Name | First Name | MI | Contribution ID# |
|---|---|---|---|
| Zhu | Jian | M | 2992 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 176 Clough Rd | Waterbury | CT | 06708-1842 |

| Principal Occupation | Name of Employer |
|---|---|
| Assistant Accountant | Connecticut State Community College |

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

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

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

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

If yes, list Event #

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

| Date Received | Aggregate Contributions | Amount of Contribution |
|---|---|---|
| 10/21/2026 | $68.22 | $10.53 |

| Last Name | First Name | MI | Contribution ID# |
|---|---|---|---|
| Zuraw | Kimberly | | 2994 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 13 Edgewood Ave | Ansonia | CT | 06401-1002 |

| Principal Occupation | Name of Employer |
|---|---|
| Safety Professional | Inline Plastics Corporation |

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

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

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

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

If yes, list Event #

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

| Date Received | Aggregate Contributions | Amount of Contribution |
|---|---|---|
| 10/22/2026 | $26.01 | $26.01 |

## I. MONETARY RECEIPTS (Section A-I)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| NED for CT | Final Weekly Supplemental Filing General Election - Original |

### B. Itemized Contributions from Individuals

| Last Name | First Name | MI | Contribution ID# |
|---|---|---|---|
| Gogliettino | John | C | 2968 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| PO Box 2598 | Danbury | CT | 06813-2598 |

| Principal Occupation | Name of Employer |
|---|---|
| Insurance Broker | Self Employed |

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

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

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

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

If yes, list Event #

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

| Date Received | Aggregate Contributions | Amount of Contribution |
|---|---|---|
| 10/22/2026 | $88.00 | $8.00 |

| Last Name | First Name | MI | Contribution ID# |
|---|---|---|---|
| Napoli | Ronald | | 2974 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 28 Deer Park Cir | Waterbury | CT | 06708-1826 |

| Principal Occupation | Name of Employer |
|---|---|
| Teacher | Waterbury Public Schools |

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

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

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

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

If yes, list Event #

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

| Date Received | Aggregate Contributions | Amount of Contribution |
|---|---|---|
| 10/22/2026 | $100.00 | $10.00 |

| Last Name | First Name | MI | Contribution ID# |
|---|---|---|---|
| Peterson | Susan | | 2978 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 125 Michele Dr | Somers | CT | 06071-1500 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Not Employed |

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

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

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

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

If yes, list Event #

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

| Date Received | Aggregate Contributions | Amount of Contribution |
|---|---|---|
| 10/22/2026 | $20.00 | $20.00 |

| Last Name | First Name | MI | Contribution ID# |
|---|---|---|---|
| Hoxie | Gail | | 2970 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 190 E Lake St | Winsted | CT | 06098-1951 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Not Employed |

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

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

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

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

If yes, list Event #

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

| Date Received | Aggregate Contributions | Amount of Contribution |
|---|---|---|
| 10/22/2026 | $90.00 | $5.00 |

## I. MONETARY RECEIPTS (Section A-I)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| NED for CT | Final Weekly Supplemental Filing General Election - Original |

### B. Itemized Contributions from Individuals

| Last Name | First Name | MI | Contribution ID# |
|---|---|---|---|
| De Figueiredo | John | | 2964 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| PO Box 1062 | Cheshire | CT | 06410-4062 |

| Principal Occupation | Name of Employer |
|---|---|
| Physician | Self Employed |

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

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

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

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

If yes, list Event #

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

| Date Received | Aggregate Contributions | Amount of Contribution |
|---|---|---|
| 10/22/2026 | $100.00 | $100.00 |

| Last Name | First Name | MI | Contribution ID# |
|---|---|---|---|
| DeMarse | Elisabeth | | 2965 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 530 W End Ave Apt 5B | New York | NY | 10024-3226 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Not Employed |

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

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

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

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

If yes, list Event #

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

| Date Received | Aggregate Contributions | Amount of Contribution |
|---|---|---|
| 10/22/2026 | $2,000.00 | $1,000.00 |

| Last Name | First Name | MI | Contribution ID# |
|---|---|---|---|
| Cohen | Paulette | | 2961 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 189 Everit St New Haven Ct | New Haven | CT | 06511 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Not Employed |

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

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

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

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

If yes, list Event #

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

| Date Received | Aggregate Contributions | Amount of Contribution |
|---|---|---|
| 10/23/2026 | $100.00 | $100.00 |

| Last Name | First Name | MI | Contribution ID# |
|---|---|---|---|
| Adler | P. | J | 2955 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 6 Hillside Ave | Darien | CT | 06820-5010 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Not Employed |

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

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

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

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

If yes, list Event #

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

| Date Received | Aggregate Contributions | Amount of Contribution |
|---|---|---|
| 10/23/2026 | $89.84 | $51.83 |

## I. MONETARY RECEIPTS (Section A-I)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| NED for CT | Final Weekly Supplemental Filing General Election - Original |

### B. Itemized Contributions from Individuals

| Last Name | First Name | MI | Contribution ID# |
|---|---|---|---|
| Balschi | Elizabeth | | 2957 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 516 Lake Dr | Guilford | CT | 06437-1160 |

| Principal Occupation | Name of Employer |
|---|---|
| Consultant | Valuing Change, 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 | Aggregate Contributions | Amount of Contribution |
|---|---|---|
| 10/23/2026 | $50.00 | $50.00 |

| Last Name | First Name | MI | Contribution ID# |
|---|---|---|---|
| Rose | Jonathan | | 2979 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 144 Main St | Cold Spring | NY | 10516-2852 |

| Principal Occupation | Name of Employer |
|---|---|
| Real Estate Developer | Self Employed |

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

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

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

Amount of Contribution

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

If yes, list Event #

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

| Date Received | Aggregate Contributions | Amount of Contribution |
|---|---|---|
| 10/23/2026 | $350.00 | $350.00 |

| Last Name | First Name | MI | Contribution ID# |
|---|---|---|---|
| Notaro | Kris | | 2975 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 1630 Deerfield Ct | Cheshire | CT | 06410-3750 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Not Employed |

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

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

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

Amount of Contribution

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

If yes, list Event #

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

| Date Received | Aggregate Contributions | Amount of Contribution |
|---|---|---|
| 10/23/2026 | $41.06 | $20.00 |

| Last Name | First Name | MI | Contribution ID# |
|---|---|---|---|
| O'Brien | Karen | | 2976 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 94 Sunset Rd | Easton | CT | 06612-1752 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Not Employed |

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

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

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

Amount of Contribution

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

If yes, list Event #

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

| Date Received | Aggregate Contributions | Amount of Contribution |
|---|---|---|
| 10/23/2026 | $184.77 | $10.00 |

## I. MONETARY RECEIPTS (Section A-I)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| NED for CT | Final Weekly Supplemental Filing General Election - Original |

### B. Itemized Contributions from Individuals

| Last Name | First Name | MI | Contribution ID# |
|---|---|---|---|
| Stein | Ben | | 2985 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 410 Oakwynne Dr | Wynnewood | PA | 19096-2352 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Not Employed |

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

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

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

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

If yes, list Event #

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

| Date Received | Aggregate Contributions | Amount of Contribution |
|---|---|---|
| 10/23/2026 | $150.00 | $150.00 |

| Last Name | First Name | MI | Contribution ID# |
|---|---|---|---|
| Wemett | David | | 2991 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 42 Vivian St | Newington | CT | 06111-3749 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Not Employed |

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

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

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

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

If yes, list Event #

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

| Date Received | Aggregate Contributions | Amount of Contribution |
|---|---|---|
| 10/23/2026 | $80.00 | $8.00 |

| Last Name | First Name | MI | Contribution ID# |
|---|---|---|---|
| Trueworthy | Elena | | 2988 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 26 Jonathan Ln | Storrs | CT | 06268-2775 |

| Principal Occupation | Name of Employer |
|---|---|
| Commissioner | 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

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

If yes, list Event #

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

| Date Received | Aggregate Contributions | Amount of Contribution |
|---|---|---|
| 10/24/2026 | $100.00 | $100.00 |

| Last Name | First Name | MI | Contribution ID# |
|---|---|---|---|
| Sauer | Claire | | 2980 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 47 Mitchell Hill Rd | Lyme | CT | 06371-3021 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Not Employed |

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

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

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

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

If yes, list Event #

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

| Date Received | Aggregate Contributions | Amount of Contribution |
|---|---|---|
| 10/24/2026 | $88.00 | $8.00 |

## I. MONETARY RECEIPTS (Section A-I)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| NED for CT | Final Weekly Supplemental Filing General Election - Original |

### B. Itemized Contributions from Individuals

| Last Name | First Name | MI | Contribution ID# |
|---|---|---|---|
| Kokoszka | Michael | | 2971 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 3 Brookview Rd | Cromwell | CT | 06416-4507 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Not Employed |

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

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

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

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

If yes, list Event #

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

| Date Received | Aggregate Contributions | Amount of Contribution |
|---|---|---|
| 10/24/2026 | $127.01 | $8.00 |

| Last Name | First Name | MI | Contribution ID# |
|---|---|---|---|
| Loeb | Deborah | | 2973 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 1 Montgomery St Ste 1700 | San Francisco | CA | 94104-5517 |

| Principal Occupation | Name of Employer |
|---|---|
| Designer | Self Employed |

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

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

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

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

If yes, list Event #

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

| Date Received | Aggregate Contributions | Amount of Contribution |
|---|---|---|
| 10/24/2026 | $100.00 | $100.00 |

| Last Name | First Name | MI | Contribution ID# |
|---|---|---|---|
| Adler | P. | J | 2956 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 6 Hillside Ave | Darien | CT | 06820-5010 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Not Employed |

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

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

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

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

If yes, list Event #

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

| Date Received | Aggregate Contributions | Amount of Contribution |
|---|---|---|
| 10/25/2026 | $95.84 | $6.00 |

| Last Name | First Name | MI | Contribution ID# |
|---|---|---|---|
| Soto | Gladys | | 2984 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 274 Broadway | Milford | CT | 06460-5824 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Not Employed |

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

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

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

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

If yes, list Event #

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

| Date Received | Aggregate Contributions | Amount of Contribution |
|---|---|---|
| 10/25/2026 | $500.00 | $500.00 |

## I. MONETARY RECEIPTS (Section A-I)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| NED for CT | Final Weekly Supplemental Filing General Election - Original |

### B. Itemized Contributions from Individuals

| Last Name | First Name | MI | Contribution ID# |
|---|---|---|---|
| Trueworthy | Abigail | | 2987 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 26 Jonathan Ln | Storrs | CT | 06268-2775 |

| Principal Occupation | Name of Employer |
|---|---|
| Not Employed | Not Employed |

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

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

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

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

If yes, list Event #

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

| Date Received | Aggregate Contributions | Amount of Contribution |
|---|---|---|
| 10/25/2026 | $5.00 | $5.00 |

| Last Name | First Name | MI | Contribution ID# |
|---|---|---|---|
| Zubretsky | Robin | | 2993 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 20 Nibang Ave | Old Saybrook | CT | 06475-3110 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Not Employed |

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

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

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

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

If yes, list Event #

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

| Date Received | Aggregate Contributions | Amount of Contribution |
|---|---|---|
| 10/25/2026 | $1,032.70 | $1,032.70 |

| Last Name | First Name | MI | Contribution ID# |
|---|---|---|---|
| Streifer | Philip | | 2986 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 1923 SE 27th St | Battle Ground | WA | 98604-3163 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Not Employed |

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

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

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

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

If yes, list Event #

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

| Date Received | Aggregate Contributions | Amount of Contribution |
|---|---|---|
| 10/26/2026 | $88.00 | $8.00 |

| Last Name | First Name | MI | Contribution ID# |
|---|---|---|---|
| Vance | J. | P | 2989 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 24 Summit Rdg | Watertown | CT | 06795-1562 |

| Principal Occupation | Name of Employer |
|---|---|
| Attorney | Self Employed |

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

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

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

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

If yes, list Event #

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

| Date Received | Aggregate Contributions | Amount of Contribution |
|---|---|---|
| 10/26/2026 | $80.00 | $10.00 |

## I. MONETARY RECEIPTS (Section A-I)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| NED for CT | Final Weekly Supplemental Filing General Election - Original |

### B. Itemized Contributions from Individuals

| Last Name | First Name | MI | Contribution ID# |
|---|---|---|---|
| Schmeltz | Donna | | 2981 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 1 Linwood Ave | Riverside | CT | 06878-1929 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Not Employed |

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

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

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

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

If yes, list Event #

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

| Date Received | Aggregate Contributions | Amount of Contribution |
|---|---|---|
| 10/26/2026 | $303.45 | $100.00 |

| Last Name | First Name | MI | Contribution ID# |
|---|---|---|---|
| Semel | Elliot | | 2982 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 5 Mill Rd | Danbury | CT | 06810-5173 |

| Principal Occupation | Name of Employer |
|---|---|
| Teacher | CCSD |

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

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

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

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

If yes, list Event #

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

| Date Received | Aggregate Contributions | Amount of Contribution |
|---|---|---|
| 10/26/2026 | $25.00 | $25.00 |

| Last Name | First Name | MI | Contribution ID# |
|---|---|---|---|
| Singh | Narendra | | 2983 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 11 Carlyle Rd | West Hartford | CT | 06117-1326 |

| Principal Occupation | Name of Employer |
|---|---|
| Engineer | Connecticut State Colleges & Universities |

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

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

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

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

If yes, list Event #

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

| Date Received | Aggregate Contributions | Amount of Contribution |
|---|---|---|
| 10/26/2026 | $25.00 | $25.00 |

| Last Name | First Name | MI | Contribution ID# |
|---|---|---|---|
| Cunningham | Elisabeth | | 2962 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 397 Newton St | Chestnut Hill | MA | 02467-2716 |

| Principal Occupation | Name of Employer |
|---|---|
| Architect | Warner & Cunningham, 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

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

If yes, list Event #

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

| Date Received | Aggregate Contributions | Amount of Contribution |
|---|---|---|
| 10/26/2026 | $165.00 | $15.00 |

## I. MONETARY RECEIPTS (Section A-I)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| NED for CT | Final Weekly Supplemental Filing General Election - Original |

### B. Itemized Contributions from Individuals

| Last Name | First Name | MI | Contribution ID# |
|---|---|---|---|
| Daniels | Jordan | | 2963 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 15131 Ellicott Dr Apt 308 | Midlothian | VA | 23114-6838 |

| Principal Occupation | Name of Employer |
|---|---|
| Banker | Capital One |

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

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

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

Amount of Contribution

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

If yes, list Event #

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

| Date Received | Aggregate Contributions | Amount of Contribution |
|---|---|---|
| 10/26/2026 | $15.69 | $15.69 |

| Last Name | First Name | MI | Contribution ID# |
|---|---|---|---|
| Basroon | Andrew | | 2958 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 126 Wilmont St | Wethersfield | CT | 06109-1953 |

| Principal Occupation | Name of Employer |
|---|---|
| Teacher | Rocky Hill 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 | Aggregate Contributions | Amount of Contribution |
|---|---|---|
| 10/27/2026 | $5.00 | $5.00 |

| Last Name | First Name | MI | Contribution ID# |
|---|---|---|---|
| Beauchemin | David | | 2959 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 338 Plaza Dr | Middletown | CT | 06457-2598 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Not Employed |

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

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

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

Amount of Contribution

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

If yes, list Event #

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

| Date Received | Aggregate Contributions | Amount of Contribution |
|---|---|---|
| 10/27/2026 | $60.00 | $5.00 |

| Last Name | First Name | MI | Contribution ID# |
|---|---|---|---|
| Ells | Mary | | 2967 |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 128 N 13th St Apt 508 | Lincoln | NE | 68508-1526 |

| Principal Occupation | Name of Employer |
|---|---|
| Retired | Not Employed |

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

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

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

Amount of Contribution

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

If yes, list Event #

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

| Date Received | Aggregate Contributions | Amount of Contribution |
|---|---|---|
| 10/27/2026 | $5.00 | $5.00 |

## I. MONETARY RECEIPTS (Section A-I)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| NED for CT | Final Weekly Supplemental Filing General Election - Original |

### B. Itemized Contributions from Individuals

| Last Name | First Name | MI | Contribution ID# |
|---|---|---|---|
| Okerblom | Lawrence | | 2977 |
| **Residential Street Address** | **City** | **State** | **Zip Code** |
| 71 Spring Valley Rd | Mystic | CT | 06355-1057 |
| **Principal Occupation** | **Name of Employer** | | |
| Retired | Not Employed | | |

| | | | | |
|---|---|---|---|---|
| Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No<br>If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No<br>If yes, list Event # | Method of Contribution<br>☐ Cash ☐ Personal Check<br>☐ Money Order ☒ Credit/Debit Card | Date Received | Aggregate Contributions | |
| | | 10/27/2026 | $206.90 | $103.45 |

| | |
|---|---|
| **Total of Section B** | **$4,932.26** |
| **TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS** (Sections A & B) *(Total on Line 14, Column A of Summary Page)* | **$4,932.26** |

## I. MONETARY RECEIPTS (Section A-I)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| NED for CT | Final Weekly Supplemental Filing General Election - Original |

### 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<br>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 (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| NED for CT | Final Weekly Supplemental Filing General Election - Original |

### 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<br>☐ Reimbursement for shared expense<br>☐ Surplus distribution from exploratory committee | |
| Expenditure # (if applicable) | Description | | | |
| | | | **Total of Section C2** | |

## I. MONETARY RECEIPTS (Section A-I)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| NED for CT | Final Weekly Supplemental Filing General Election - Original |

### D. Loans Received this Period

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

## I. MONETARY RECEIPTS (Section A-I)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| NED for CT | Final Weekly Supplemental Filing General Election - Original |

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

| Date of Receipt | Method of Payment<br>☐ Cash ☐ Personal Check ☐ Credit/Debit Card | Amount |
|---|---|---|
| | **Total of Section E** | |

## I. MONETARY RECEIPTS (Section A-I)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | Type of Report |
|---|---|
| NED for CT | Final Weekly Supplemental Filing General Election - Original |

### G. Interest from Deposits in Authorized Accounts

| Name of Institution | | Date Received | | Amount |
|---|---|---|---|---|
| Street Address | City | State | Zip Code | |
| | | | **Total of Section G** | |

## I. MONETARY RECEIPTS (Section A-I)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| NED for CT | Final Weekly Supplemental Filing General Election - Original |

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

| Purpose of Grant | Grant Cycle | Date of Receipt | 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 (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| NED for CT | Final Weekly Supplemental Filing General Election - Original |

## I. Miscellaneous Monetary Receipts not Considered Contributions

| Name | Date of Transaction | | | Amount Received |
|---|---|---|---|---|
| 1-800-Flowers.com | 10/23/2026 | | | |
| **Street Address** | **City** | **State** | **Zip Code** | |
| 2 Jericho Plz Ste 200 | Jericho | NY | 11753-1681 | |
| **Description** | | | | |
| Refund from Vendor | | | | $21.98 |

| Name | Date of Transaction | | | Amount Received |
|---|---|---|---|---|
| Primo Brands Corporation | 10/22/2026 | | | |
| **Street Address** | **City** | **State** | **Zip Code** | |
| 900 Long Ridge Rd Bldg 2 | Stamford | CT | 06902-1140 | |
| **Description** | | | | |
| Refund from Vendor | | | | $7.25 |

| Name | Date of Transaction | | | Amount Received |
|---|---|---|---|---|
| Ryan Rosario | 10/22/2026 | | | |
| **Street Address** | **City** | **State** | **Zip Code** | |
| PO Box 457 | Ridgefield | CT | 06877-0457 | |
| **Description** | | | | |
| Refund of Payroll Overpayment | | | | $1,673.05 |

| | |
|---|---|
| **Total of Section I** | **$1,702.28** |

## II. EVENT ACTIVITY (Sections J1 - J4)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| NED for CT | Final Weekly Supplemental Filing General Election - Original |

### J1. Event Information

| Event # / Date of Event | Letter | Description | Was this a fundraising event? |
|---|---|---|---|
| 10/23/2026 | a | Meet and Greet Event | ☐ Yes ☒ No |

| Location: Street Address | City | State | Zip Code |
|---|---|---|---|
| 615 Silver Ln | East Hartford | CT | 06118-1257 |

| | | |
|---|---|---|
| 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, go 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 puchases from an individual of up to $100? | ☐ Yes ☒ No | (If yes, enter Total Receipts here.) $0.00 |

| Event # / Date of Event | Letter | Description | Was this a fundraising event? |
|---|---|---|---|
| 10/25/2026 | a | Meet and Greet Event | ☐ Yes ☒ No |

| Location: Street Address | City | State | Zip Code |
|---|---|---|---|
| 1 Oronoke Rd | Waterbury | CT | 06708-3314 |

| | | |
|---|---|---|
| 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, go 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 puchases from an individual of up to $100? | ☐ Yes ☒ No | (If yes, enter Total Receipts here.) $0.00 |

| | |
|---|---|
| **Total of Section J1** | **$0.00** |

## II. EVENT ACTIVITY (Sections J1 - J4)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| NED for CT | Final Weekly Supplemental Filing General Election - Original |

### J3. In-Kind Donations Not Considered Contributions

| Name of the Donor | | | | |
|---|---|---|---|---|
| Street Address | | City | State | Zip Code |
| Donation Given by:<br>☐ Individual<br>☐ Business Entity<br>☐ Sole Proprietorship | Description of Donation | | Aggregate value for this event | Fair Market Value of Donation |
| | Date Received | Event # | | |
| | | | **Total of Section J3** | |

## II. EVENT ACTIVITY (Sections J1 - J4)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| NED for CT | Final Weekly Supplemental Filing General Election - Original |

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

| Name of Host | | | Is this event supporting more than one candidate?<br>☐ Yes ☐ No<br>If yes, complete Itemization in Addendum J4 | |
|---|---|---|---|---|
| Street Address | | City | State | Zip Code |
| Description of Donation | | | | Fair Market Value of Donation |
| Event # | Date Received | 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 |
|---|---|
| NED for CT | Final Weekly Supplemental Filing General Election - Original |

### K. In-Kind Contributions

Name: John Lombard

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 4 Merriman Ln | Prospect | CT | 06712-1421 |

Is this contribution associated with an event reported in Section J1? [X] Yes [ ] No

If yes, list Event # 10252026a

Description of In-Kind Contribution: Food & Beverages

Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [X] No

Is contributor a principal of a state contractor or prospective state contractor? [ ] Yes [X] No

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

Fair Market Value of this Contribution: $500.00

Type of Contributor: [X] Individual [ ] Committee [ ] Sole Proprietorship

| Date Received | Aggregate contributions |
|---|---|
| 10/25/2026 | $500.00 |

**Total of Section K** **$500.00**

## III. Non Monetary Receipts (Sections K - L)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| NED for CT | Final Weekly Supplemental Filing General Election - Original |

### L. Refundable Deposit to Telephone Company

| Last Name of Individual | First Name | MI | Date Deposit Made |
|---|---|---|---|
| | | | |

| Residential Street Address | City | State | Zip Code | Amount of Deposit |
|---|---|---|---|---|
| | | | | |

Name of Telephone Company

| Street Address | City | State | Zip Code |
|---|---|---|---|
| | | | |

**Total of Section L**

## IV. EXPENDITURES (Sections N - S)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| NED for CT | Final Weekly Supplemental Filing General Election - Original |

### N. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Leanne Harpin Makeup Artist | 10/21/2026 | [ ] Check # [x] Debit Card [ ] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 189 Halley Ave | Fairfield | CT | 06825-5455 |

| Purpose of Expenditure (by code) | Description |
|---|---|
| Misc * | Makeup Services |

| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Expenditure # (if applicable) | Event # | Amount |
|---|---|---|---|
| [ ] Yes [x] No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N | | | $266.00 |

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Paperless Post | 10/21/2026 | [ ] Check # [x] Debit Card [ ] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 115 Broadway | New York | NY | 10006-1604 |

| Purpose of Expenditure (by code) | Description |
|---|---|
| OVHD | Software Subscription |

| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Expenditure # (if applicable) | Event # | Amount |
|---|---|---|---|
| [ ] Yes [x] No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N | | | $63.85 |

## IV. EXPENDITURES (Sections N - S)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| NED for CT | Final Weekly Supplemental Filing General Election - Original |

### N. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Scale to Win | 10/21/2026 | [ ] Check # [ ] Debit Card [x] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 13742 Harper St | Santa Ana | CA | 92703-1419 |

| Purpose of Expenditure (by code) | Description |
|---|---|
| A-PH-BNK | Software Subscription |

| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Expenditure # (if applicable) | Event # | Amount |
|---|---|---|---|
| [ ] Yes [x] No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N | | | $3,508.42 |

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| The Home Depot | 10/21/2026 | [ ] Check # [x] Debit Card [ ] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 503 New Park Ave | West Hartford | CT | 06110-1326 |

| Purpose of Expenditure (by code) | Description |
|---|---|
| OFFICE | Office Supplies |

| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Expenditure # (if applicable) | Event # | Amount |
|---|---|---|---|
| [ ] Yes [x] No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N | | | $1,107.93 |

## IV. EXPENDITURES (Sections N - S)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| NED for CT | Final Weekly Supplemental Filing General Election - Original |

### N. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| The Home Depot | 10/21/2026 | [ ] Check # [x] Debit Card [ ] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 503 New Park Ave | West Hartford | CT | 06110-1326 |

| Purpose of Expenditure (by code) | Description |
|---|---|
| OFFICE | Office Supplies |

| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Expenditure # (if applicable) | Event # | Amount |
|---|---|---|---|
| [ ] Yes [x] No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N | | | $22.25 |

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Amazon | 10/21/2026 | [ ] Check # [x] Debit Card [ ] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 410 Terry Ave N | Seattle | WA | 98109-5210 |

| Purpose of Expenditure (by code) | Description |
|---|---|
| OFFICE | Office Supplies |

| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Expenditure # (if applicable) | Event # | Amount |
|---|---|---|---|
| [ ] Yes [x] No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N | | | $52.07 |

## IV. EXPENDITURES (Sections N - S)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| NED for CT | Final Weekly Supplemental Filing General Election - Original |

### N. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Comcast | 10/21/2026 | [ ] Check # [x] Debit Card [ ] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 676 Island Pond Rd | Manchester | NH | 03109-5420 |

| Purpose of Expenditure (by code) | Description |
|---|---|
| WEB | Internet Service |

| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Expenditure # (if applicable) | Event # | Amount |
|---|---|---|---|
| [ ] Yes [x] No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N | | | $465.57 |

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| DoorDash | 10/22/2026 | [ ] Check # [x] Debit Card [ ] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 303 2nd St Fl 8 | San Francisco | CA | 94107-1366 |

| Purpose of Expenditure (by code) | Description |
|---|---|
| FOOD | Catering |

| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Expenditure # (if applicable) | Event # | Amount |
|---|---|---|---|
| [ ] Yes [x] No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N | | | $81.54 |

## IV. EXPENDITURES (Sections N - S)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| NED for CT | Final Weekly Supplemental Filing General Election - Original |

### N. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| WPRX 1120 AM Dinamica | 10/22/2026 | [X] Check # 253<br>[ ] Debit Card<br>[ ] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 30 Arbor St Ste 106H | Hartford | CT | 06106-1215 |

| Purpose of Expenditure (by code) | Description |
|---|---|
| A-RAD | Ad Buy |

| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Expenditure # (if applicable) | Event # | Amount |
|---|---|---|---|
| [ ] Yes [X] No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N | | | $5,500.00 |

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Scale to Win | 10/22/2026 | [ ] Check #<br>[ ] Debit Card<br>[X] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 13742 Harper St | Santa Ana | CA | 92703-1419 |

| Purpose of Expenditure (by code) | Description |
|---|---|
| A-PH-BNK | Software Subscription |

| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Expenditure # (if applicable) | Event # | Amount |
|---|---|---|---|
| [ ] Yes [X] No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N | | | $635.30 |

## IV. EXPENDITURES (Sections N - S)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| NED for CT | Final Weekly Supplemental Filing General Election - Original |

### N. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| MBA Consulting Group | 10/23/2026 | ☐ Check # ☐ Debit Card ☒ EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 611 Pennsylvania Ave SE Ste 143 | Washington | DC | 20003-4303 |

| Purpose of Expenditure (by code) | Description |
|---|---|
| CNSLT | Compliance Services |

| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Expenditure # (if applicable) | Event # | Amount |
|---|---|---|---|
| ☐ Yes ☒ No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N | | | $10,700.00 |

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Brakah Enterprises | 10/23/2026 | ☐ Check # ☐ Debit Card ☒ EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 146 Orchard Rd | West Hartford | CT | 06117-2915 |

| Purpose of Expenditure (by code) | Description |
|---|---|
| CNSLT | GOTV Services |

| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Expenditure # (if applicable) | Event # | Amount |
|---|---|---|---|
| ☐ Yes ☒ No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N | | | $12,500.00 |

## IV. EXPENDITURES (Sections N - S)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| NED for CT | Final Weekly Supplemental Filing General Election - Original |

### N. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| SKDKnickerbocker | 10/23/2026 | ☐ Check # ☐ Debit Card ☒ EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 1150 18th St NW Ste 800 | Washington | DC | 20036-3845 |

| Purpose of Expenditure (by code) | Description |
|---|---|
| A-TV | Ad Buy |

| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Expenditure # (if applicable) | Event # | Amount |
|---|---|---|---|
| ☐ Yes ☒ No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N | | | $1,096,556.99 |

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Bonterra | 10/23/2026 | ☐ Check # ☐ Debit Card ☒ EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 10801 N Mopac Expy Ste 300 | Austin | TX | 78759-5459 |

| Purpose of Expenditure (by code) | Description |
|---|---|
| CCP | Credit Card Processing Fee |

| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Expenditure # (if applicable) | Event # | Amount |
|---|---|---|---|
| ☐ Yes ☒ No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N | | | $14.53 |

## IV. EXPENDITURES (Sections N - S)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| NED for CT | Final Weekly Supplemental Filing General Election - Original |

### N. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Bonterra | 10/26/2026 | ☐ Check # ☐ Debit Card ☒ EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 10801 N Mopac Expy Ste 300 | Austin | TX | 78759-5459 |

| Purpose of Expenditure (by code) | Description |
|---|---|
| CCP | Credit Card Processing Fee |

| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Expenditure # (if applicable) | Event # | Amount |
|---|---|---|---|
| ☐ Yes ☒ No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N | | | $33.94 |

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Tavern on 3 Bar & Grill | 10/26/2026 | ☐ Check # ☒ Debit Card ☐ EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 950 Cromwell Ave | Rocky Hill | CT | 06067-3004 |

| Purpose of Expenditure (by code) | Description |
|---|---|
| FOOD | Catering |

| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Expenditure # (if applicable) | Event # | Amount |
|---|---|---|---|
| ☐ Yes ☒ No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N | | | $1,496.89 |

## IV. EXPENDITURES (Sections N - S)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| NED for CT | Final Weekly Supplemental Filing General Election - Original |

### N. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Brass City Bistro | 10/26/2026 | ☐ Check # ☒ Debit Card ☐ EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 812 Hamilton Ave | Waterbury | CT | 06706-1901 |

| Purpose of Expenditure (by code) | Description |
|---|---|
| FOOD | Catering |

| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Expenditure # (if applicable) | Event # | Amount |
|---|---|---|---|
| ☐ Yes ☒ No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N | | | $318.38 |

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Brewport Brewing Co | 10/26/2026 | ☐ Check # ☒ Debit Card ☐ EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 225 S Frontage Rd | Bridgeport | CT | 06604-5031 |

| Purpose of Expenditure (by code) | Description |
|---|---|
| FOOD | Catering |

| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Expenditure # (if applicable) | Event # | Amount |
|---|---|---|---|
| ☐ Yes ☒ No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N | | | $644.10 |

## IV. EXPENDITURES (Sections N - S)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| NED for CT | Final Weekly Supplemental Filing General Election - Original |

### N. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Lauren Gray | 10/26/2026 | ☐ Check # ☐ Debit Card ☒ EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| PO Box 457 | Ridgefield | CT | 06877-0457 |

| Purpose of Expenditure (by code) | Description |
|---|---|
| RMB | Parking & Meals Reimbursement - See Below if Itemized |

| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Expenditure # (if applicable) | Event # | Amount |
|---|---|---|---|
| ☐ Yes ☒ No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N | | | $50.25 |

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| DoorDash | 10/26/2026 | ☐ Check # ☒ Debit Card ☐ EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 303 2nd St Fl 8 | San Francisco | CA | 94107-1366 |

| Purpose of Expenditure (by code) | Description |
|---|---|
| FOOD | Catering |

| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Expenditure # (if applicable) | Event # | Amount |
|---|---|---|---|
| ☐ Yes ☒ No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N | | | $294.28 |

## IV. EXPENDITURES (Sections N - S)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| NED for CT | Final Weekly Supplemental Filing General Election - Original |

### N. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Scale to Win | 10/26/2026 | ☐ Check # ☐ Debit Card ☒ EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 13742 Harper St | Santa Ana | CA | 92703-1419 |

| Purpose of Expenditure (by code) | Description |
|---|---|
| A-PH-BNK | Software Subscription |

| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Expenditure # (if applicable) | Event # | Amount |
|---|---|---|---|
| ☐ Yes ☒ No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N | | | $1,852.83 |

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| 1315 Whalley, LLC | 10/26/2026 | ☐ Check # ☐ Debit Card ☒ EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 1315 Whalley Ave | New Haven | CT | 06515-1141 |

| Purpose of Expenditure (by code) | Description |
|---|---|
| OVHD | Water Service, New Haven F.O. |

| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Expenditure # (if applicable) | Event # | Amount |
|---|---|---|---|
| ☐ Yes ☒ No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N | | | $36.49 |

## IV. EXPENDITURES (Sections N - S)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| NED for CT | Final Weekly Supplemental Filing General Election - Original |

### N. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| 59 Elm Street Partners, LLC | 10/26/2026 | ☐ Check # ☐ Debit Card ☒ EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| PO Box 66 | New Rochelle | NY | 10804-0066 |

| Purpose of Expenditure (by code) | Description |
|---|---|
| OVHD | Office Space |

| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Expenditure # (if applicable) | Event # | Amount |
|---|---|---|---|
| ☐ Yes ☒ No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N | | | $2,322.08 |

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| AlphaGraphics | 10/26/2026 | ☐ Check # ☐ Debit Card ☒ EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 16 Dyke Ln | Stamford | CT | 06902-7313 |

| Purpose of Expenditure (by code) | Description |
|---|---|
| PRNT | Printing |

| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Expenditure # (if applicable) | Event # | Amount |
|---|---|---|---|
| ☐ Yes ☒ No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N | | | $15,577.22 |

## IV. EXPENDITURES (Sections N - S)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| NED for CT | Final Weekly Supplemental Filing General Election - Original |

### N. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| U-Haul International, Inc. | 10/26/2026 | [ ] Check # [X] Debit Card [ ] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 116 Whalley Ave | New Haven | CT | 06511-3236 |

| Purpose of Expenditure (by code) | Description |
|---|---|
| TRVL | Vehicle Rental |

| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Expenditure # (if applicable) | Event # | Amount |
|---|---|---|---|
| [ ] Yes [X] No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N | | | $278.25 |

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| University of Connecticut | 10/26/2026 | [ ] Check # [X] Debit Card [ ] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 352 Mansfield Rd | Storrs | CT | 06269-9000 |

| Purpose of Expenditure (by code) | Description |
|---|---|
| Misc * | Event Tickets |

| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Expenditure # (if applicable) | Event # | Amount |
|---|---|---|---|
| [ ] Yes [X] No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N | | 10232026a | $500.00 |

## IV. EXPENDITURES (Sections N - S)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| NED for CT | Final Weekly Supplemental Filing General Election - Original |

### N. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Barker Specialty Company | 10/26/2026 | ☐ Check # ☐ Debit Card ☒ EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 27 Realty Dr # 22 | Cheshire | CT | 06410-1656 |

| Purpose of Expenditure (by code) | Description |
|---|---|
| PRNT | Printing |

| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Expenditure # (if applicable) | Event # | Amount |
|---|---|---|---|
| ☐ Yes ☒ No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N | | | $2,043.27 |

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Scale to Win | 10/27/2026 | ☐ Check # ☐ Debit Card ☒ EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 13742 Harper St | Santa Ana | CA | 92703-1419 |

| Purpose of Expenditure (by code) | Description |
|---|---|
| A-PH-BNK | Software Subscription |

| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Expenditure # (if applicable) | Event # | Amount |
|---|---|---|---|
| ☐ Yes ☒ No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N | | | $1,069.89 |

## IV. EXPENDITURES (Sections N - S)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| NED for CT | Final Weekly Supplemental Filing General Election - Original |

### N. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Carol McShane | 10/27/2026 | [ ] Check # [X] Debit Card [ ] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 4 James Rd E | Durham | CT | 06422-2502 |

| Purpose of Expenditure (by code) | Description |
|---|---|
| REF | Contribution Refund |

| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Expenditure # (if applicable) | Event # | Amount |
|---|---|---|---|
| [ ] Yes [X] No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N | | | $10.00 |

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Carol McShane | 10/27/2026 | [ ] Check # [X] Debit Card [ ] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 4 James Rd E | Durham | CT | 06422-2502 |

| Purpose of Expenditure (by code) | Description |
|---|---|
| REF | Contribution Refund |

| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Expenditure # (if applicable) | Event # | Amount |
|---|---|---|---|
| [ ] Yes [X] No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N | | | $10.00 |

## IV. EXPENDITURES (Sections N - S)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| NED for CT | Final Weekly Supplemental Filing General Election - Original |

### N. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Leanne Harpin Makeup Artist | 10/27/2026 | [ ] Check # [x] Debit Card [ ] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 189 Halley Ave | Fairfield | CT | 06825-5455 |

| Purpose of Expenditure (by code) | Description |
|---|---|
| Misc * | Makeup Services |

| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Expenditure # (if applicable) | Event # | Amount |
|---|---|---|---|
| [ ] Yes [x] No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N | | | $281.00 |

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| DoorDash | 10/27/2026 | [ ] Check # [x] Debit Card [ ] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 303 2nd St Fl 8 | San Francisco | CA | 94107-1366 |

| Purpose of Expenditure (by code) | Description |
|---|---|
| FOOD | Catering |

| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Expenditure # (if applicable) | Event # | Amount |
|---|---|---|---|
| [ ] Yes [x] No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N | | | $187.97 |

## IV. EXPENDITURES (Sections N - S)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| NED for CT | Final Weekly Supplemental Filing General Election - Original |

### N. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Identidad Latina LLC | 10/27/2026 | [ ] Check # [x] Debit Card [ ] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 1049 Asylum Ave Fl 3 | Hartford | CT | 06105-2432 |

| Purpose of Expenditure (by code) | Description |
|---|---|
| A-NEWS | Print Advertising |

| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Expenditure # (if applicable) | Event # | Amount |
|---|---|---|---|
| [ ] Yes [x] No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N | | | $1,500.00 |

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Identidad Latina LLC | 10/27/2026 | [ ] Check # [x] Debit Card [ ] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 1049 Asylum Ave Fl 3 | Hartford | CT | 06105-2432 |

| Purpose of Expenditure (by code) | Description |
|---|---|
| A-NEWS | Print Advertising |

| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Expenditure # (if applicable) | Event # | Amount |
|---|---|---|---|
| [ ] Yes [x] No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N | | | $500.00 |

## IV. EXPENDITURES (Sections N - S)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| NED for CT | Final Weekly Supplemental Filing General Election - Original |

### N. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Amazon | 10/27/2026 | [ ] Check # [x] Debit Card [ ] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 410 Terry Ave N | Seattle | WA | 98109-5210 |

| Purpose of Expenditure (by code) | Description |
|---|---|
| OFFICE | Office Supplies |

| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Expenditure # (if applicable) | Event # | Amount |
|---|---|---|---|
| [ ] Yes [x] No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N | | | $466.88 |

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Amazon | 10/27/2026 | [ ] Check # [x] Debit Card [ ] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 410 Terry Ave N | Seattle | WA | 98109-5210 |

| Purpose of Expenditure (by code) | Description |
|---|---|
| OFFICE | Office Supplies |

| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Expenditure # (if applicable) | Event # | Amount |
|---|---|---|---|
| [ ] Yes [x] No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N | | | $6.43 |

## IV. EXPENDITURES (Sections N - S)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| NED for CT | Final Weekly Supplemental Filing General Election - Original |

### N. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Bonterra | 10/27/2026 | ☐ Check # ☐ Debit Card ☒ EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 10801 N Mopac Expy Ste 300 | Austin | TX | 78759-5459 |

| Purpose of Expenditure (by code) | Description |
|---|---|
| CCP | Credit Card Processing Fee |

| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Expenditure # (if applicable) | Event # | Amount |
|---|---|---|---|
| ☐ Yes ☒ No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N | | | $24.24 |

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Bonterra | 10/27/2026 | ☐ Check # ☐ Debit Card ☒ EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 10801 N Mopac Expy Ste 300 | Austin | TX | 78759-5459 |

| Purpose of Expenditure (by code) | Description |
|---|---|
| CCP | Credit Card Processing Fee |

| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Expenditure # (if applicable) | Event # | Amount |
|---|---|---|---|
| ☐ Yes ☒ No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N | | | $4.53 |

## IV. EXPENDITURES (Sections N - S)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| NED for CT | Final Weekly Supplemental Filing General Election - Original |

### N. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Bonterra | 10/27/2026 | ☐ Check # ☐ Debit Card ☒ EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 10801 N Mopac Expy Ste 300 | Austin | TX | 78759-5459 |

| Purpose of Expenditure (by code) | Description |
|---|---|
| CCP | Credit Card Processing Fee |

| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Expenditure # (if applicable) | Event # | Amount |
|---|---|---|---|
| ☐ Yes ☒ No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N | | | $63.52 |

| | |
|---|---|
| **Total of Section N** | **$1,161,046.89** |

## IV. EXPENDITURES (Sections N - S)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| NED for CT | Final Weekly Supplemental Filing General Election - Original |

### 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 |
|---|---|
| NED for CT | Final Weekly Supplemental Filing General Election - Original |

### 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<br>If yes, assign an Expenditure # and complete Itemization in Addendum P | Expenditure # (if applicable) | Event # |
|---|---|---|
| | | |

| **Total of Section P** | |
|---|---|

## IV. EXPENDITURES (Sections N - S)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| NED for CT | Final Weekly Supplemental Filing General Election - Original |

### 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<br>If yes, assign an Expenditure # and complete Itemization in Addendum Q | Expenditure # (if applicable) | Event # |
|---|---|---|
| | | |

| **Total of Section Q** | |
|---|---|

## IV. EXPENDITURES (Sections N - S)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| NED for CT | Final Weekly Supplemental Filing General Election - Original |

### R. Itemization of Reimbursements and Secondary Payees

| Last Name of Worker/Consultant | First | MI | Date of Payment | Method of Payment |
|---|---|---|---|---|
| Gray | Lauren | | 10/26/2026 | [X] Check # [ ] Debit Card [ ] EFT |

Name of Vendor Paid by Committee Worker/Consultant: Hartford Parking Authority

| Street Address of Vendor | City | State | Zip Code |
|---|---|---|---|
| 155 Morgan St | Hartford | CT | 06103-1309 |

| Purpose of Expenditure (by code) | Description |
|---|---|
| TRVL | Parking |

| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Expenditure # (if applicable) | Event # | Amount |
|---|---|---|---|
| [ ] Yes [X] No<br>If yes, assign an Expenditure # and complete Itemization in Addendum R | | | $2.25 |

| Last Name of Worker/Consultant | First | MI | Date of Payment | Method of Payment |
|---|---|---|---|---|
| Gray | Lauren | | 10/26/2026 | [X] Check # [ ] Debit Card [ ] EFT |

Name of Vendor Paid by Committee Worker/Consultant: La Pausa Coffee

| Street Address of Vendor | City | State | Zip Code |
|---|---|---|---|
| 637 New Park Ave | West Hartford | CT | 06110-1318 |

| Purpose of Expenditure (by code) | Description |
|---|---|
| FOOD | Meals |

| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Expenditure # (if applicable) | Event # | Amount |
|---|---|---|---|
| [ ] Yes [X] No<br>If yes, assign an Expenditure # and complete Itemization in Addendum R | | | $48.00 |

| | |
|---|---|
| **Total of Section R** | **$50.25** |

## IV. EXPENDITURES (Sections N - S)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|---|
| NED for CT | Final Weekly Supplemental Filing General Election - Original |

### 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, In - Kind Donations Not Considered Contribution Associated with a House Party, contains no transactions.

Section N Addendum, Expenses Paid By Committee, contains no transactions.

Section P Addendum, Expenses Incurred on Committee Credit Card, contains no transactions.

Section Q Addendum, Expenses Incurred by Committee but Not Paid During this Period, contains no transactions.

Section R Addendum, Itemization of Reimbursements and Secondary Payees, contains no transactions.