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
NED for CT	[x] Candidate Committee [ ] 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 Primary - Original

10. PERIOD COVERED

Beginning Date		Ending Date
07/29/2026	thru	**08/04/2026**

11. CERTIFICATION

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

Electronic Filing	**Dennis Carnelli**	**08/06/2026 7:53:37PM**
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 Primary - 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	**$3,064,087.31**	
14. Contributions received from Individuals (Section A and B)	**$15,427.31**	**$397,812.94**
15. Receipts from Other Committees (Sections C1 and C2)	**$0.00**	**$0.00**
16. Other Monetary Receipts (Section D through I)	**$212.39**	**$9,529,201.89**
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)	**$15,639.70**	**$9,927,014.83**
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	**$3,079,727.01**	**$9,927,014.83**
20. Expenses Paid by Committee (Section N)	**$2,406,508.17**	**$9,253,795.99**
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	**$673,218.84**	**$673,218.84**
22. In-Kind Donations not Considered Contributions Received (Section J3)	**$0.00**	**$0.00**
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	**$0.00**	**$0.00**
24. In-Kind Contributions Received (Section K)	**$0.00**	**$9,360.20**
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**	**$1,284.79**
28. Expenses Incurred on Committee Credit Card (Section P)	**$156,744.90**	**$930,495.76**
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 Primary - 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	MI	Contribution ID #
Collin	Joanne	C	2577

Residential Street Address	City	State	Zip Code
214 Westwoods Ter	Bristol	CT	06010-5525

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: $15.69

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

If yes, list Event #:

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

Date Received: 07/29/2026

Aggregate Contributions: $393.43

Last Name	First	MI	Contribution ID #
O'Brien	Karen		2574

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: $10.53

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

If yes, list Event #:

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

Date Received: 07/29/2026

Aggregate Contributions: $133.71

Last Name	First	MI	Contribution ID #
Sivaslian	Dave		2603

Residential Street Address	City	State	Zip Code
24 Middle Rd	Hamden	CT	06517-1517

Principal Occupation	Name of Employer
Sales	Dun & Bradstreet

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 07/29/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): NED for CT

TYPE OF REPORT: Final Weekly Supplemental Filing Primary - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Moayed-Amini	June		2570

Residential Street Address	City	State	Zip Code
9 S Forest Cir	West Haven	CT	06516-7940

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: $10.00

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

If yes, list Event #:

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

Date Received: 07/30/2026

Aggregate Contributions: $70.00

Last Name	First	MI	Contribution ID #
Luers	Wendy	W	2602

Residential Street Address	City	State	Zip Code
44 Upper Church Hill Rd	Washington Depot	CT	06794-1415

Principal Occupation	Name of Employer
President	Foundation for a Civil Society

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

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

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

Amount of Contribution: $8.00

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

If yes, list Event #:

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

Date Received: 07/30/2026

Aggregate Contributions: $69.36

Last Name	First	MI	Contribution ID #
Bruccoleri	Robert		2578

Residential Street Address	City	State	Zip Code
60 Gates Farm Rd	Glastonbury	CT	06033-3219

Principal Occupation	Name of Employer
Business Consultant	Congenomics, 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: $15.00

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

If yes, list Event #:

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

Date Received: 07/30/2026

Aggregate Contributions: $120.00

Last Name	First	MI	Contribution ID #
Ashabranner	Melissa		2579

Residential Street Address	City	State	Zip Code
1025 1st St SE	Washington	DC	20003-5318

Principal Occupation	Name of Employer
Editor	Capital Community News

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

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

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

Amount of Contribution: $8.00

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

If yes, list Event #:

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

Date Received: 07/30/2026

Aggregate Contributions: $56.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): NED for CT

TYPE OF REPORT: Final Weekly Supplemental Filing Primary - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Stover	Dwight		2580

Residential Street Address	City	State	Zip Code
72 Kings Hwy	North Haven	CT	06473-1208

Principal Occupation	Name of Employer
Office Assistant	State of Connecticut

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

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

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

Amount of Contribution: $8.00

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

If yes, list Event #:

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

Date Received: 07/30/2026

Aggregate Contributions: $56.00

Last Name	First	MI	Contribution ID #
Tagliatela	Lauren		2581

Residential Street Address	City	State	Zip Code
130 Tokeneke Dr	North Haven	CT	06473-4349

Principal Occupation	Name of Employer
Manager	Franklin Enterprises

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

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

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

Amount of Contribution: $3,500.00

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

If yes, list Event #:

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

Date Received: 07/30/2026

Aggregate Contributions: $3,500.00

Last Name	First	MI	Contribution ID #
Tagliatela	Stephen		2582

Residential Street Address	City	State	Zip Code
10 Cove St	Old Saybrook	CT	06475-2508

Principal Occupation	Name of Employer
Business Owner	Saybrook Point Resort & Marina

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

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

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

Amount of Contribution: $3,500.00

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

If yes, list Event #:

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

Date Received: 07/30/2026

Aggregate Contributions: $3,500.00

Last Name	First	MI	Contribution ID #
Eastman	Susan		2583

Residential Street Address	City	State	Zip Code
15 Lockwood Cir	Westport	CT	06880-1640

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: $50.00

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

If yes, list Event #:

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

Date Received: 07/30/2026

Aggregate Contributions: $375.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): NED for CT

TYPE OF REPORT: Final Weekly Supplemental Filing Primary - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Tagliatela	Louis		2584

Residential Street Address	City	State	Zip Code
2 Smoke Rise Rd	Wallingford	CT	06492-5526

Principal Occupation	Name of Employer
Builder	Tag Construction

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

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

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

Amount of Contribution: $3,500.00

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

If yes, list Event #:

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

Date Received: 07/31/2026

Aggregate Contributions: $3,500.00

Last Name	First	MI	Contribution ID #
Kjaernested	Margaret		2585

Residential Street Address	City	State	Zip Code
332 Field Point Rd	Greenwich	CT	06830-7055

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: $1,000.00

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

If yes, list Event #:

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

Date Received: 07/31/2026

Aggregate Contributions: $1,000.00

Last Name	First	MI	Contribution ID #
O'Neil	James		2586

Residential Street Address	City	State	Zip Code
21 Quigley Rd	Wallingford	CT	06492-5300

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: $50.00

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

If yes, list Event #:

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

Date Received: 07/31/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Hansen	Martha		2587

Residential Street Address	City	State	Zip Code
56 Alexander Rd	Colchester	CT	06415-5317

Principal Occupation	Name of Employer
Administrative Assistant	Town of Old Lyme

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

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

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

Amount of Contribution: $10.53

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

If yes, list Event #:

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

Date Received: 07/31/2026

Aggregate Contributions: $164.24

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 Primary - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Bynum	Terrell		2588

Residential Street Address	City	State	Zip Code
96 Glen View Ter	New Haven	CT	06515-1517

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: $10.00

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

If yes, list Event #

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

Date Received: 07/31/2026

Aggregate Contributions: $110.00

Last Name	First	MI	Contribution ID #
Duva	Joy		2589

Residential Street Address	City	State	Zip Code
253 W Rutland Rd	Milford	CT	06461-2448

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: $50.00

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

If yes, list Event #

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

Date Received: 07/31/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Berzine	Richard		2590

Residential Street Address	City	State	Zip Code
PO Box 223	Falls Village	CT	06031-0223

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: $51.83

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

If yes, list Event #

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

Date Received: 07/31/2026

Aggregate Contributions: $51.83

Last Name	First	MI	Contribution ID #
Kocum	Eileen		2571

Residential Street Address	City	State	Zip Code
374 Eastbury Hill Rd	Glastonbury	CT	06033-3914

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: $5.36

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

If yes, list Event #

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

Date Received: 07/31/2026

Aggregate Contributions: $182.35

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): NED for CT

TYPE OF REPORT: Final Weekly Supplemental Filing Primary - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Lyons	Leslie		2572

Residential Street Address	City	State	Zip Code
941 Greenway Rd	Woodbridge	CT	06525-2412

Principal Occupation	Name of Employer
Speech Pathologist	Whitney Rehabilitation

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

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

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

Amount of Contribution: $8.00

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

If yes, list Event #:

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

Date Received: 07/31/2026

Aggregate Contributions: $121.01

Last Name	First	MI	Contribution ID #
Nielsen	Mark		2604

Residential Street Address	City	State	Zip Code
3 Parley Ln	Ridgefield	CT	06877-4903

Principal Occupation	Name of Employer
Attorney	Day Pitney LLP

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

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

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

Amount of Contribution: $2,500.00

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

If yes, list Event #:

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

Date Received: 08/01/2026

Aggregate Contributions: $3,532.70

Last Name	First	MI	Contribution ID #
Canet	Gerardo		2575

Residential Street Address	City	State	Zip Code
300 Lansdowne	Westport	CT	06880-5649

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: $30.00

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

If yes, list Event #:

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

Date Received: 08/01/2026

Aggregate Contributions: $290.00

Last Name	First	MI	Contribution ID #
Bynum	Terrell		2591

Residential Street Address	City	State	Zip Code
96 Glen View Ter	New Haven	CT	06515-1517

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: $15.00

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

If yes, list Event #:

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

Date Received: 08/02/2026

Aggregate Contributions: $125.00

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 Primary - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Turner	Sally		2592

Residential Street Address	City	State	Zip Code
275 Lake Ave	Greenwich	CT	06830-4511

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: $500.00

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

If yes, list Event #:

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

Date Received	Aggregate Contributions
08/02/2026	$500.00

Last Name	First	MI	Contribution ID #
O'Donnell	Ellen		2593

Residential Street Address	City	State	Zip Code
5 Cotton Tail Ln	Brookfield	CT	06804-1000

Principal Occupation	Name of Employer
Professor	Western Connecticut State University

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

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

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

Amount of Contribution: $5.36

Is this contribution associated with an 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
08/02/2026	$5.36

Last Name	First	MI	Contribution ID #
Tagliatela	Patricia		2594

Residential Street Address	City	State	Zip Code
1400 Hartford Tpke	North Haven	CT	06473-2166

Principal Occupation	Name of Employer
Business Owner	Franklin Construction

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #:

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

Date Received	Aggregate Contributions
08/03/2026	$10.00

Last Name	First	MI	Contribution ID #
Kinnard	Jeanne		2595

Residential Street Address	City	State	Zip Code
394 S Union St	Guilford	CT	06437-2828

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: $15.00

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

If yes, list Event #:

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

Date Received	Aggregate Contributions
08/03/2026	$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 Primary - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Folkes	Dorothy		2596

Residential Street Address	City	State	Zip Code
15 Flintlock Rd # F	Ledyard	CT	06339-4896

Principal Occupation	Name of Employer
Card Dealer	Mashantucket Enterprises

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

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

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

Amount of Contribution: $16.00

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

If yes, list Event #:

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

Date Received: 08/03/2026

Aggregate Contributions: $16.00

Last Name	First	MI	Contribution ID #
Bradley	Cynthia		2597

Residential Street Address	City	State	Zip Code
17 Prospect St	Burlington	CT	06013-2304

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: $8.00

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

If yes, list Event #:

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

Date Received: 08/04/2026

Aggregate Contributions: $143.53

Last Name	First	MI	Contribution ID #
Scott	Kenji		2598

Residential Street Address	City	State	Zip Code
205 Silvermine Ave	Norwalk	CT	06850-1642

Principal Occupation	Name of Employer
Manager	Technology Square Partners, 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: $258.32

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

If yes, list Event #:

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

Date Received: 08/04/2026

Aggregate Contributions: $258.32

Last Name	First	MI	Contribution ID #
Hughes	Tanya		2599

Residential Street Address	City	State	Zip Code
740 Hartford Tpke	Hamden	CT	06517-1625

Principal Occupation	Name of Employer
Executive Director	State of CT

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

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

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

Amount of Contribution: $150.00

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

If yes, list Event #:

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

Date Received: 08/04/2026

Aggregate Contributions: $150.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): NED for CT

TYPE OF REPORT: Final Weekly Supplemental Filing Primary - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Flynn	Robert		2600

Residential Street Address	City	State	Zip Code
5 East Ln	New Fairfield	CT	06812-2913

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: $50.00

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

If yes, list Event #:

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

Date Received	Aggregate Contributions
08/04/2026	$151.83

Last Name	First	MI	Contribution ID #
Burd	Russell		2601

Residential Street Address	City	State	Zip Code
6861 Sepulveda Blvd Apt 9	Van Nuys	CA	91405-4423

Principal Occupation	Name of Employer
security guard	securitas

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #:

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

Date Received	Aggregate Contributions
08/04/2026	$30.00

Last Name	First	MI	Contribution ID #
Collin	Joanne	C	2576

Residential Street Address	City	State	Zip Code
214 Westwoods Ter	Bristol	CT	06010-5525

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: $15.69

Is this contribution associated with an 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
08/04/2026	$409.12

Last Name	First	MI	Contribution ID #
Ramsey	Anne		2573

Residential Street Address	City	State	Zip Code
78 Melrose Dr	Hamden	CT	06518-2545

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $8.00

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

If yes, list Event #:

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

Date Received	Aggregate Contributions
08/04/2026	$23.89

Total of Section B	**$15,427.31**
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Total on Line 14, Column A of Summary Page)*	**$15,427.31**

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 Primary - 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	TYPE OF REPORT
NED for CT	Final Weekly Supplemental Filing Primary - 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 #	Description			

Total of Section C2	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
NED for CT	Final Weekly Supplemental Filing Primary - 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	Stat	Zip Code	
			Total of Section D	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
NED for CT	Final Weekly Supplemental Filing Primary - 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	TYPE OF REPORT
NED for CT	Final Weekly Supplemental Filing Primary - 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	TYPE OF REPORT
NED for CT	Final Weekly Supplemental Filing Primary - Original

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

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
NED for CT	Final Weekly Supplemental Filing Primary - Original

I. Miscellaneous Monetary Receipts not Considered Contributions

Name	Date of Transaction	Amount Received
Webster Bank	07/29/2026	

Street Address	City	State	Zip Code
402 Connecticut Ave	Norwalk	CT	06854-1807

Description	Amount Received
Interest	$172.00

Name	Date of Transaction	Amount Received
Home Depot	08/03/2026	

Street Address	City	State	Zip Code
111 Universal Dr	North Haven	CT	06473-3653

Description	Amount Received
Refund from Vendor	$40.39
Total of Section I	**$212.39**

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 Primary - Original

J1. Event Information

Event # / Date of Event	Letter	Description	Was this a fundraising event?
08/03/2026	a	Meet and Greet Event	☐ Yes ☒ No

Location: Street Address	City	State	Zip Code
4 Park Pl	Granby	CT	06035-2300

Was this event hosted at a personal residence?	☐ Yes ☒ No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations.
Did this fundraiser include items donated by a business entity of up to $200 or items donated by an individual of up to $100?	☐ Yes ☒ No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to $100?	☐ Yes ☒ No	(If yes, enter Total Receipts here.) $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 Primary - 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
NED for CT	Final Weekly Supplemental Filing Primary - 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 #	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 Primary - 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
NED for CT	Final Weekly Supplemental Filing Primary - 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 Primary - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Amazon	07/29/2026	[ ] Check # [X] Debit Card [ ] EFT

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

Purpose of Expendit	Description	Amount
OFFICE	Office Supplies	$22.80

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Amazon	07/29/2026	[ ] Check # [X] Debit Card [ ] EFT

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

Purpose of Expendit	Description	Amount
OFFICE	Office Supplies	$38.64

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Austin Janssen	07/29/2026	[X] Check # 187 [ ] Debit Card [ ] EFT

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

Purpose of Expendit	Description	Amount
WAGE	GOTV Services	$675.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anthony Tyson	07/29/2026	[X] Check # 188 [ ] Debit Card [ ] EFT

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

Purpose of Expendit	Description	Amount
WAGE	GOTV Services	$75.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Digna Alcantara	07/29/2026	[X] Check # 190 [ ] Debit Card [ ] EFT

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

Purpose of Expendit	Description	Amount
WAGE	GOTV Services	$400.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Christian Dattolo	07/29/2026	[X] Check # 186 [ ] Debit Card [ ] EFT

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

Purpose of Expendit	Description	Amount
WAGE	GOTV Services	$300.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Horberth Alvarado	07/29/2026	[X] Check # 184 [ ] Debit Card [ ] EFT

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

Purpose of Expendit	Description	Amount
WAGE	GOTV 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			$1,610.00

Name of Payee	Date of Payment	Method of Payment
Kenneth Aviles	07/29/2026	[X] Check # 185 [ ] Debit Card [ ] EFT

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

Purpose of Expendit	Description	Amount
WAGE	GOTV 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			$1,000.00

Name of Payee	Date of Payment	Method of Payment
Montagae Perry	07/29/2026	[X] Check # 191 [ ] Debit Card [ ] EFT

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

Purpose of Expendit	Description	Amount
WAGE	GOTV 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			$50.00

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 Primary - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Rosalinda Kennerly	07/29/2026	[X] Check # 189 [ ] Debit Card [ ] EFT

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

Purpose of Expendit	Description	Amount
WAGE	GOTV Services	$250.00

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

Name of Payee	Date of Payment	Method of Payment
The Bushnell	07/29/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
166 Capitol Ave	Hartford	CT	06106-1621

Purpose of Expendit	Description	Amount
FOOD	Event Space	$700.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N		07272026b

Name of Payee	Date of Payment	Method of Payment
Voter Contact Organizing	07/29/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
1101 30th St NW Ste 500	Washington	DC	20007-3772

Purpose of Expendit	Description	Amount
CNSLT	GOTV Consulting	$225,000.00

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

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
SKDKnickerbocker	07/30/2026	[ ] Check # [ ] Debit Card [X] EFT

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

Purpose of Expendit	Description	Amount
A-TV	Ad Buy	$155,119.96

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

Name of Payee	Date of Payment	Method of Payment
DoorDash	07/30/2026	[ ] Check # [X] Debit Card [ ] EFT

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

Purpose of Expendit	Description	Amount
FOOD	Meals	$100.55

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

Name of Payee	Date of Payment	Method of Payment
Anthropic	07/30/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
500 Howard St	San Francisco	CA	94105-3000

Purpose of Expendit	Description	Amount
OFFICE	Software Subscription	$21.27

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

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Best Buy	07/30/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
53 Boston Post Rd	Orange	CT	06477-3203

Purpose of Expendit	Description	Amount
OFFICE	Office Supplies	$372.21

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

Name of Payee	Date of Payment	Method of Payment
Amazon	07/30/2026	☐ Check # ☒ Debit Card ☐ EFT

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

Purpose of Expendit	Description	Amount
OFFICE	Office Supplies	$19.02

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

Name of Payee	Date of Payment	Method of Payment
314 Beer Garden	07/30/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
314 Wilson Ave	Norwalk	CT	06854-4654

Purpose of Expendit	Description	Amount
FOOD	Event Space	$1,498.64

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

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
AlphaGraphics	07/30/2026	☐ Check # ☒ Debit Card ☐ EFT

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

Purpose of Expendit	Description	Amount
PRNT	Printing - T-Shirts	$616.01

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

Name of Payee	Date of Payment	Method of Payment
AlphaGraphics	07/31/2026	☐ Check # ☒ Debit Card ☐ EFT

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

Purpose of Expendit	Description	Amount
PRNT	Printing - T-Shirts	$627.06

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

Name of Payee	Date of Payment	Method of Payment
1-800-Flowers.com, Inc.	07/31/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
2 Jericho Plz Ste 200	Jericho	NY	11753-1681

Purpose of Expendit	Description	Amount
Gift *	Thank You Gifts	$130.78

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

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Bonterra	07/31/2026	[ ] Check # [ ] Debit Card [X] EFT

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

Purpose of Expendit	Description	Amount
CCP	Credit Card Processing Fee	$1.68

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Brakah Enterprises	07/31/2026	[ ] Check # [ ] Debit Card [X] EFT

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

Purpose of Expendit	Description	Amount
A-OTH	Marketing	$10,000.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
DoorDash	07/31/2026	[ ] Check # [X] Debit Card [ ] EFT

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

Purpose of Expendit	Description	Amount
FOOD	Meals	$79.09

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Payroll Data Processing	07/31/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3501 E Frontage Rd Ste 350	Tampa	FL	33607-1723

Purpose of Expendit	Description	Amount
CCP	Payroll - See Below if Itemized	$156,744.90

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Payroll Data Processing	07/31/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3501 E Frontage Rd Ste 350	Tampa	FL	33607-1723

Purpose of Expendit	Description	Amount
CCP	Payroll Taxes & Services	$65,604.99

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Deliver Strategies, LLC	07/31/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
PO Box 100970	Arlington	VA	22210-3970

Purpose of Expendit	Description	Amount
A-OTH	Printing - Mailers and literature/walk cards	$420,492.69

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee: SKDKnickerbocker
Date of Payment: 07/31/2026
Method of Payment: [ ] Check # [ ] Debit Card [X] EFT
Street Address: 1150 18th St NW Ste 800
City: Washington
State: DC
Zip Code: 20036-3845
Purpose of Expendit: A-TV
Description: Ad Buy
Amount: $624,000.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum N
Expenditure # (if applicable):
Event #:

Name of Payee: The Home Depot
Date of Payment: 07/31/2026
Method of Payment: [ ] Check # [X] Debit Card [ ] EFT
Street Address: 503 New Park Ave
City: West Hartford
State: CT
Zip Code: 06110-1326
Purpose of Expendit: OFFICE
Description: Office Supplies
Amount: $60.53
Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum N
Expenditure # (if applicable):
Event #:

Name of Payee: Face 360 Events
Date of Payment: 08/01/2026
Method of Payment: [X] Check # 193 [ ] Debit Card [ ] EFT
Street Address: 27 Sycamore Rd
City: Bloomfield
State: CT
Zip Code: 06002-2516
Purpose of Expendit: Misc *
Description: Event Entertainment
Amount: $300.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum N
Expenditure # (if applicable):
Event #: 07272026b

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 Primary - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Fantastik Home Improvement	08/01/2026	[X] Check # 194 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
63 Hoadly Rd	Amston	CT	06231-1510

Purpose of Expendit	Description	Amount
OVHD	Cleaning Services	$425.40

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
30 Arbor Street LLC	08/01/2026	[X] Check # 192 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
30 Arbor St	Hartford	CT	06106-1215

Purpose of Expendit	Description	Amount
OVHD	Office Space	$2,500.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Amazon	08/03/2026	[ ] Check # [X] Debit Card [ ] EFT

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

Purpose of Expendit	Description	Amount
OFFICE	Office Supplies	$100.71

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Bonterra	08/03/2026	☐ Check # ☐ Debit Card ☒ EFT

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

Purpose of Expendit	Description	Amount
CCP	Credit Card Processing Fee	$230.73

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
DoorDash	08/03/2026	☐ Check # ☒ Debit Card ☐ EFT

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

Purpose of Expendit	Description	Amount
FOOD	Meals	$131.02

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
DoorDash	08/03/2026	☐ Check # ☒ Debit Card ☐ EFT

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

Purpose of Expendit	Description	Amount
FOOD	Meals	$226.89

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
DoorDash	08/03/2026	[ ] Check # [X] Debit Card [ ] EFT

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

Purpose of Expendit	Description	Amount
FOOD	Meals	$54.22

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
DoorDash	08/03/2026	[ ] Check # [X] Debit Card [ ] EFT

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

Purpose of Expendit	Description	Amount
FOOD	Meals	$76.23

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Google	08/03/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1600 Amphitheatre Pkwy	Mountain View	CA	94043-1351

Purpose of Expendit	Description	Amount
OVHD	Software Subscription	$53.04

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Grassroots Ice Cream	08/03/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
4 Park Pl	Granby	CT	06035-2300

Purpose of Expendit	Description	Amount
FOOD	Catering	$154.59

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		08032026a

Name of Payee	Date of Payment	Method of Payment
Home Depot	08/03/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
111 Universal Dr	North Haven	CT	06473-3653

Purpose of Expendit	Description	Amount
OFFICE	Office Supplies	$96.32

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

Name of Payee	Date of Payment	Method of Payment
SKDKnickerbocker	08/03/2026	☐ Check # ☐ Debit Card ☒ EFT

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

Purpose of Expendit	Description	Amount
A-TV	Ad Buy	$705,958.33

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

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
DoorDash	08/04/2026	[ ] Check # [X] Debit Card [ ] EFT

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

Purpose of Expendit	Description	Amount
FOOD	Meals	$37.94

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

Name of Payee	Date of Payment	Method of Payment
G Cafe Bakery Ninth Square	08/04/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
141 Orange St	New Haven	CT	06510-3111

Purpose of Expendit	Description	Amount
FOOD	Meals	$283.96

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

Name of Payee	Date of Payment	Method of Payment
Bonterra	08/04/2026	[ ] Check # [ ] Debit Card [X] EFT

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

Purpose of Expendit	Description	Amount
CCP	Credit Card Processing Fee	$103.29

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

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Bonterra	08/04/2026	[ ] Check # [ ] Debit Card [X] EFT

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

Purpose of Expendit	Description	Amount
CCP	Credit Card Processing Fee	$149.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Bonterra	08/04/2026	[ ] Check # [ ] Debit Card [X] EFT

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

Purpose of Expendit	Description	Amount
CCP	Credit Card Processing Fee	$15.68

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Campos Hampton	08/04/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
71 Tavern Rock Rd	Stratford	CT	06614-1534

Purpose of Expendit	Description	Amount
CNSLT	GOTV Consulting	$30,000.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No

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

Expenditure # (if applicable):

Event #:

Total of Section N **$2,406,508.17**

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 Primary - 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 Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: James Angelopoulos

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,990.41

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 #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Palakjot Bedi

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

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 Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Kweku Biney

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Robert Blanchard

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $4,734.80

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 #:

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 Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Markel Bond

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,860.38

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 #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Matthew Brokman

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $9,336.53

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 #:

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 Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Dalton Bury

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,421.34

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 #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Aaron Butler

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

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 Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Francesca Capodilupo

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $6,140.99

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 #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Benjamin Card

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

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 Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: John Cattan

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,645.17

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 #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: India Cicero

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $3,122.70

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 #:

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 Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Ciara Cieniawski

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,751.59

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 #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Jonah Cone

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

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 Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Jennifer Croughwell

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,164.62

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 #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: John Crowley

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $352.75

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 #:

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 Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Alan Cunningham

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,805.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Robert De Carli

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,325.50

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 #:

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 Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Nathalia De La Cruz

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,325.50

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 #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Salem Didato

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,085.66

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 #:

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 Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Anders Domke

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Dajon Dort

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $668.25

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 #:

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 Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Caroline Doyle

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,356.77

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 #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Ryan Engels

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,947.34

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 #:

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 Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Jayri Engram

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Caeden Fabas

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

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 Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Hannah Fitzsimmons

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $208.86

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 #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Stevilynn Fox

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

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 Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Abigail Friend

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Adam Gerena

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,840.38

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 #:

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 Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Thomas Gilbertie

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,860.38

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 #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Logan Granfield

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,860.38

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 #:

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 Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Lauren Gray

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $4,718.75

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 #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: John Guthrie

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,860.38

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 #:

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 Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Oscar Hammarlund

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: William Haskell

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $583.92

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 #:

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 Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: John Higgins

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,860.38

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 #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Peter Hinkle

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,164.62

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 #:

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 Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Joshua Holton

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $4,543.59

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 #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Layan Jahaf

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,421.34

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 #:

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 Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: John Jannotta

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Olin Jenner

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,702.25

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 #:

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 Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Mia Khan

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Sophie Khanna

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,325.50

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 #:

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 Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: William Kibbey

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $705.51

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 #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Carroll LaMantia

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,127.08

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 #:

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 Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Justin Lamoureux

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,860.38

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 #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Cole Lieberman

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

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 Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Jordan Mancuso-Cermola

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Phoebe Mann

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $275.55

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 #:

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 Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Mitchell Marks

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,325.50

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 #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Isabella Marocchini

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

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 Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Alexander McGinnis

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Matthew McKinnis

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

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 Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Alan McNeely

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Bronwyn Metz

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,931.01

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 #:

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 Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Henry Minot

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,087.10

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 #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Daniel Morrocco

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $6,577.34

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 #:

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 Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Hajar Moustafa

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $455.91

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 #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Nathim Mughal

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

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 Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Kay Munoz

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,325.50

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 #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Ana Norato

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

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 Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: John O'Leary

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,860.38

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 #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Thomas O'Sullivan

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,434.04

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

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 Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Kaleigh Olsen

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Griffin Olshan

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,860.38

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 #:

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 Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Allison Ouellette

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $969.51

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 #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Leah Owusu

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

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 Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Morris Patton

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,190.32

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 #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Tiffany Pippins

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,847.59

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 #:

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 Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: William Poling

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,325.50

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 #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Molly Poulos

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,356.19

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 #:

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 Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Abigail Prospere

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $864.93

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 #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Ryan Rosario

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,860.38

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 #:

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 Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Ella Ryerson

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,860.38

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 #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Elanina Scolnik

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,371.67

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 #:

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 Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Roger Senserrich

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $3,853.87

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 #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Steven Sheinberg

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,990.62

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 #:

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 Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Walker Stollenwerck

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Grace Strawley

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $3,810.62

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 #:

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 Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Liam Stroup

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,421.34

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 #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Sabrina Tomei Gonzalez

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

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

Expenditure # (if applicable):

Event #:

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 Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Matt Trainor

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,952.05

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 #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Gabreil Villalba

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,619.55

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 #:

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 Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Julia Vos

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $3,903.87

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 #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Megan Wallett

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,164.62

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 #:

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 Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Abigail Wilson

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $208.86

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 #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Alexandria Winkler

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,371.67

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 #:

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 Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Mary Wirpel

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,485.34

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 #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Abigail Zamir

Date of Transaction: 07/31/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $705.51

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 #:

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 Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card:	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?	Expenditure # (if applicable)	Event #
Payroll Data Processing	[ ] Visa [ ] Master Card [ ] Discover [ ] American Express [X] Other	Robert Zapor	07/31/2026	PO Box 457	Ridgefield	CT	06877-0457	WAGE	Salary	$2,485.34	[ ] Yes [ ] No		
Payroll Data Processing	[ ] Visa [ ] Master Card [ ] Discover [ ] American Express [X] Other	Kyle Zingler	07/31/2026	PO Box 457	Ridgefield	CT	06877-0457	WAGE	Salary	$358.21	[ ] Yes [ ] No		

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

Total of Section P	$156,744.90

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 Primary - 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 completes Itemization in Addendum Q		Expenditure # (if applicable)	Event #	

Total of Section Q	

IV. EXPENDITURES (Sections N - S)

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

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N: Check # Debit Card EFT

Name of Vendor Paid by Committee Worker/Consultant

Street Address of Vendor	City	State	Zip Code

Purpose of Expenditure (by code)	Description

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

Total of Section R	

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	Final Weekly Supplemental Filing Primary - 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	
NAME OF COMMITTEE	TYPE OF REPORT
J4. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum	
Event #	
Name of Candidate	

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

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

Section Q. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT

Q. Expenses Incurred by Committee but Not Paid During this Period - Addendum	
Expenditure #	**Amount of Expenditure**

Name of Candidate	Office Sought

Section R. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT

R. Itemization of Reimbursements and Secondary Payees - Addendum	
Expenditure #	**Amount of Expenditure**

Name of Candidate	Office Sought