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
Fazio for Connecticut Inc.	[x] Candidate Committee [ ] Exploratory Committee

3. TREASURER NAME

First	MI	Last	Suffix
Paolo		**Accomando**	

4. TREASURER ADDRESS

Street Address	City	State	Zip Code
71 Perry Ave	**Norwalk**	**CT**	**06850**

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
Ryan		**Fazio**	

9. TYPE OF REPORT

First Weekly Supplemental Filing General Election - Original

10. PERIOD COVERED

Beginning Date		Ending Date
10/01/2026	thru	**10/20/2026**

11. CERTIFICATION

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

Electronic Filing	**Paolo Accomando**	**10/22/2026 8:45:20PM**
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	
Fazio for Connecticut Inc.	**First Weekly Supplemental Filing General Election - Original**	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		**$0.00**
13. Balance on hand at the beginning of Reporting Period	**$8,456,674.25**	
14. Contributions received from Individuals (Section A and B)	**$0.00**	**$283,333.10**
15. Receipts from Other Committees (Sections C1 and C2)	**$0.00**	**$495.98**
16. Other Monetary Receipts (Section D through I)	**$0.00**	**$18,813,563.52**
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)	**$0.00**	**$19,097,392.60**
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	**$8,456,674.25**	**$19,097,392.60**
20. Expenses Paid by Committee (Section N)	**$4,266,439.80**	**$14,907,158.15**
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	**$4,190,234.45**	**$4,190,234.45**
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**	**$1,844.51**
24. In-Kind Contributions Received (Section K)	**$0.00**	**$0.00**
25. Refundable Deposit to Telephone Company (Section L)	**$0.00**	**$0.00**
26. Beginning Loan Balance	**$0.00**	
26a. + Loans Received (Section D)	**$0.00**	**$0.00**
26b. + Interest and Penalties on Loan(s)	**$0.00**	**$0.00**
26c. - Payments on Loan(s)	**$0.00**	**$0.00**
26d. Total Outstanding Loan Amount	**$0.00**	
27. Campaign Expenses Paid By Candidate (Section O)	**$0.00**	**$701.50**
28. Expenses Incurred on Committee Credit Card (Section P)	**$0.00**	**$0.00**
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	**$0.00**	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	**$0.00**	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI	Contribution ID#
Residential Street Address	City	State	Zip Code
Principal Occupation	Name of Employer		

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

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

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

Amount of Contribution

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

If yes, list Event #

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

Date Received | Aggregate Contributions

Total of Section B

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

C1. Contributions from Other Committees

Name of Committee	Name of Treasurer

Address

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

If yes, list Event #

Amount of Contribution

City	State	Zip Code	Date Received	Aggregate Contributions

Total of Section C1

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

C2. Reimbursements or Surplus Distributions from other Committees

Name of Committee			Name of Treasurer	
Address			Date Received	Amount of Receipt
City	State	Zip Code	Payment Type ☐ Reimbursement for shared expense ☐ Surplus distribution from exploratory committee	
Expenditure # (if applicable)	Description			
			Total of Section C2	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

D. Loans Received this Period

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

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

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Type of Report
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

G. Interest from Deposits in Authorized Accounts

Name of Institution		Date Received		Amount
Street Address	City	State	Zip Code	

Total of Section G

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

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

Purpose of Grant	Grant Cycle	Date of Receipt	Amount
☐ Initial ☐ Grant Adjustment ☐ Supplemental/Post Election Deficit	☐ Primary ☐ General Election ☐ Special Election		

Total of Section H

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

I. Miscellaneous Monetary Receipts not Considered Contributions

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

Total of Section I

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

J1. Event Information

Event # / Date of Event	Letter	Description	Was this a fundraising event?
			☐ Yes ☐ No

Location: Street Address	City	State	Zip Code

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

Total of Section J1	

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

J3. In-Kind Donations Not Considered Contributions

Name of the Donor			

Street Address	City	State	Zip Code

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

Total of Section J3	

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

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

Name of Host	Is this event supporting more than one candidate? ☐ Yes ☐ No If yes, complete Itemization in Addendum J4		
Street Address	City	State	Zip Code
Description of Donation			Fair Market Value of Donation

Event #	Date Received	Aggregate value of this Event - all hosts	Aggregate value of all Events - this host/candidate

Total of Section J4

III. NONMONETARY RECEIPTS (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

K. In-Kind Contributions

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

Total of Section K

III. Non Monetary Receipts (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

L. Refundable Deposit to Telephone Company

Last Name of Individual	First Name	MI	Date Deposit Made

Residential Street Address	City	State	Zip Code	Amount of Deposit

Name of Telephone Company

Street Address	City	State	Zip Code

Total of Section L	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
AIDAN PROSTOR	10/01/2026	[x] Check # 2258 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
62 Braeburn Dr	New Canaan	CT	06840

Purpose of Expenditure (by code)	Description
CNSLT	FIELD CONSULTING

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [x] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1,612.90

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
ALLYN WRIGHT	10/01/2026	[X] Check # 2253 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
12 Catherine St .	New Haven	CT	06512

Purpose of Expenditure (by code)	Description
CNSLT	FIELD CONSULTING

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$877.42

Name of Payee	Date of Payment	Method of Payment
BRENDAN MORGAN	10/01/2026	[X] Check # 2244 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
20 Pearl Pl	Stratford	CT	06614

Purpose of Expenditure (by code)	Description
CNSLT	FIELD CONSULTING

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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
EMILY SWIATEK	10/01/2026	[X] Check # 2248 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
105 Lake Williams Dr	Lebanon	CT	06249

Purpose of Expenditure (by code)	Description
CNSLT	FIELD CONSULTING

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1,000.00

Name of Payee	Date of Payment	Method of Payment
HOLTZMAN VOGEL	10/01/2026	[X] Check # 2256 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
15405 John Marshall Hwy	Haymarket	VA	20169

Purpose of Expenditure (by code)	Description
CNSLT	LEGAL CONSULTING

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$2,500.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
HOLTZMAN VOGEL	10/01/2026	[X] Check # 2256 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
15405 John Marshall Hwy	Haymarket	VA	20169

Purpose of Expenditure (by code)	Description
CNSLT	LEGAL CONSULTING

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$12,500.00

Name of Payee	Date of Payment	Method of Payment
KAREN TURLEY	10/01/2026	[X] Check # 2257 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
4 Lindsay Ln	Broad Brook	CT	06016

Purpose of Expenditure (by code)	Description
CNSLT	FIELD CONSULTING

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1,000.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
LIAM MCKINNEY	10/01/2026	[X] Check # 2245 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
124 Old Field Rd	Trumbull	CT	06611

Purpose of Expenditure (by code)	Description
CNSLT	FIELD CONSULTING

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1,400.00

Name of Payee	Date of Payment	Method of Payment
LORRAINE HERGER	10/01/2026	[X] Check # 2251 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
45 Southern Blvd	Danbury	CT	06810

Purpose of Expenditure (by code)	Description
CNSLT	FIELD CONSULTING

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$800.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
MATTHEW COREY	10/01/2026	[X] Check # 1059 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
181 Center St	Manchester	CT	06040

Purpose of Expenditure (by code)	Description
CNSLT	FIELD CONSULTING

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$936.95

Name of Payee	Date of Payment	Method of Payment
MATTHEW LABANARA	10/01/2026	[X] Check # 2247 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
49 Island View Ave	Branford	CT	06405

Purpose of Expenditure (by code)	Description
CNSLT	FIELD CONSULTING

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1,000.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
NICOLE PALMIERI	10/01/2026	[X] Check # 2260 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
20 Julie Rd Unit C14	Plainville	CT	06062

Purpose of Expenditure (by code)	Description
CNSLT	POLITICAL STRATEGY CONSULTING

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$4,735.00

Name of Payee	Date of Payment	Method of Payment
PAOLO MESSINA	10/01/2026	[X] Check # 2252 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1000 Archive Cir Bldg 5000 APT 306	Oxford	MS	38655

Purpose of Expenditure (by code)	Description
CNSLT	FIELD CONSULTING

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$477.42

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
PETER RYAN	10/01/2026	[X] Check # 2246 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
22 Driftwood Ln	Trumbull	CT	06611

Purpose of Expenditure (by code)	Description
CNSLT	FIELD CONSULTING

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1,400.00

Name of Payee	Date of Payment	Method of Payment
RYAN ROOKEY	10/01/2026	[X] Check # 2250 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
45 Rosewood Dr	Suffield	CT	06078

Purpose of Expenditure (by code)	Description
CNSLT	FIELD CONSULTING

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1,000.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
SAM CARGILL JR	10/01/2026	[X] Check # 2249 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
175 Battery Park Dr	Bridgeport	CT	06605

Purpose of Expenditure (by code)	Description
CNSLT	FIELD CONSULTING

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

Name of Payee	Date of Payment	Method of Payment
THOR TUOZZOLI	10/01/2026	[X] Check # 2254 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
5 Chestnut Ct	Seymour	CT	06483

Purpose of Expenditure (by code)	Description
CNSLT	FIELD CONSULTING

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1,000.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
VASILIOS KRANIDIS	10/01/2026	[X] Check # 2255 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
776 Chase Pkwy	Waterbury	CT	06708

Purpose of Expenditure (by code)	Description
CNSLT	FIELD CONSULTING

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1,000.00

Name of Payee	Date of Payment	Method of Payment
VASILIOS KRANIDIS	10/01/2026	[X] Check # 2259 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
776 Chase Pkwy	Waterbury	CT	06708

Purpose of Expenditure (by code)	Description
CNSLT	FIELD CONSULTING

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$2,500.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
STRATEGIC MEDIA SERVICES, INC	10/02/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
4601 N Fairfax Dr Ste 730	Arlington	VA	22203

Purpose of Expenditure (by code)	Description
A-TV	PLACED MEDIA

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$999,924.00

Name of Payee	Date of Payment	Method of Payment
GRAND OLD VICTORY LLC	10/02/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3 Artisan Dr Unit 117	Salem	NH	03079

Purpose of Expenditure (by code)	Description
A-ATM	SMS SERVICES

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$97,338.60

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
GRAND OLD VICTORY LLC	10/02/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3 Artisan Dr Unit 117	Salem	NH	03079

Purpose of Expenditure (by code)	Description
CNSLT	GENERAL CONSULTING

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$2,500.00

Name of Payee	Date of Payment	Method of Payment
CYGNAL	10/02/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
4501 Fairfax Dr Ste 605	Arlington	VA	22203

Purpose of Expenditure (by code)	Description
POLLS	POLLING SURVEY

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$15,000.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
CYGNAL	10/02/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
4501 Fairfax Dr Ste 605	Arlington	VA	22203

Purpose of Expenditure (by code)	Description
POLLS	POLLING SURVEY

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$149,300.00

Name of Payee	Date of Payment	Method of Payment
FIRST COUNTY BANK	10/02/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3001 Stamford Sq	Stamford	CT	06905

Purpose of Expenditure (by code)	Description
BNK	BANK FEES

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$20.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
GOOGLE	10/02/2026	[ ] Check # [X] Debit Card [ ] EFT

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

Purpose of Expenditure (by code)	Description
OVHD	SOFTWARE

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			$13.14

Name of Payee	Date of Payment	Method of Payment
GOOGLE	10/02/2026	[ ] Check # [X] Debit Card [ ] EFT

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

Purpose of Expenditure (by code)	Description
OVHD	SOFTWARE

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			$632.34

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
CHAD AMARADIO	10/02/2026	[X] Check # 1022 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
201 Munson St Apt 551	New Haven	CT	06511

Purpose of Expenditure (by code)	Description
TRVL	TRAVEL: MILEAGE

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			$991.04

Name of Payee	Date of Payment	Method of Payment
AMAZON	10/02/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
440 Terry Ave N	Seattle	WA	98109

Purpose of Expenditure (by code)	Description
OFFICE	OFFICE SUPPLIES

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$267.96

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
CHAD AMARADIO	10/05/2026	[X] Check # 1021 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
201 Munson St Apt 551	New Haven	CT	06511

Purpose of Expenditure (by code)	Description
CNSLT	POLITICAL STRATEGY CONSULTING

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$8,500.00

Name of Payee	Date of Payment	Method of Payment
GOOGLE	10/05/2026	[ ] Check # [X] Debit Card [ ] EFT

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

Purpose of Expenditure (by code)	Description
OVHD	SOFTWARE

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			$13.14

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
FIRST COUNTY BANK	10/05/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3001 Stamford Sq	Stamford	CT	06905

Purpose of Expenditure (by code)	Description
BNK	BANK FEES

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$20.00

Name of Payee	Date of Payment	Method of Payment
GAVIN ELWES	10/05/2026	☒ Check # 2261 ☐ Debit Card ☐ EFT

Street Address	City	State	Zip Code
230 W End Ave Apt 7B	New York	NY	10023

Purpose of Expenditure (by code)	Description
CNSLT	MEDIA CONSULTING

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$3,500.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
GUSTO	10/05/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
525 20th St	San Francisco	CA	94107

Purpose of Expenditure (by code)	Description
WAGE	PAYROLL TAXES

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$85.85

Name of Payee	Date of Payment	Method of Payment
GOOGLE	10/06/2026	☐ Check # ☒ Debit Card ☐ EFT

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

Purpose of Expenditure (by code)	Description
OVHD	SOFTWARE

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$13.14

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
FIRST COUNTY BANK	10/07/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3001 Stamford Sq	Stamford	CT	06905

Purpose of Expenditure (by code)	Description
BNK	BANK FEES

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$10.00

Name of Payee	Date of Payment	Method of Payment
CUTTING EDGE SIGNS & GRAPHICS, LLC	10/07/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
21A Gramar Ave	Prospect	CT	06712

Purpose of Expenditure (by code)	Description
A-SIGN	COLLATERAL: SIGNS

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$3,357.47

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
CUTTING EDGE SIGNS & GRAPHICS, LLC	10/07/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
21A Gramar Ave	Prospect	CT	06712

Purpose of Expenditure (by code)	Description
A-SIGN	COLLATERAL: SIGNS

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$3,403.20

Name of Payee	Date of Payment	Method of Payment
CUTTING EDGE SIGNS & GRAPHICS, LLC	10/07/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
21A Gramar Ave	Prospect	CT	06712

Purpose of Expenditure (by code)	Description
A-SIGN	COLLATERAL: SIGNS

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$4,892.31

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
CUTTING EDGE SIGNS & GRAPHICS, LLC	10/07/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
21A Gramar Ave	Prospect	CT	06712

Purpose of Expenditure (by code)	Description
A-SIGN	COLLATERAL: SIGNS

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$19,976.94

Name of Payee	Date of Payment	Method of Payment
I360	10/07/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
2300 Clarendon Blvd Ste 800	Arlington	VA	22201

Purpose of Expenditure (by code)	Description
OVHD	SOFTWARE SERVICES

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$2,650.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
I360	10/07/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
2300 Clarendon Blvd Ste 800	Arlington	VA	22201

Purpose of Expenditure (by code)	Description
OVHD	SOFTWARE SERVICES

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$3,197.25

Name of Payee	Date of Payment	Method of Payment
STRATEGIC MEDIA SERVICES, INC	10/07/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
4601 N Fairfax Dr Ste 730	Arlington	VA	22203

Purpose of Expenditure (by code)	Description
A-TV	PLACED MEDIA

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1,064,594.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
GRAND OLD VICTORY LLC	10/08/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3 Artisan Dr Unit 117	Salem	NH	03079

Purpose of Expenditure (by code)	Description
A-ATM	SMS SERVICES

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$77,247.44

Name of Payee	Date of Payment	Method of Payment
GAVIN ELWES	10/09/2026	☒ Check # 2271 ☐ Debit Card ☐ EFT

Street Address	City	State	Zip Code
230 W End Ave Apt 7B	New York	NY	10023

Purpose of Expenditure (by code)	Description
CNSLT	MEDIA CONSULTING

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$7,250.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
KCG ORTHOPEDICS	10/09/2026	[X] Check # 2270 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
61 Grove St Unit A	Stamford	CT	06901

Purpose of Expenditure (by code)	Description
CNSLT	FIELD CONSULTING

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$887.50

Name of Payee	Date of Payment	Method of Payment
LAURA CARTER	10/09/2026	[X] Check # 2266 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
75 Lafayette St	Torrington	CT	06790

Purpose of Expenditure (by code)	Description
CNSLT	FIELD CONSULTING

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$240.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
JESSICA DUNN	10/09/2026	[X] Check # 2262 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
388 Wickham Rd	Glastonbury	CT	06033

Purpose of Expenditure (by code)	Description
CNSLT	FIELD CONSULTING

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$2,000.00

Name of Payee	Date of Payment	Method of Payment
JUDITH ARCHAMBAULT	10/09/2026	[X] Check # 2268 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
75 Country Ln	Bristol	CT	06010

Purpose of Expenditure (by code)	Description
CNSLT	FIELD CONSULTING

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$240.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
RED CURVE SOLUTIONS LLC	10/09/2026	[X] Check # 2272 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
100 Cummings Ctr Ste 306-P	Beverly	MA	01915

Purpose of Expenditure (by code)	Description
CNSLT	COMPLIANCE CONSULTING

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$20,000.00

Name of Payee	Date of Payment	Method of Payment
NICOLE PALMIERI	10/09/2026	[X] Check # 2269 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
20 Julie Rd Unit C14	Plainville	CT	06062

Purpose of Expenditure (by code)	Description
CNSLT	POLITICAL STRATEGY CONSULTING

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$11,000.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
MATTHEW FRAULINO	10/09/2026	[X] Check # 2263 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
833 Deming Rd Unit 3	Berlin	CT	06037

Purpose of Expenditure (by code)	Description
CNSLT	FIELD CONSULTING

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$2,500.00

Name of Payee	Date of Payment	Method of Payment
DOMINIC CRISS	10/09/2026	[X] Check # 2267 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
274 Scoville Hill Rd	Harwinton	CT	06791

Purpose of Expenditure (by code)	Description
CNSLT	FIELD CONSULTING

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$80.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
THOMAS WHITTAKER	10/09/2026	[X] Check # 2265 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
61 Lyman Dr	Torrington	CT	06790

Purpose of Expenditure (by code)	Description
CNSLT	FIELD CONSULTING

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$480.00

Name of Payee	Date of Payment	Method of Payment
STANLEY KUHARSKI	10/09/2026	[X] Check # 2264 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
75 Country Ln	Bristol	CT	06010

Purpose of Expenditure (by code)	Description
CNSLT	FIELD CONSULTING

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$240.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
GRAND OLD VICTORY LLC	10/11/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3 Artisan Dr Unit 117	Salem	NH	03079

Purpose of Expenditure (by code)	Description
A-ATM	SMS SERVICES

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$49,300.92

Name of Payee	Date of Payment	Method of Payment
VALLEY NATIONAL BANK	10/12/2026	☒ Check # 2273 ☐ Debit Card ☐ EFT

Street Address	City	State	Zip Code
PO Box 558	Wayne	NJ	07474

Purpose of Expenditure (by code)	Description
EFV *	CAMPAIGN VEHICLE LEASE

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$859.22

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
FIRST COUNTY BANK	10/13/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3001 Stamford Sq	Stamford	CT	06905

Purpose of Expenditure (by code)	Description
BNK	BANK FEES

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$20.00

Name of Payee	Date of Payment	Method of Payment
FACEBOOK	10/13/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
1 Hacker Way	Menlo Park	CA	94025

Purpose of Expenditure (by code)	Description
A-WEB	ONLINE ADVERTISING

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$334.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
FACEBOOK	10/14/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1 Hacker Way	Menlo Park	CA	94025

Purpose of Expenditure (by code)	Description
A-WEB	ONLINE ADVERTISING

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			$334.00

Name of Payee	Date of Payment	Method of Payment
CREATIVE DIRECT	10/14/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
PO Box 6654	Richmond	VA	23230

Purpose of Expenditure (by code)	Description
A-DM	DIRECT MAIL 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			$50,601.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
EDWARD ALEDIA	10/14/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
41 Bloomingdale Rd	Quaker Hill	CT	06375

Purpose of Expenditure (by code)	Description
WAGE	PAYROLL

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$2,857.58

Name of Payee	Date of Payment	Method of Payment
FIRST COUNTY BANK	10/14/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3001 Stamford Sq	Stamford	CT	06905

Purpose of Expenditure (by code)	Description
BNK	BANK FEES

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$10.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
CUTTING EDGE SIGNS & GRAPHICS, LLC	10/14/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
21A Gramar Ave	Prospect	CT	06712

Purpose of Expenditure (by code)	Description
A-SIGN	COLLATERAL: SIGNS

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$718.93

Name of Payee	Date of Payment	Method of Payment
CUTTING EDGE SIGNS & GRAPHICS, LLC	10/14/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
21A Gramar Ave	Prospect	CT	06712

Purpose of Expenditure (by code)	Description
A-SIGN	COLLATERAL: SIGNS

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$959.28

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
CUTTING EDGE SIGNS & GRAPHICS, LLC	10/14/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
21A Gramar Ave	Prospect	CT	06712

Purpose of Expenditure (by code)	Description
A-SIGN	COLLATERAL: SIGNS

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$239.82

Name of Payee	Date of Payment	Method of Payment
COLLEEN PACELLI	10/14/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
113 Bailey Rd	North Haven	CT	06473

Purpose of Expenditure (by code)	Description
WAGE	PAYROLL

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$4,917.33

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
AMBER WEBSTER	10/14/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
186 New London Rd	Colchester	CT	06415

Purpose of Expenditure (by code)	Description
WAGE	PAYROLL

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$2,010.50

Name of Payee	Date of Payment	Method of Payment
ANDREW TAMMARO	10/14/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
7 Rourke Ave	Southington	CT	06489

Purpose of Expenditure (by code)	Description
WAGE	PAYROLL

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$3,056.79

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
GUSTO	10/14/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
525 20th St	San Francisco	CA	94107

Purpose of Expenditure (by code)	Description
WAGE	PAYROLL TAXES

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$8,303.52

Name of Payee	Date of Payment	Method of Payment
HANNAH LEMEK	10/14/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
51 Payton Ter	Bristol	CT	06010

Purpose of Expenditure (by code)	Description
WAGE	PAYROLL

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$3,058.58

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
JOHN PELLEGRINO	10/14/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
17 Laurel Crest Dr	Waterford	CT	06385

Purpose of Expenditure (by code)	Description
WAGE	PAYROLL

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1,990.52

Name of Payee	Date of Payment	Method of Payment
DARTER SPECIALTIES	10/15/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
500 Cornwall Ave Ste 2	Cheshire	CT	06410

Purpose of Expenditure (by code)	Description
A-OTH	CAMPAIGN MERCHANDISE

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$4,431.06

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
WHITE EAGLE MEDIA	10/15/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
PO Box 52057	Boston	MA	02205

Purpose of Expenditure (by code)	Description
A-NEWS	PRINT ADVERTISING

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$4,475.00

Name of Payee	Date of Payment	Method of Payment
WILLIAM EVANS JR.	10/16/2026	☒ Check # 1005 ☐ Debit Card ☐ EFT

Street Address	City	State	Zip Code
325 Celia Dr	Wolcott	CT	06705

Purpose of Expenditure (by code)	Description
TRVL	TRAVEL: MILEAGE

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$360.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
WILLIAM EVANS JR.	10/16/2026	[X] Check # 1006 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
325 Celia Dr	Wolcott	CT	06705

Purpose of Expenditure (by code)	Description
CNSLT	STRATEGY CONSULTING

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$5,317.50

Name of Payee	Date of Payment	Method of Payment
WILLIAM EVANS JR.	10/16/2026	[X] Check # 1011 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
325 Celia Dr	Wolcott	CT	06705

Purpose of Expenditure (by code)	Description
CNSLT	STRATEGY CONSULTING

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$5,317.50

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
WILLIAM EVANS JR.	10/16/2026	[X] Check # 1007 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
325 Celia Dr	Wolcott	CT	06705

Purpose of Expenditure (by code)	Description
TRVL	TRAVEL: MILEAGE

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			$834.64

Name of Payee	Date of Payment	Method of Payment
VASILIOS KRANIDIS	10/16/2026	[X] Check # 2276 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
776 Chase Pkwy	Waterbury	CT	06708

Purpose of Expenditure (by code)	Description
CNSLT	FIELD CONSULTING

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$2,582.60

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
FIRST COUNTY BANK	10/16/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3001 Stamford Sq	Stamford	CT	06905

Purpose of Expenditure (by code)	Description
BNK	BANK FEES

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$10.00

Name of Payee	Date of Payment	Method of Payment
DONNA ANTONACCI	10/16/2026	☒ Check # 2275 ☐ Debit Card ☐ EFT

Street Address	City	State	Zip Code
14 Meadow Dr # 2	Colchester	CT	06415

Purpose of Expenditure (by code)	Description
PRNT	BUSINESS CARDS

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$100.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
GRAND OLD VICTORY LLC	10/16/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3 Artisan Dr Unit 117	Salem	NH	03079

Purpose of Expenditure (by code)	Description
A-ATM	SMS SERVICES

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$124,126.78

Name of Payee	Date of Payment	Method of Payment
GREENWICH LEDGER, LLC DBA GREENWICH SENTINEL	10/16/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
PO Box 279	Greenwich	CT	06836

Purpose of Expenditure (by code)	Description
A-WEB	DIGITAL ADVERTISING

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$9,158.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
NICOLE PALMIERI	10/16/2026	[X] Check # 2277 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
20 Julie Rd Unit C14	Plainville	CT	06062

Purpose of Expenditure (by code)	Description
CNSLT	POLITICAL STRATEGY CONSULTING

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$4,976.00

Name of Payee	Date of Payment	Method of Payment
MICHAEL BOCCHINO	10/16/2026	[X] Check # 2274 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
7 Tingue St	Greenwich	CT	06830

Purpose of Expenditure (by code)	Description
CNSLT	MANAGEMENT CONSULTING

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$4,203.36

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
PHILLIP BUCCHI	10/16/2026	[X] Check # 1013 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
100 Pane Rd Apt 3106	Newington	CT	06111

Purpose of Expenditure (by code)	Description
CNSLT	PETITION CONSULTING

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

Name of Payee	Date of Payment	Method of Payment
STRATEGIC MEDIA SERVICES, INC	10/19/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
4601 N Fairfax Dr Ste 730	Arlington	VA	22203

Purpose of Expenditure (by code)	Description
A-TV	PLACED MEDIA

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			$1,317,644.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
STRATEGIC MEDIA SERVICES, INC	10/19/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
4601 N Fairfax Dr Ste 730	Arlington	VA	22203

Purpose of Expenditure (by code)	Description
A-TV	PLACED MEDIA

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$40,000.00

Name of Payee	Date of Payment	Method of Payment
ANTHONY BUSATTA	10/19/2026	☒ Check # 1016 ☐ Debit Card ☐ EFT

Street Address	City	State	Zip Code
201 Munson St Apt 532	New Haven	CT	06511

Purpose of Expenditure (by code)	Description
CNSLT	FIELD CONSULTING

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$390.56

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
ANTHONY BUSATTA	10/19/2026	[X] Check # 1015 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
201 Munson St Apt 532	New Haven	CT	06511

Purpose of Expenditure (by code)	Description
CNSLT	FIELD CONSULTING

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$3,500.00

Name of Payee	Date of Payment	Method of Payment
COMCAST	10/19/2026	[ ] Check # [X] Debit Card [ ] EFT

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

Purpose of Expenditure (by code)	Description
WEB	WIFI

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			$319.24

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
FIRST COUNTY BANK	10/19/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3001 Stamford Sq	Stamford	CT	06905

Purpose of Expenditure (by code)	Description
BNK	BANK FEES

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$20.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
FACEBOOK	10/19/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
1 Hacker Way	Menlo Park	CA	94025

Purpose of Expenditure (by code)	Description
A-WEB	ONLINE ADVERTISING

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$334.00

Name of Payee	Date of Payment	Method of Payment
FACEBOOK	10/19/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
1 Hacker Way	Menlo Park	CA	94025

Purpose of Expenditure (by code)	Description
A-WEB	ONLINE ADVERTISING

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$334.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
ZOOM.COM	10/19/2026	[ ] Check # [x] Debit Card [ ] EFT

Street Address	City	State	Zip Code
55 N Almaden Blvd Fl 6	San Francisco	CA	95113

Purpose of Expenditure (by code)	Description
OVHD	SOFTWARE SUBSCRIPTIONS

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [x] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$23.39

Name of Payee	Date of Payment	Method of Payment
DREAM TEAM LLC	10/20/2026	[x] Check # [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
2389 Main St Ste 100	Glastonbury	CT	06073

Purpose of Expenditure (by code)	Description
CNSLT	MANAGEMENT CONSULTING

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [x] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$53,821.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
DREAM TEAM LLC	10/20/2026	[X] Check # [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
2389 Main St Ste 100	Glastonbury	CT	06073

Purpose of Expenditure (by code)	Description
RMB	TRAVEL REIMBURSEMENT: SEE ITEMIZATIONS

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			$2,081.60

Name of Payee	Date of Payment	Method of Payment
JAMES VIVIER	10/20/2026	[X] Check # [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
14 Brook Crossway	Greenwich	CT	06831

Purpose of Expenditure (by code)	Description
TRVL	DRIVING 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			$7,207.65

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
JAMES VIVIER	10/20/2026	[X] Check # [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
14 Brook Crossway	Greenwich	CT	06831

Purpose of Expenditure (by code)	Description
RMB	TRAVEL REIMBURSEMENT: SEE ITEMIZATIONS

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			$1,194.92

Total of Section N	**$4,266,439.80**

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

O. Expenses Paid By Candidate

Name of Payee (Name of vendor who candidate paid directly)	Date of Payment	Is Reimbursement Claimed?
		[ ] Yes [ ] No

Street Address	City	State	Zip Code	Amount

Purpose of Expenditure (by code)	Description	Event #

Total of Section O	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☐ Other

Name of Vendor	Date of Transaction

Street Address	City	State	Zip Code

Purpose of Expenditure (by code)	Description	Amount

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

Total of Section P	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

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

Name of Creditor	Date Incurred

Street Address	City	State	Zip Code

Purpose of Expenditure (by code)	Description	Amount Incurred (Estimate or Actual)

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

Total of Section Q	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
DREAM	TEAM	LLC	08/14/2026	☐ Check # ☐ Debit Card ☐ EFT

Name of Vendor Paid by Committee Worker/Consultant: DREAM TEAM LLC

Street Address of Vendor	City	State	Zip Code
2389 Main St Ste 100	Glastonbury	CT	06073

Purpose of Expenditure (by code)	Description
TRVL	TRAVEL: MILEAGE

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum R			$96.75

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
DREAM	TEAM	LLC	08/14/2026	☐ Check # ☐ Debit Card ☐ EFT

Name of Vendor Paid by Committee Worker/Consultant: WALMART

Street Address of Vendor	City	State	Zip Code
474 Boston Post Rd	North Windham	CT	06256

Purpose of Expenditure (by code)	Description
OFFICE	OFFICE SUPPLIES

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum R			$322.96

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
DREAM	TEAM	LLC	08/15/2026	☐ Check # ☐ Debit Card ☐ EFT

Name of Vendor Paid by Committee Worker/Consultant: DREAM TEAM LLC

Street Address of Vendor	City	State	Zip Code
2389 Main St Ste 100	Glastonbury	CT	06073

Purpose of Expenditure (by code)	Description
TRVL	TRAVEL: MILEAGE

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum R			$70.50

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
DREAM	TEAM	LLC	08/19/2026	☐ Check # ☐ Debit Card ☐ EFT

Name of Vendor Paid by Committee Worker/Consultant: OCEAN STATE JOB LOT

Street Address of Vendor	City	State	Zip Code
20 Mountain Ave # 22	Bloomfield	CT	06002

Purpose of Expenditure (by code)	Description
OFFICE	OFFICE SUPPLIES

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum R			$480.28

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
DREAM	TEAM	LLC	08/21/2026	☐ Check # ☐ Debit Card ☐ EFT

Name of Vendor Paid by Committee Worker/Consultant: DREAM TEAM LLC

Street Address of Vendor	City	State	Zip Code
2389 Main St Ste 100	Glastonbury	CT	06073

Purpose of Expenditure (by code)	Description
TRVL	TRAVEL: MILEAGE

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum R			$63.75

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
DREAM	TEAM	LLC	08/21/2026	☐ Check # ☐ Debit Card ☐ EFT

Name of Vendor Paid by Committee Worker/Consultant: WALMART

Street Address of Vendor	City	State	Zip Code
970 Torringford St	Torrington	CT	06790

Purpose of Expenditure (by code)	Description
OFFICE	OFFICE SUPPLIES

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum R			$204.36

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
DREAM	TEAM	LLC	08/25/2026	☐ Check # ☐ Debit Card ☐ EFT

Name of Vendor Paid by Committee Worker/Consultant: DREAM TEAM LLC

Street Address of Vendor	City	State	Zip Code
2389 Main St Ste 100	Glastonbury	CT	06073

Purpose of Expenditure (by code)	Description
TRVL	TRAVEL: MILEAGE

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum R			$75.75

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
DREAM	TEAM	LLC	08/28/2026	☐ Check # ☐ Debit Card ☐ EFT

Name of Vendor Paid by Committee Worker/Consultant: DREAM TEAM LLC

Street Address of Vendor	City	State	Zip Code
2389 Main St Ste 100	Glastonbury	CT	06073

Purpose of Expenditure (by code)	Description
TRVL	TRAVEL: MILEAGE

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum R			$66.75

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
VIVIER	JAMES		08/29/2026	☐ Check # ☐ Debit Card ☐ EFT

Name of Vendor Paid by Committee Worker/Consultant: JAMES VIVIER

Street Address of Vendor	City	State	Zip Code
14 Brook Crossway	Greenwich	CT	06831

Purpose of Expenditure (by code)	Description
TRVL	TRAVEL: FUEL

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum R			$80.16

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
VIVIER	JAMES		08/29/2026	☐ Check # ☐ Debit Card ☐ EFT

Name of Vendor Paid by Committee Worker/Consultant: JAMES VIVIER

Street Address of Vendor	City	State	Zip Code
14 Brook Crossway	Greenwich	CT	06831

Purpose of Expenditure (by code)	Description
FOOD	TRAVEL: MEALS

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum R			$12.71

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
VIVIER	JAMES		08/31/2026	☐ Check # ☐ Debit Card ☐ EFT

Name of Vendor Paid by Committee Worker/Consultant: JAMES VIVIER

Street Address of Vendor	City	State	Zip Code
14 Brook Crossway	Greenwich	CT	06831

Purpose of Expenditure (by code)	Description
TRVL	TRAVEL: FUEL

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum R			$94.83

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
VIVIER	JAMES		09/02/2026	☐ Check # ☐ Debit Card ☐ EFT

Name of Vendor Paid by Committee Worker/Consultant: JAMES VIVIER

Street Address of Vendor	City	State	Zip Code
14 Brook Crossway	Greenwich	CT	06831

Purpose of Expenditure (by code)	Description
TRVL	TRAVEL: CAR WASH

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum R			$23.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
VIVIER	JAMES		09/03/2026	☐ Check # ☐ Debit Card ☐ EFT

Name of Vendor Paid by Committee Worker/Consultant: JAMES VIVIER

Street Address of Vendor	City	State	Zip Code
14 Brook Crossway	Greenwich	CT	06831

Purpose of Expenditure (by code)	Description
TRVL	TRAVEL: FUEL

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum R			$95.46

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
DREAM	TEAM	LLC	09/03/2026	☐ Check # ☐ Debit Card ☐ EFT

Name of Vendor Paid by Committee Worker/Consultant: DREAM TEAM LLC

Street Address of Vendor	City	State	Zip Code
2389 Main St Ste 100	Glastonbury	CT	06073

Purpose of Expenditure (by code)	Description
TRVL	TRAVEL: MILEAGE

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum R			$101.25

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
DREAM	TEAM	LLC	09/04/2026	☐ Check # ☐ Debit Card ☐ EFT

Name of Vendor Paid by Committee Worker/Consultant: DREAM TEAM LLC

Street Address of Vendor	City	State	Zip Code
2389 Main St Ste 100	Glastonbury	CT	06073

Purpose of Expenditure (by code)	Description
TRVL	TRAVEL: MILEAGE

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum R			$147.75

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
DREAM	TEAM	LLC	09/05/2026	☐ Check # ☐ Debit Card ☐ EFT

Name of Vendor Paid by Committee Worker/Consultant: DREAM TEAM LLC

Street Address of Vendor	City	State	Zip Code
2389 Main St Ste 100	Glastonbury	CT	06073

Purpose of Expenditure (by code)	Description
TRVL	TRAVEL: MILEAGE

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum R			$76.50

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
DREAM	TEAM	LLC	09/07/2026	☐ Check # ☐ Debit Card ☐ EFT

Name of Vendor Paid by Committee Worker/Consultant: DREAM TEAM LLC

Street Address of Vendor	City	State	Zip Code
2389 Main St Ste 100	Glastonbury	CT	06073

Purpose of Expenditure (by code)	Description
TRVL	TRAVEL: MILEAGE

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum R			$48.00

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
VIVIER	JAMES		09/08/2026	☐ Check # ☐ Debit Card ☐ EFT

Name of Vendor Paid by Committee Worker/Consultant: JAMES VIVIER

Street Address of Vendor	City	State	Zip Code
14 Brook Crossway	Greenwich	CT	06831

Purpose of Expenditure (by code)	Description
TRVL	TRAVEL: FUEL

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum R			$87.04

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
VIVIER	JAMES		09/09/2026	☐ Check # ☐ Debit Card ☐ EFT

Name of Vendor Paid by Committee Worker/Consultant: JAMES VIVIER

Street Address of Vendor	City	State	Zip Code
14 Brook Crossway	Greenwich	CT	06831

Purpose of Expenditure (by code)	Description
TRVL	TRAVEL: FUEL

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum R			$85.79

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
VIVIER	JAMES		09/09/2026	☐ Check # ☐ Debit Card ☐ EFT

Name of Vendor Paid by Committee Worker/Consultant: JAMES VIVIER

Street Address of Vendor	City	State	Zip Code
14 Brook Crossway	Greenwich	CT	06831

Purpose of Expenditure (by code)	Description
FOOD	TRAVEL: MEALS

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum R			$39.28

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
DREAM	TEAM	LLC	09/09/2026	☐ Check # ☐ Debit Card ☐ EFT

Name of Vendor Paid by Committee Worker/Consultant: DREAM TEAM LLC

Street Address of Vendor	City	State	Zip Code
2389 Main St Ste 100	Glastonbury	CT	06073

Purpose of Expenditure (by code)	Description
TRVL	TRAVEL: MILEAGE

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum R			$200.25

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
DREAM	TEAM	LLC	09/10/2026	☐ Check # ☐ Debit Card ☐ EFT

Name of Vendor Paid by Committee Worker/Consultant: DREAM TEAM LLC

Street Address of Vendor	City	State	Zip Code
2389 Main St Ste 100	Glastonbury	CT	06073

Purpose of Expenditure (by code)	Description
TRVL	TRAVEL: MILEAGE

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum R			$126.75

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
VIVIER	JAMES		09/14/2026	☐ Check # ☐ Debit Card ☐ EFT

Name of Vendor Paid by Committee Worker/Consultant: FLASH CAR WASH

Street Address of Vendor	City	State	Zip Code
56 Talcottville Rd	Vernon	CT	06066

Purpose of Expenditure (by code)	Description
TRVL	TRAVEL: CAR WASH

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum R			$24.00

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
VIVIER	JAMES		09/14/2026	☐ Check # ☐ Debit Card ☐ EFT

Name of Vendor Paid by Committee Worker/Consultant: 7-ELEVEN

Street Address of Vendor	City	State	Zip Code
180 Union St	Vernon	CT	06066

Purpose of Expenditure (by code)	Description
TRVL	TRAVEL: FUEL

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum R			$71.24

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
VIVIER	JAMES		09/16/2026	☐ Check # ☐ Debit Card ☐ EFT

Name of Vendor Paid by Committee Worker/Consultant: NOBLE GAS

Street Address of Vendor	City	State	Zip Code
240 Newington Ave	New Britain	CT	06051

Purpose of Expenditure (by code)	Description
TRVL	TRAVEL: FUEL

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum R			$72.29

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
VIVIER	JAMES		09/17/2026	☐ Check # ☐ Debit Card ☐ EFT

Name of Vendor Paid by Committee Worker/Consultant: PROPARK MOBILITY

Street Address of Vendor	City	State	Zip Code
1 Union Pl	Hartford	CT	06103

Purpose of Expenditure (by code)	Description
TRVL	TRAVEL: PARKING FEE

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum R			$7.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
VIVIER	JAMES		09/20/2026	☐ Check # ☐ Debit Card ☐ EFT

Name of Vendor Paid by Committee Worker/Consultant: AJ'S STEAK & PIZZA

Street Address of Vendor	City	State	Zip Code
171 Torrington Rd	Goshen	CT	06756

Purpose of Expenditure (by code)	Description
FOOD	TRAVEL: MEALS

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum R			$55.63

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
VIVIER	JAMES		09/20/2026	☐ Check # ☐ Debit Card ☐ EFT

Name of Vendor Paid by Committee Worker/Consultant: V&D MART

Street Address of Vendor	City	State	Zip Code
3997 Route 22	Wassaic	NY	12592

Purpose of Expenditure (by code)	Description
TRVL	TRAVEL: FUEL

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum R			$60.53

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
VIVIER	JAMES		09/22/2026	☐ Check # ☐ Debit Card ☐ EFT

Name of Vendor Paid by Committee Worker/Consultant: ALLTOWN

Street Address of Vendor	City	State	Zip Code
MERRITT PKWY NB	New Canaan	CT	06840

Purpose of Expenditure (by code)	Description
TRVL	TRAVEL: FUEL

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum R			$70.41

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
VIVIER	JAMES		09/30/2026	☐ Check # ☐ Debit Card ☐ EFT

Name of Vendor Paid by Committee Worker/Consultant: BLOOMFIELD CITGO

Street Address of Vendor	City	State	Zip Code
925 Blue Hills Ave	Bloomfield	CT	06002

Purpose of Expenditure (by code)	Description
TRVL	TRAVEL: FUEL

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum R			$83.93

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
VIVIER	JAMES		09/30/2026	☐ Check # ☐ Debit Card ☐ EFT

Name of Vendor Paid by Committee Worker/Consultant: SHERATON BRADLEY

Street Address of Vendor	City	State	Zip Code
1 Bradley International Airport	Windsor Locks	CT	06096

Purpose of Expenditure (by code)	Description
TRVL	TRAVEL: PARKING FEE

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum R			$8.51

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
VIVIER	JAMES		09/30/2026	☐ Check # ☐ Debit Card ☐ EFT

Name of Vendor Paid by Committee Worker/Consultant: JIFFY LUBE #1789

Street Address of Vendor	City	State	Zip Code
480 Main St	East Hartford	CT	06118

Purpose of Expenditure (by code)	Description
TRVL	VEHICLE MAINTENANCE: OIL CHANGE

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum R			$140.36

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
VIVIER	JAMES		10/02/2026	☐ Check # ☐ Debit Card ☐ EFT

Name of Vendor Paid by Committee Worker/Consultant: GULF

Street Address of Vendor	City	State	Zip Code
131 Meriden Rd	Waterbury	CT	06705

Purpose of Expenditure (by code)	Description
TRVL	TRAVEL: FUEL

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum R			$82.75

Total of Section R	**$3,276.52**

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Fazio for Connecticut Inc.	First Weekly Supplemental Filing General Election - Original

S. Surplus Distribution of Equipment and Furniture

Name of Recipient:

Street Address	City	State	Zip Code	Original Purchase Amount of Item

Description of Item:

Total of Section S	

Section J4 Addendum, In - Kind Donations Not Considered Contribution Associated with a House Party, contains no transactions.

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

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

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

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