SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

Electronic Filing

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COVER PAGE

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

3. TREASURER NAME

First	MI	Last	Suffix
Amber		**Page Gehr**	

4. TREASURER ADDRESS

Street Address	City	State	Zip Code
506 King St Unit 9	**Bristol**	**CT**	**06010**

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

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

First	MI	Last	Suffix
William	**M**	**Tong**	

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	**Amber Page Gehr**	**10/29/2026 6:52:06PM**
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	
Team Tong	**Final Weekly Supplemental Filing General Election - Original**	
	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	**$338,441.10**	
14. Contributions received from Individuals (Section A and B)	**$0.00**	**$116,407.76**
15. Receipts from Other Committees (Sections C1 and C2)	**$0.00**	**$0.00**
16. Other Monetary Receipts (Section D through I)	**$6,000.00**	**$1,131,750.02**
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)	**$6,000.00**	**$1,248,157.78**
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	**$344,441.10**	**$1,248,157.78**
20. Expenses Paid by Committee (Section N)	**$214,282.32**	**$1,117,999.00**
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	**$130,158.78**	**$130,158.78**
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**	**$632.60**
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)	**$48,944.00**	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Team Tong	Final Weekly Supplemental Filing General Election - Original

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI	Contribution ID#
Residential Street Address	City	State	Zip Code
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 | Aggregate Contributions

Total of Section B

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) *(Total on Line 14, Column A of Summary Page)* **$0.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Team Tong	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

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
Team Tong	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 ☐ Reimbursement for shared expense ☐ 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
Team Tong	Final Weekly Supplemental Filing General Election - Original

D. Loans Received this Period

Name of Lender	Source of Loan: ☐ Bank ☐ Candidate ☐ Individual ☐ Other			Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? ☐ Yes ☐ No
Name of Cosigner/Guarantor (if applicable)				Amount Received
Street Address	City	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
Team Tong	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 ☐ 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
Team Tong	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
Team Tong	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
Team Tong	Final Weekly Supplemental Filing General Election - Original

I. Miscellaneous Monetary Receipts not Considered Contributions

Name		Date of Transaction		Amount Received
Webster Bank		10/23/2026		
Street Address	City	State	Zip Code	
575 Farmington Ave	Bristol	CT	06010-3978	
Description				
Erroneous deposit. Bank deposited check withdrawn from this act into act.				$6,000.00

Total of Section I **$6,000.00**

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Team Tong	Final Weekly Supplemental Filing General Election - Original

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, 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.)

Total of Section J1	

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Team Tong	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:	Description of Donation			Fair Market Value of Donation
☐ Individual ☐ Business Entity ☐ Sole Proprietorship	Date Received	Event #	Aggregate value for this event	

Total of Section J3	

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Team Tong	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? ☐ Yes ☐ No 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
Team Tong	Final Weekly Supplemental Filing General Election - Original

K. In-Kind Contributions

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

Total of Section K

III. Non Monetary Receipts (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Team Tong	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
Team Tong	Final Weekly Supplemental Filing General Election - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Threshold Group, Inc.	10/21/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
25 W 43rd St Ste 801	New York	NY	10036-7428

Purpose of Expenditure (by code)	Description
A-DM	

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 #	Amount
			$6,808.32

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Team Tong	Final Weekly Supplemental Filing General Election - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Nathan Kalechman	10/22/2026	[X] Check # 127 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
700 Bloomfield Ave Unit 550	Bloomfield	CT	06002-4244

Purpose of Expenditure (by code)	Description
CNSLT	Campaign management services

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$10,000.00

Name of Payee	Date of Payment	Method of Payment
Amber Page Gehr	10/22/2026	[X] Check # 128 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
506 King St Apt 9	Bristol	CT	06010-5273

Purpose of Expenditure (by code)	Description
CNSLT	Finance and compliance consulting

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$12,000.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Team Tong	Final Weekly Supplemental Filing General Election - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Webster Bank	10/23/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
575 Farmington Ave	Bristol	CT	06010-3978

Purpose of Expenditure (by code)	Description
BNK	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$35.00

Name of Payee	Date of Payment	Method of Payment
AL Media	10/23/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
222 W Ontario St Ste 600	Chicago	IL	60654-3655

Purpose of Expenditure (by code)	Description
RMB	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$179,439.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Team Tong	Final Weekly Supplemental Filing General Election - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Webster Bank	10/26/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
575 Farmington Ave	Bristol	CT	06010-3978

Purpose of Expenditure (by code)	Description
Misc *	Erroneous deposit withdrawal from 10/23.

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$6,000.00

Total of Section N	**$214,282.32**

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Team Tong	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
Team Tong	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 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
Team Tong	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 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
Team Tong	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
Media	AL		10/23/2026	[X] Check # [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Hartford Broadcast Television Sports

Street Address of Vendor	City	State	Zip Code

Purpose of Expenditure (by code)	Description
A-TV	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum R			$4,000.00

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
Media	AL		10/23/2026	[X] Check # [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Hartford Broadcast TV

Street Address of Vendor	City	State	Zip Code

Purpose of Expenditure (by code)	Description
A-TV	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum R			$102,500.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Team Tong	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
Media	AL		10/23/2026	☐ Check # ☐ Debit Card ☒ EFT

Name of Vendor Paid by Committee Worker/Consultant: Hartford Cable Television

Street Address of Vendor	City	State	Zip Code

Purpose of Expenditure (by code)	Description
A-TV	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum R			$16,164.00

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
Media	AL		10/23/2026	☒ Check # ☐ Debit Card ☐ EFT

Name of Vendor Paid by Committee Worker/Consultant: Meta Platforms, Inc.

Street Address of Vendor	City	State	Zip Code
1601 Willow Rd	Menlo Park	CA	94025-1452

Purpose of Expenditure (by code)	Description
A-WEB	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum R			$3,000.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Team Tong	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
Media	AL		10/23/2026	[X] Check # [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: OTT Ad Program

Street Address of Vendor	City	State	Zip Code
42 N Chestnut St	Ventura	CA	93001-2662

Purpose of Expenditure (by code)	Description
A-WEB	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum R			$20,400.00

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
Media	AL		10/23/2026	[ ] Check # [ ] Debit Card [X] EFT

Name of Vendor Paid by Committee Worker/Consultant: YouTube

Street Address of Vendor	City	State	Zip Code
901 Cherry Ave	San Bruno	CA	94066-2914

Purpose of Expenditure (by code)	Description
A-WEB	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum R			$16,600.00

Total of Section R	**$162,664.00**

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Team Tong	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.