SEEC FORM 30
Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised February 2015

Electronic Filing

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COVER PAGE

1.NAME OF COMMITTEE	2. TYPE OF COMMITTEE
NED for CT	[x] Candidate Committee [ ] Exploratory Committee

3. TREASURER NAME

First	MI	Last	Suffix
Gabriela		**Koc**	

4. TREASURER ADDRESS

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

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

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

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

9. TYPE OF REPORT

First Weekly Supplemental Filing Primary - Original

10. PERIOD COVERED

Beginning Date		Ending Date
07/01/2026	thru	**07/21/2026**

11. CERTIFICATION

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

Electronic Filing	**Dennis Carnelli**	**07/23/2026 4:35:40PM**
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED

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

SEEC FORM 30
Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised February 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
NED for CT	First Weekly Supplemental Filing Primary - Original	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		**$0.00**
13. Balance on hand at the beginning of Reporting Period	**$882,439.05**	
14. Contributions received from Individuals (Section A and B)	**$11,783.30**	**$379,527.04**
15. Receipts from Other Committees (Sections C1 and C2)	**$0.00**	**$0.00**
16. Other Monetary Receipts (Section D through I)	**$6,002,504.33**	**$9,528,631.29**
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	**$0.00**	**$0.00**
18. Total Monetary Receipts (add totals for lines 14 through 17)	**$6,014,287.63**	**$9,908,158.33**
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	**$6,896,726.68**	**$9,908,158.33**
20. Expenses Paid by Committee (Section N)	**$2,190,474.23**	**$5,201,905.88**
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	**$4,706,252.45**	**$4,706,252.45**
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**	**$0.00**
24. In-Kind Contributions Received (Section K)	**$0.00**	**$5,860.20**
25. Refundable Deposit to Telephone Company (Section L)	**$0.00**	**$0.00**
26. Beginning Loan Balance	**$0.00**	
26a. + Loans Received (Section D)	**$0.00**	**$0.00**
26b. + Interest and Penalties on Loan(s)	**$0.00**	**$0.00**
26c. - Payments on Loan(s)	**$0.00**	**$0.00**
26d. Total Outstanding Loan Amount	**$0.00**	
27. Campaign Expenses Paid By Candidate (Section O)	**$0.00**	**$1,284.79**
28. Expenses Incurred on Committee Credit Card (Section P)	**$146,141.37**	**$773,750.86**
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	**$708.74**	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	**$708.74**	

I. MONETARY RECEIPTS (Section A-I)

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

A. Total Contributions from Small Contributors-Received this Period ONLY — For Nonparticipating Candidates ONLY: **$0.00**

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Canet	Gerardo		2462

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

Principal Occupation	Name of Employer
Retired	Not Employed

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

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

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

Amount of Contribution: $30.00

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

If yes, list Event #:

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

Date Received: 07/01/2026

Aggregate Contributions: $260.00

Last Name	First	MI	Contribution ID #
Bartlett	Maureen		2466

Residential Street Address	City	State	Zip Code
27 Seth Low Mountain Rd	Ridgefield	CT	06877-2021

Principal Occupation	Name of Employer
Retired	Not Employed

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

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

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

Amount of Contribution: $150.00

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

If yes, list Event #: 07092026a

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

Date Received: 07/01/2026

Aggregate Contributions: $170.00

Last Name	First	MI	Contribution ID #
Imber	Michael		2476

Residential Street Address	City	State	Zip Code
6 Glenwood Rd	Weston	CT	06883-2322

Principal Occupation	Name of Employer
Business Development	Epiq

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

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

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

Amount of Contribution: $258.32

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

If yes, list Event #: 07092026a

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

Date Received: 07/01/2026

Aggregate Contributions: $258.32

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: First Weekly Supplemental Filing Primary - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Reed	Ann		2482

Residential Street Address	City	State	Zip Code
15 Libby Ln	Darien	CT	06820-3310

Principal Occupation	Name of Employer
Retired	Not Employed

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

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

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

Amount of Contribution: $155.08

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

If yes, list Event # 07092026a

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

Date Received: 07/01/2026

Aggregate Contributions: $155.08

Last Name	First	MI	Contribution ID #
Bynum	Terrell		2460

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

Principal Occupation	Name of Employer
Retired	Not Employed

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

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

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

Amount of Contribution: $15.00

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

If yes, list Event #

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

Date Received: 07/02/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
DiLaura	Arnold		2453

Residential Street Address	City	State	Zip Code
99 Barry Ave	Ridgefield	CT	06877-4311

Principal Occupation	Name of Employer
Retired	Not Employed

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

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

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

Amount of Contribution: $250.00

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

If yes, list Event # 07092026a

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

Date Received: 07/02/2026

Aggregate Contributions: $250.00

Last Name	First	MI	Contribution ID #
Hale	Gary		2541

Residential Street Address	City	State	Zip Code
22314 Town Walk Dr	Hamden	CT	06518-3761

Principal Occupation	Name of Employer
Renewable Energy Developer	Advanced Energy Efficiencies, LLC

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 07/03/2026

Aggregate Contributions: $400.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Marghella	Pietro		2532

Residential Street Address	City	State	Zip Code
72 Old West Mountain Rd	Ridgefield	CT	06877-3027

Principal Occupation	Name of Employer
Retired	Not Employed

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event # 07092026a

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

Date Received: 07/04/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Collin	Joanne	C	2463

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

Principal Occupation	Name of Employer
Retired	Not Employed

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

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

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

Amount of Contribution: $15.69

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

If yes, list Event #

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

Date Received: 07/04/2026

Aggregate Contributions: $336.36

Last Name	First	MI	Contribution ID #
Nardozzi	Terry		2499

Residential Street Address	City	State	Zip Code
72 Old West Mountain Rd	Ridgefield	CT	06877-3027

Principal Occupation	Name of Employer
Producer	MANM Productions

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: $100.00

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

If yes, list Event # 07092026a

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

Date Received: 07/04/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Bradley	Cunthia		2525

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

Principal Occupation	Name of Employer
Retired	Not Employed

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

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

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

Amount of Contribution: $8.00

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

If yes, list Event #

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

Date Received: 07/04/2026

Aggregate Contributions: $64.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Earehart	Dale		2461

Residential Street Address	City	State	Zip Code
48 Oak Dr	Plainfield	CT	06374-1628

Principal Occupation	Name of Employer
Retired	Not Employed

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 07/05/2026

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Reed	Margaret		2500

Residential Street Address	City	State	Zip Code
PO Box 753	Wilton	CT	06897-0753

Principal Occupation	Name of Employer
Administrator	Self Employed

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

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

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

Amount of Contribution: $250.00

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

If yes, list Event # 07092026a

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

Date Received: 07/06/2026

Aggregate Contributions: $250.00

Last Name	First	MI	Contribution ID #
Garcia MD	Noemi		2501

Residential Street Address	City	State	Zip Code
17 Robin Rd	Farmington	CT	06032-2510

Principal Occupation	Name of Employer
Not Employed	Not Employed

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

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

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

Amount of Contribution: $250.00

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

If yes, list Event #:

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

Date Received: 07/07/2026

Aggregate Contributions: $250.00

Last Name	First	MI	Contribution ID #
Liederbach	Dave		2533

Residential Street Address	City	State	Zip Code
129 High Ridge Ave	Ridgefield	CT	06877-4402

Principal Occupation	Name of Employer
Executive	Quiver Bioscience

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

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

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

Amount of Contribution: $1,000.00

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

If yes, list Event # 07092026a

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

Date Received: 07/07/2026

Aggregate Contributions: $1,000.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Shapiro	Joseph		2489

Residential Street Address	City	State	Zip Code
73 Blackman Rd	Ridgefield	CT	06877-4203

Principal Occupation	Name of Employer
Retired	Not Employed

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

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

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

Amount of Contribution: $500.00

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

If yes, list Event # 07092026a

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

Date Received: 07/08/2026

Aggregate Contributions: $660.00

Last Name	First	MI	Contribution ID #
Elling	Marilyn		2478

Residential Street Address	City	State	Zip Code
100 Sarah Ln Apt B15	Simsbury	CT	06070-1982

Principal Occupation	Name of Employer
Retired	Not Employed

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

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

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

Amount of Contribution: $26.01

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

If yes, list Event #

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

Date Received: 07/08/2026

Aggregate Contributions: $26.01

Last Name	First	MI	Contribution ID #
Carpenter	Jame		2479

Residential Street Address	City	State	Zip Code
1001 Post Rd	Darien	CT	06820-4553

Principal Occupation	Name of Employer
Executive Search	J.Carpenter & Co.

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: $250.00

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

If yes, list Event #

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

Date Received: 07/09/2026

Aggregate Contributions: $250.00

Last Name	First	MI	Contribution ID #
Muszala	Edward		2483

Residential Street Address	City	State	Zip Code
75 Christian St	Bridgewater	CT	06752-1402

Principal Occupation	Name of Employer
Retired	Not Employed

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #

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

Date Received: 07/09/2026

Aggregate Contributions: $80.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Collin	Joanne	C	2477

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

Principal Occupation	Name of Employer
Retired	Not Employed

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

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

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

Amount of Contribution: $15.69

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

If yes, list Event #:

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

Date Received: 07/09/2026

Aggregate Contributions: $352.05

Last Name	First	MI	Contribution ID #
Konandreas	Lukas		2471

Residential Street Address	City	State	Zip Code
34 Konandreas Dr	Stamford	CT	06903-2100

Principal Occupation	Name of Employer
Physician	Doctors Center

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

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

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

Amount of Contribution: $10.53

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

If yes, list Event #:

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

Date Received: 07/09/2026

Aggregate Contributions: $132.24

Last Name	First	MI	Contribution ID #
Bronkesh	Noah		2464

Residential Street Address	City	State	Zip Code
66 Manor Rd	Ridgefield	CT	06877-4908

Principal Occupation	Name of Employer
Retired	Not Employed

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

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

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

Amount of Contribution: $1,000.00

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

If yes, list Event # 07092026a

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

Date Received: 07/09/2026

Aggregate Contributions: $1,000.00

Last Name	First	MI	Contribution ID #
Bonach	Louise	A	2455

Residential Street Address	City	State	Zip Code
93 New St	Ridgefield	CT	06877-3803

Principal Occupation	Name of Employer
Retired	Not Employed

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event # 07092026a

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

Date Received: 07/09/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: First Weekly Supplemental Filing Primary - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Bowler	Courtney		2456

Residential Street Address	City	State	Zip Code
28 Gilbert St Apt 3B	Ridgefield	CT	06877-4559

Principal Occupation	Name of Employer
Marketing Consultant	Self Employed

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

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

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

Amount of Contribution: $200.00

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

If yes, list Event # 07092026a

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

Date Received	Aggregate Contributions
07/09/2026	$200.00

Last Name	First	MI	Contribution ID #
Scails	Lisa		2492

Residential Street Address	City	State	Zip Code
2 Mountainview Ter Unit 2232	Danbury	CT	06810-4167

Principal Occupation	Name of Employer
Executive Director	Cultural Alliance of Western Connecticut

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

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

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

Amount of Contribution: $155.08

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

If yes, list Event # 07092026a

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

Date Received	Aggregate Contributions
07/09/2026	$155.08

Last Name	First	MI	Contribution ID #
Rubin	Alan		2502

Residential Street Address	City	State	Zip Code
14 Comstock Ct	Ridgefield	CT	06877-5826

Principal Occupation	Name of Employer
Principal	Blank Rome

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

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

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

Amount of Contribution: $1,000.00

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

If yes, list Event # 07092026a

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

Date Received	Aggregate Contributions
07/09/2026	$1,000.00

Last Name	First	MI	Contribution ID #
Zemo	Stephen		2503

Residential Street Address	City	State	Zip Code
39 Catoonah St	Ridgefield	CT	06877-4412

Principal Occupation	Name of Employer
Retired	Not Employed

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

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

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

Amount of Contribution: $1,000.00

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

If yes, list Event # 07092026a

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

Date Received	Aggregate Contributions
07/09/2026	$1,000.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Nielsen	Mark		2504

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

Principal Occupation	Name of Employer
Attorney	Day Pitney LLP

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

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

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

Amount of Contribution: $1,032.70

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

If yes, list Event #

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

Date Received: 07/09/2026

Aggregate Contributions: $1,032.70

Last Name	First	MI	Contribution ID #
Bollepalli	Subbarao		2520

Residential Street Address	City	State	Zip Code
5 Weatherstone	Avon	CT	06001-2378

Principal Occupation	Name of Employer
Healthcare Broker	Self Employed

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

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

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

Amount of Contribution: $10.53

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

If yes, list Event #

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

Date Received: 07/09/2026

Aggregate Contributions: $94.77

Last Name	First	MI	Contribution ID #
Hanlon	Harriet		2521

Residential Street Address	City	State	Zip Code
36 Perry Ln	Ridgefield	CT	06877-5024

Principal Occupation	Name of Employer
Retired	Not Employed

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

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

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

Amount of Contribution: $1,000.00

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

If yes, list Event # 07092026a

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

Date Received: 07/09/2026

Aggregate Contributions: $1,000.00

Last Name	First	MI	Contribution ID #
Hanson	Elizabeth		2522

Residential Street Address	City	State	Zip Code
90 Saint Johns Rd	Ridgefield	CT	06877-5539

Principal Occupation	Name of Employer
Retired	Not Employed

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

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

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

Amount of Contribution: $10.53

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

If yes, list Event #

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

Date Received: 07/09/2026

Aggregate Contributions: $114.48

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Steinert	Sylvia		2497

Residential Street Address	City	State	Zip Code
26 Barlow Mountain Rd	Ridgefield	CT	06877-2416

Principal Occupation	Name of Employer
Psychoanalyst	Self Employed

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

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

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

Amount of Contribution: $103.45

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

If yes, list Event # 07092026a

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

Date Received: 07/09/2026

Aggregate Contributions: $103.45

Last Name	First	MI	Contribution ID #
Mitchell	Jeffrey	S	2511

Residential Street Address	City	State	Zip Code
54 Easton Rd	Westport	CT	06880-2216

Principal Occupation	Name of Employer
Board Member	Town of Westport

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: $100.00

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

If yes, list Event # 07092026a

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

Date Received: 07/09/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Skor	Stephen		2488

Residential Street Address	City	State	Zip Code
4 Jason Ct	Brookfield	CT	06804-3034

Principal Occupation	Name of Employer
Attorney	Self Employed

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

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

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

Amount of Contribution: $250.00

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

If yes, list Event # 07092026a

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

Date Received: 07/09/2026

Aggregate Contributions: $275.00

Last Name	First	MI	Contribution ID #
Alcan	Lauren		2534

Residential Street Address	City	State	Zip Code
120 Prospect St Apt 59	Ridgefield	CT	06877-4649

Principal Occupation	Name of Employer
Field Coordinator	Ridgefield Democratic Town Committee

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: $100.00

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

If yes, list Event # 07092026a

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

Date Received: 07/09/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Miller-Murphy	Chaplain Rich		2535

Residential Street Address	City	State	Zip Code
PO Box 1537	Litchfield	CT	06759-1537

Principal Occupation	Name of Employer
Chaplain	Yale-New Haven Health System

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: $155.08

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

If yes, list Event # 07092026a

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

Date Received: 07/09/2026

Aggregate Contributions: $155.08

Last Name	First	MI	Contribution ID #
Reiner	David	L	2540

Residential Street Address	City	State	Zip Code
15 Fairview Ave	Ridgefield	CT	06877-4414

Principal Occupation	Name of Employer
Clergy	Congregation Shir Shalom

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: $60.00

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

If yes, list Event # 07092026a

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

Date Received: 07/09/2026

Aggregate Contributions: $60.00

Last Name	First	MI	Contribution ID #
Glass	Sean		2529

Residential Street Address	City	State	Zip Code
3 Hackett Cir W	Stamford	CT	06906-1913

Principal Occupation	Name of Employer
Barista	Starbucks

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 07/10/2026

Aggregate Contributions: $30.00

Last Name	First	MI	Contribution ID #
Burd	Russell		2530

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

Principal Occupation	Name of Employer
Security Guard	Securitas

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 07/10/2026

Aggregate Contributions: $20.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Syharat	Constance		2505

Residential Street Address	City	State	Zip Code
74 Sawmill Brook Ln	Mansfield Center	CT	06250-1636

Principal Occupation	Name of Employer
Assistant Research Professor	University of Connecticut

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

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

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

Amount of Contribution: $51.83

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

If yes, list Event #:

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

Date Received: 07/10/2026

Aggregate Contributions: $51.83

Last Name	First	MI	Contribution ID #
Gaffey	Michael		2459

Residential Street Address	City	State	Zip Code
6 Wolcott Ln	Old Lyme	CT	06371-1147

Principal Occupation	Name of Employer
Retired	Not Employed

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #:

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

Date Received: 07/10/2026

Aggregate Contributions: $130.00

Last Name	First	MI	Contribution ID #
Alston	Michael		2516

Residential Street Address	City	State	Zip Code
25 Eagle Meadow Rd	Madison	CT	06443-8123

Principal Occupation	Name of Employer
Retired	Not Employed

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #:

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

Date Received: 07/11/2026

Aggregate Contributions: $70.00

Last Name	First	MI	Contribution ID #
LaMarche	Ron		2526

Residential Street Address	City	State	Zip Code
100 Wells St Apt 515	Hartford	CT	06103-2919

Principal Occupation	Name of Employer
Retired	Not Employed

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 07/11/2026

Aggregate Contributions: $73.03

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Summers	Pamm		2451

Residential Street Address	City	State	Zip Code
105 Nagy Rd	Ashford	CT	06278-2329

Principal Occupation	Name of Employer
Retired	Not Employed

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

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

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

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
07/11/2026	$41.00	$8.00

Last Name	First	MI	Contribution ID #
Mudge	Grant		2452

Residential Street Address	City	State	Zip Code
340 Parker Hill Rd	Norfolk	CT	06058-5300

Principal Occupation	Name of Employer
Retired	Not Employed

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

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

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

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
07/11/2026	$185.30	$8.00

Last Name	First	MI	Contribution ID #
McDermott	Virginia		2472

Residential Street Address	City	State	Zip Code
2 Melbourne Ct	Naugatuck	CT	06770-3729

Principal Occupation	Name of Employer
Retired	Not Employed

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

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

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

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
07/11/2026	$45.00	$25.00

Last Name	First	MI	Contribution ID #
Collin	Joanne	C	2454

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

Principal Occupation	Name of Employer
Retired	Not Employed

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

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

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

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
07/12/2026	$362.05	$10.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
McCain	Diana		2467

Residential Street Address	City	State	Zip Code
262 Skeet Club Rd	Durham	CT	06422-1016

Principal Occupation	Name of Employer
Independent Historian	Self Employed

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received	Aggregate Contributions
07/12/2026	$225.00

Last Name	First	MI	Contribution ID #
Hunt	William	E	2527

Residential Street Address	City	State	Zip Code
2210 Ashlar Vlg	Wallingford	CT	06492-3077

Principal Occupation	Name of Employer
Executive	Discount Trophy & Co., Inc.

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

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

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

Amount of Contribution: $26.01

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
07/12/2026	$206.06

Last Name	First	MI	Contribution ID #
Grace	Sharon		2490

Residential Street Address	City	State	Zip Code
44 Boulder Brook Rd	Wilton	CT	06897-1518

Principal Occupation	Name of Employer
Secretary	Division of Public Defender Services

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

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

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

Amount of Contribution: $10.53

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

If yes, list Event #:

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

Date Received	Aggregate Contributions
07/12/2026	$21.06

Last Name	First	MI	Contribution ID #
McManus	Tom		2506

Residential Street Address	City	State	Zip Code
310 West Ln	Ridgefield	CT	06877-5323

Principal Occupation	Name of Employer
Retired	Not Employed

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

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

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

Amount of Contribution: $250.00

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

If yes, list Event #:

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

Date Received	Aggregate Contributions
07/12/2026	$250.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Keady	Monica		2524

Residential Street Address	City	State	Zip Code
3 Hillside Ct	Darien	CT	06820-5016

Principal Occupation	Name of Employer
Teacher	Darien YMCA

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #:

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

Date Received: 07/12/2026

Aggregate Contributions: $100.40

Last Name	First	MI	Contribution ID #
Schlegel	Patricia		2536

Residential Street Address	City	State	Zip Code
19 Douglas Dr	Norwalk	CT	06850-1701

Principal Occupation	Name of Employer
Substitute Teacher	ESS

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

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

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

Amount of Contribution: $258.32

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

If yes, list Event #:

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

Date Received: 07/13/2026

Aggregate Contributions: $258.32

Last Name	First	MI	Contribution ID #
Van Voorhees	Roger		2515

Residential Street Address	City	State	Zip Code
46 Parkway	Fairfield	CT	06824-5904

Principal Occupation	Name of Employer
Executive	Grupo Noboa, Inc.

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 07/14/2026

Aggregate Contributions: $500.00

Last Name	First	MI	Contribution ID #
Boughton	Mark		2507

Residential Street Address	City	State	Zip Code
41 Tamarack Ave	Danbury	CT	06811-4948

Principal Occupation	Name of Employer
Commissioner DRS	State of Connecticut

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 07/14/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Kenney	Patricia		2485

Residential Street Address	City	State	Zip Code
93 Orchard St	Meriden	CT	06450-3453

Principal Occupation	Name of Employer
Retired	Not Employed

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

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

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

Amount of Contribution: $8.00

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

If yes, list Event #:

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

Date Received: 07/14/2026

Aggregate Contributions: $16.00

Last Name	First	MI	Contribution ID #
Kocum	Eileen		2469

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

Principal Occupation	Name of Employer
Retired	Not Employed

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

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

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

Amount of Contribution: $5.36

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

If yes, list Event #:

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

Date Received: 07/15/2026

Aggregate Contributions: $166.63

Last Name	First	MI	Contribution ID #
Konandreas	Lukas		2470

Residential Street Address	City	State	Zip Code
34 Konandreas Dr	Stamford	CT	06903-2100

Principal Occupation	Name of Employer
Physician	Doctors Center

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

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

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

Amount of Contribution: $8.00

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

If yes, list Event #:

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

Date Received: 07/15/2026

Aggregate Contributions: $140.24

Last Name	First	MI	Contribution ID #
Hoxie	Gail		2495

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

Principal Occupation	Name of Employer
Retired	Not Employed

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 07/15/2026

Aggregate Contributions: $75.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT: First Weekly Supplemental Filing Primary - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Zhu	Jian	M	2517

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

Principal Occupation	Name of Employer
Assistant Accountant	Naugatuck Valley Community College

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

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

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

Amount of Contribution: $5.36

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

If yes, list Event #:

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

Date Received: 07/15/2026

Aggregate Contributions: $10.36

Last Name	First	MI	Contribution ID #
Collin	Joanne	C	2498

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

Principal Occupation	Name of Employer
Retired	Not Employed

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

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

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

Amount of Contribution: $15.69

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

If yes, list Event #:

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

Date Received: 07/15/2026

Aggregate Contributions: $377.74

Last Name	First	MI	Contribution ID #
Moran	Antonia	C	2512

Residential Street Address	City	State	Zip Code
778 Mansfield City Rd	Storrs	CT	06268-2737

Principal Occupation	Name of Employer
Retired	Not Employed

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #:

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

Date Received: 07/16/2026

Aggregate Contributions: $60.00

Last Name	First	MI	Contribution ID #
Armentano	Phillip		2508

Residential Street Address	City	State	Zip Code
12 Charnley Rd	Enfield	CT	06082-4817

Principal Occupation	Name of Employer
Retired	Not Employed

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

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

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

Amount of Contribution: $51.83

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

If yes, list Event #:

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

Date Received: 07/16/2026

Aggregate Contributions: $51.83

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Armentano	Kathleen		2509

Residential Street Address	City	State	Zip Code
12 Charnley Rd	Enfield	CT	06082-4817

Principal Occupation	Name of Employer
Retired	Not Employed

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

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

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

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
07/16/2026	$51.83	$51.83

Last Name	First	MI	Contribution ID #
Cafferelli	Bryan		2480

Residential Street Address	City	State	Zip Code
90 Mountain Rd	West Hartford	CT	06107-2920

Principal Occupation	Name of Employer
Attorney	State of Connecticut

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

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

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

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
07/16/2026	$100.00	$100.00

Last Name	First	MI	Contribution ID #
Ritter	Anne		2519

Residential Street Address	City	State	Zip Code
126 Terry Rd	Hartford	CT	06105-1111

Principal Occupation	Name of Employer
Retired	Not Employed

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

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

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

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
07/16/2026	$70.00	$10.00

Last Name	First	MI	Contribution ID #
Nocera	Gene		2531

Residential Street Address	City	State	Zip Code
64 Reservoir Rd	Middletown	CT	06457-4819

Principal Occupation	Name of Employer
Mayor	City of Middletown

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

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

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

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
07/17/2026	$103.66	$51.83

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Hsu	Jason		2465

Residential Street Address	City	State	Zip Code
13617 Chevy Chase Ln	Chantilly	VA	20151-3374

Principal Occupation	Name of Employer
Technician	Washington Metropolitan Area Transit Authority

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: $6.00

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

If yes, list Event #:

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

Date Received: 07/17/2026

Aggregate Contributions: $58.53

Last Name	First	MI	Contribution ID #
Iorfino	Anthony		2468

Residential Street Address	City	State	Zip Code
117 Cavalry Rd	Wilton	CT	06897-3636

Principal Occupation	Name of Employer
Not Employed	Not Employed

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

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

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

Amount of Contribution: $26.01

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

If yes, list Event #:

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

Date Received: 07/18/2026

Aggregate Contributions: $26.01

Last Name	First	MI	Contribution ID #
Engelmann	Carol		2457

Residential Street Address	City	State	Zip Code
411 Broad St	Windsor	CT	06095-3031

Principal Occupation	Name of Employer
Retired	Not Employed

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #:

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

Date Received: 07/18/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Domijan	Lorraine		2458

Residential Street Address	City	State	Zip Code
47 Stuart Ave	New London	CT	06320-2800

Principal Occupation	Name of Employer
Retired	Not Employed

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #:

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

Date Received: 07/18/2026

Aggregate Contributions: $25.36

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Gervasi	Edward		2493

Residential Street Address	City	State	Zip Code
351 Old Post Rd	Tolland	CT	06084-3309

Principal Occupation	Name of Employer
Retired	Not Employed

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

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

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

Amount of Contribution: $10.53

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

If yes, list Event #

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

Date Received: 07/18/2026

Aggregate Contributions: $193.52

Last Name	First	MI	Contribution ID #
Gervasi	Edward		2494

Residential Street Address	City	State	Zip Code
351 Old Post Rd	Tolland	CT	06084-3309

Principal Occupation	Name of Employer
Retired	Not Employed

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

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

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

Amount of Contribution: $10.53

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

If yes, list Event #

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

Date Received: 07/18/2026

Aggregate Contributions: $193.52

Last Name	First	MI	Contribution ID #
McShane	Carol		2491

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

Principal Occupation	Name of Employer
Retired	Not Employed

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #

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

Date Received: 07/18/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Hansen	Martha		2487

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

Principal Occupation	Name of Employer
Administrative Assistant	Town of Old Lyme

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #

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

Date Received: 07/18/2026

Aggregate Contributions: $153.71

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Ostapchuk	Elizabeth		2514

Residential Street Address	City	State	Zip Code
24 Forest St	New Britain	CT	06052-1425

Principal Occupation	Name of Employer
Retired	Not Employed

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

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

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

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
07/18/2026	$10.53	$10.53

Last Name	First	MI	Contribution ID #
Wolfe	Barbara		2528

Residential Street Address	City	State	Zip Code
636 Old Main St	Rocky Hill	CT	06067-1514

Principal Occupation	Name of Employer
Academic Tutor	Meriden Board of Education

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

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

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

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
07/18/2026	$26.01	$26.01

Last Name	First	MI	Contribution ID #
Riley	Kevin		2537

Residential Street Address	City	State	Zip Code
336 S Center St	Windsor Locks	CT	06096-2826

Principal Occupation	Name of Employer
Tech Rep	Not Employed

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

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

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

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
07/18/2026	$10.00	$10.00

Last Name	First	MI	Contribution ID #
Phoenix	Robert		2538

Residential Street Address	City	State	Zip Code
302 Old Canterbury Tpke	Norwich	CT	06360-1358

Principal Occupation	Name of Employer
Retired	Not Employed

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

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

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

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
07/18/2026	$51.83	$51.83

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Hoffmann	Eva		2486

Residential Street Address	City	State	Zip Code
11 Regency Cir	Trumbull	CT	06611-1391

Principal Occupation	Name of Employer
Retired	Not Employed

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #:

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

Date Received: 07/19/2026

Aggregate Contributions: $85.00

Last Name	First	MI	Contribution ID #
Gustafson	Guy		2474

Residential Street Address	City	State	Zip Code
17 P T Barnum Sq	Bethel	CT	06801-1838

Principal Occupation	Name of Employer
Shift Supervisor	CVS

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 07/19/2026

Aggregate Contributions: $395.00

Last Name	First	MI	Contribution ID #
Gustafson	Guy		2475

Residential Street Address	City	State	Zip Code
17 P T Barnum Sq	Bethel	CT	06801-1838

Principal Occupation	Name of Employer
Shift Supervisor	CVS

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 07/19/2026

Aggregate Contributions: $395.00

Last Name	First	MI	Contribution ID #
Bass	Tracey		2484

Residential Street Address	City	State	Zip Code
47	Stamford	CT	06902

Principal Occupation	Name of Employer
Retired	Not Employed

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

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

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

Amount of Contribution: $5.36

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

If yes, list Event #:

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

Date Received: 07/20/2026

Aggregate Contributions: $10.72

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Austad	Carol		2481

Residential Street Address	City	State	Zip Code
38 Wellington St	New Britain	CT	06053-3240

Principal Occupation	Name of Employer
Retired	Not Employed

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #:

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

Date Received: 07/20/2026

Aggregate Contributions: $85.36

Last Name	First	MI	Contribution ID #
Portelance	Judith		2523

Residential Street Address	City	State	Zip Code
10 Dukinfield Dr	Norwich	CT	06360-4013

Principal Occupation	Name of Employer
Retired	Not Employed

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #:

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

Date Received: 07/20/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Swenson	Carol		2518

Residential Street Address	City	State	Zip Code
108 Cedar Woods Ln	Fairfield	CT	06825-1308

Principal Occupation	Name of Employer
Psychologist	Self Employed

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

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

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

Amount of Contribution: $15.00

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

If yes, list Event #:

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

Date Received: 07/20/2026

Aggregate Contributions: $210.00

Last Name	First	MI	Contribution ID #
Schmid	Gary		2513

Residential Street Address	City	State	Zip Code
55 Route 27	Mystic	CT	06355-1225

Principal Occupation	Name of Employer
Retired	Not Employed

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

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

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

Amount of Contribution: $8.00

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

If yes, list Event #:

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

Date Received: 07/20/2026

Aggregate Contributions: $64.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Hotaling	Robert		2510

Residential Street Address	City	State	Zip Code
100 Scenic Ct	Cheshire	CT	06410-2315

Principal Occupation	Name of Employer
Advisor	State of Connecticut

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

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

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

Amount of Contribution: $500.00

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

If yes, list Event #:

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

Date Received	Aggregate Contributions
07/20/2026	$500.00

Last Name	First	MI	Contribution ID #
Hardin	Kay	J	2496

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

Principal Occupation	Name of Employer
Retired	Not Employed

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

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

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

Amount of Contribution: $15.00

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

If yes, list Event #:

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

Date Received	Aggregate Contributions
07/21/2026	$135.00

Last Name	First	MI	Contribution ID #
Levine	Dorothy		2473

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

Principal Occupation	Name of Employer
Physician	Self Employed

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

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

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

Amount of Contribution: $15.69

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

If yes, list Event #:

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

Date Received	Aggregate Contributions
07/21/2026	$94.14

Last Name	First	MI	Contribution ID #
Uberti	Karen		2539

Residential Street Address	City	State	Zip Code
892 Townsend Ave	New Haven	CT	06512-1971

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $10.53

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

If yes, list Event #:

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

Date Received	Aggregate Contributions
07/21/2026	$10.53

Total of Section B	**$11,783.30**
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Total on Line 14, Column A of Summary Page)*	**$11,783.30**

I. MONETARY RECEIPTS (Section A-I)

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

C1. Contributions from Other Committees

Name of Committee			Name of Treasurer	
Address			Is this contribution associated with an event reported in Section J1? Yes No If yes, list Event #	Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions

Total of Section C1	

I. MONETARY RECEIPTS (Section A-I)

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

C2. Reimbursements or Surplus Distributions from other Committees

Name of Committee			Name of Treasurer	
Address			Date Received	Amount of Receipt
City	State	Zip Code	Payment Type Reimbursement for shared expense Surplus distribution from exploratory committee	
Expenditure #	Description			

Total of Section C2	

I. MONETARY RECEIPTS (Section A-I)

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

D. Loans Received this Period

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

I. MONETARY RECEIPTS (Section A-I)

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

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

Date of Receipt	Method of Payment	Amount
07/10/2026	☐ Cash ☐ Personal Check ☒ Credit/Debit Card	$6,000,000.00
	Total of Section E	**$6,000,000.00**

I. Monetary Receipts (Section A-I)

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

G. Interest from Deposits in Authorized Accounts

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

I. MONETARY RECEIPTS (Section A-I)

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

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

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

I. MONETARY RECEIPTS (Section A-I)

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

I. Miscellaneous Monetary Receipts not Considered Contributions

Name	Date of Transaction	Amount Received
Fantastik Home Improvemen	07/01/2026	

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

Description: Void of 6/6/26 Cleaning Services — $638.10

Name	Date of Transaction	Amount Received
Middletown Pride	07/01/2026	

Street Address	City	State	Zip Code
343 Main St	Middletown	CT	06457-3309

Description: Void of 6/4 Event Sponsorship — $1,000.00

Name	Date of Transaction	Amount Received
The Waterbury Observer	07/01/2026	

Street Address	City	State	Zip Code
PO Box 910	Waterbury	CT	06720-0910

Description: Void of 6/8/26 Print Advertising — $585.00

Name	Date of Transaction	Amount Received
Frank Pepe Pizza	07/03/2026	

Street Address	City	State	Zip Code
163 Wooster St	New Haven	CT	06511-5709

Description: Refund from Vendor — $158.88

Name	Date of Transaction	Amount Received
Mastercard Easy Savings	07/06/2026	

Street Address	City	State	Zip Code
2000 Purchase St	Purchase	NY	10577-2405

Description: Rebate — $8.72

I. MONETARY RECEIPTS (Section A-I)

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

I. Miscellaneous Monetary Receipts not Considered Contributions

Name	Date of Transaction	Amount Received
Amazon	07/10/2026	

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

Description: Refund from Vendor — $91.33

Name	Date of Transaction	Amount Received
The Home Depot	07/15/2026	

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

Description: Refund from Vendor — $22.30

Total of Section I	**$2,504.33**

II. EVENT ACTIVITY (Sections J1 - J4)

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

J1. Event Information

Event # / Date of Event	Letter	Description	Was this a fundraising event?
07/09/2026	a	Meet and Greet Event	[X] Yes [ ] No

Location: Street Address	City	State	Zip Code
316 Main St	Ridgefield	CT	06877-4628

Was this event hosted at a personal residence? [ ] Yes [X] No — if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations.

Did this fundraiser include items donated by a business entity of up to $200 or items donated by an individual of up to $100? [ ] Yes [X] No — If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.

Subpart 1:
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to $100? [ ] Yes [X] No — (If yes, enter Total Receipts here.) $0.00

Total of Section J1	$0.00

II.EVENT ACTIVITY (Sections J1 - J4)

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

J3. In-Kind Donations Not Considered Contributions

Name of the Donor			
Street Address	City	State	Zip Code

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

Total of Section J3	

II.EVENT ACTIVITY (Sections J1 - J4)

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

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

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

Description of Donation			Fair Market Value of Donation
Event #	Aggregate value of this Event - all hosts	Aggregate value of all Events - this host/candidate	

Total of Section J4	

III. NONMONETARY RECEIPTS (Sections K - L)

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

K. In-Kind Contributions

Name

Street Address | City | State | Zip Code

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

If yes, list Event#

Description of In-Kind Contribution

Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes / No

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

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

Fair Market Value of this Contribution

Type of Contributor: Individual / Committee / Sole Proprietorship

Date Received

Aggregate contributions

Total of Section K

III. Non Monetary Receipts (Sections K - L)

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

L. Refundable Deposit to Telephone Company

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

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

Name of Telephone company

Street Address | City | State | Zip Code

Total of Section L

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
AM Coffee & Co.	07/01/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
220 Main St S	Southbury	CT	06488-2275

Purpose of Expendit	Description	Amount
FOOD	Event Catering	$222.79

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

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Amazon	07/01/2026	☐ Check # ☒ Debit Card ☐ EFT

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

Purpose of Expendit	Description	Amount
OFFICE	Office Supplies	$29.24

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

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Amazon	07/01/2026	☐ Check # ☒ Debit Card ☐ EFT

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

Purpose of Expendit	Description	Amount
OFFICE	Office Supplies	$37.81

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

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
DoorDash	07/01/2026	[ ] Check # [X] Debit Card [ ] EFT

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

Purpose of Expendit	Description	Amount
FOOD	Meals	

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			$49.19

Name of Payee	Date of Payment	Method of Payment
John Cattan	07/01/2026	[ ] Check # [ ] Debit Card [X] EFT

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

Purpose of Expendit	Description	Amount
RMB	Office Supplies Reimbursement - See Below if Itemized	

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			$169.18

Name of Payee	Date of Payment	Method of Payment
Fantastik Home Improvement	07/01/2026	[X] Check # 126 [ ] Debit Card [ ] EFT

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

Purpose of Expendit	Description	Amount
OFFICE	Cleaning Services	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1,169.85

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Frank Pepe Pizza	07/01/2026	[ ] Check # [x] Debit Card [ ] EFT

Street Address	City	State	Zip Code
163 Wooster St	New Haven	CT	06511-5709

Purpose of Expendit	Description	Amount
FOOD	Event Catering	$865.93

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

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Middletown Pride	07/01/2026	[x] Check # 124 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
343 Main St	Middletown	CT	06457-3309

Purpose of Expendit	Description	Amount
CHAR	Recut of 6/4 Event Sponsorship	$1,000.00

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

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Taino Smokehouse Prime	07/01/2026	[ ] Check # [x] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1388 E Main St	Meriden	CT	06450-4865

Purpose of Expendit	Description	Amount
FOOD	Event Catering	$644.10

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

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
SKDKnickerbocker	07/01/2026	[ ] Check # [ ] Debit Card [X] EFT

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

Purpose of Expendit	Description	Amount
A-TV	Ad Buy	$287,617.69

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

Expenditure # (if applicable):
Event #:

Name of Payee	Date of Payment	Method of Payment
The Waterbury Observer	07/01/2026	[X] Check # 125 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
PO Box 910	Waterbury	CT	06720-0910

Purpose of Expendit	Description	Amount
A-NEWS	Recut of 6/8 Print Advertising	$585.00

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

Expenditure # (if applicable):
Event #:

Name of Payee	Date of Payment	Method of Payment
Primo Brands Corporation	07/02/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
900 Long Ridge Rd Bldg 2	Stamford	CT	06902-1140

Purpose of Expendit	Description	Amount
OFFICE	Office Supplies	$12.75

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

Expenditure # (if applicable):
Event #:

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Scale to Win	07/02/2026	☐ Check # ☒ Debit Card ☐ EFT

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

Purpose of Expendit	Description	Amount
A-OTH	Software Subscription	$1,442.00

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

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
LAZParking	07/02/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
1 Financial Plz Fl 14	Hartford	CT	06103-2601

Purpose of Expendit	Description	Amount
TRVL	Parking	$1,494.00

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

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Berkshire Hathaway Home Service NEP	07/02/2026	☒ Check # 127 ☐ Debit Card ☐ EFT

Street Address	City	State	Zip Code
35 Thorpe Ave Ste 201	Wallingford	CT	06492-1943

Purpose of Expendit	Description	Amount
OVHD	Office Space	$5,200.00

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

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Break Something Inc.	07/02/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1802 Vernon St NW # 562	Washington	DC	20009-1217

Purpose of Expendit	Description	Amount
CNSLT	Digital Fundraising Consulting & Website Hosting	$6,150.00

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

Name of Payee	Date of Payment	Method of Payment
Break Something Inc.	07/03/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1802 Vernon St NW # 562	Washington	DC	20009-1217

Purpose of Expendit	Description	Amount
A-OTH	Texting Services	$1,695.66

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

Name of Payee	Date of Payment	Method of Payment
Bonterra	07/03/2026	☐ Check # ☐ Debit Card ☒ EFT

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

Purpose of Expendit	Description	Amount
CCP	Credit Card Processing Fee	$14.43

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

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Elias Law Group	07/03/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
10 G St NE Ste 600	Washington	DC	20002-4253

Purpose of Expendit	Description	Amount
CNSLT	Legal Services	$14,033.50

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

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Scale to Win	07/03/2026	☐ Check # ☒ Debit Card ☐ EFT

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

Purpose of Expendit	Description	Amount
A-OTH	Software Subscription	$1,090.06

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

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
MBA Consulting Group	07/03/2026	☐ Check # ☐ Debit Card ☒ EFT

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

Purpose of Expendit	Description	Amount
CNSLT	Compliance Services	$9,200.00

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

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Walmart	07/03/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
255 W Main St Ste 1	Avon	CT	06001-4352

Purpose of Expendit	Description	Amount
OFFICE	Office Supplies	$53.46

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

Name of Payee	Date of Payment	Method of Payment
Walmart	07/03/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
255 W Main St Ste 1	Avon	CT	06001-4352

Purpose of Expendit	Description	Amount
OFFICE	Office Supplies	$64.18

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

Name of Payee	Date of Payment	Method of Payment
Robert Zapor	07/06/2026	☐ Check # ☐ Debit Card ☒ EFT

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

Purpose of Expendit	Description	Amount
RMB	Mileage	$821.45

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

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
SKDKnickerbocker	07/06/2026	☐ Check # ☐ Debit Card ☒ EFT

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

Purpose of Expendit	Description	Amount
A-TV	Ad Buy	$420,924.25

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

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Bonterra	07/06/2026	☐ Check # ☐ Debit Card ☒ EFT

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

Purpose of Expendit	Description	Amount
CCP	Credit Card Processing Fee	$13.50

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

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Canva	07/06/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
3212 E Cesar Chavez St Bldg 1	Austin	TX	78702-4938

Purpose of Expendit	Description	Amount
OFFICE	Software Subscription	$202.00

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

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Amazon	07/06/2026	☐ Check # ☒ Debit Card ☐ EFT

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

Purpose of Expendit	Description	Amount
OFFICE	Office Supplies	$61.96

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

Name of Payee	Date of Payment	Method of Payment
Anthropic	07/06/2026	☐ Check # ☒ Debit Card ☐ EFT

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

Purpose of Expendit	Description	Amount
OFFICE	Software Subscription	$21.27

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

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

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

Purpose of Expendit	Description	Amount
OFFICE	Office Supplies	$114.07

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

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

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

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

Purpose of Expendit	Description	Amount
OFFICE	Office Supplies	$54.49

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

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

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

Purpose of Expendit	Description	Amount
CCP	Credit Card Processing Fee	$1.63

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

Name of Payee	Date of Payment	Method of Payment
El Sol News	07/07/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
17 Relay Pl	Stamford	CT	06901-2821

Purpose of Expendit	Description	Amount
A-NEWS	Print Advertising	$500.00

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

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

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

Street Address	City	State	Zip Code
PO Box 9584	New York	NY	10087-4584

Purpose of Expendit	Description	Amount
OVHD	Software Subscription	$398.95

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

Name of Payee	Date of Payment	Method of Payment
Habitat for Humanity of North Central Connecticut	07/07/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
780 Windsor St	Hartford	CT	06120-1920

Purpose of Expendit	Description	Amount
CHAR	Charitable Contribution	$127.62

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

Name of Payee	Date of Payment	Method of Payment
White Eagle Media	07/07/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
55 Broad St	New Britain	CT	06053-4312

Purpose of Expendit	Description	Amount
A-NEWS	Print Advertising	$990.00

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

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Voter Contact Organizing	07/07/2026	☐ Check # ☐ Debit Card ☒ EFT

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

Purpose of Expendit	Description	Amount
CNSLT	GOTV Consulting	$50,000.00

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

Name of Payee	Date of Payment	Method of Payment
UnitedHealthcare	07/08/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
PO Box 94017	Palatine	IL	60094-4017

Purpose of Expendit	Description	Amount
OVHD	Health Insurance	$11,702.13

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

Name of Payee	Date of Payment	Method of Payment
The Home Depot	07/08/2026	☐ Check # ☒ Debit Card ☐ EFT

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

Purpose of Expendit	Description	Amount
OFFICE	Office Supplies	$110.86

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

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
The Home Depot	07/08/2026	☐ Check # ☒ Debit Card ☐ EFT

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

Purpose of Expendit	Description	Amount
OFFICE	Office Supplies	$16.56

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

Name of Payee	Date of Payment	Method of Payment
Parkville Market	07/08/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
1400 Park St	Hartford	CT	06106-2209

Purpose of Expendit	Description	Amount
FOOD	Event Space	$1,500.00

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

Name of Payee	Date of Payment	Method of Payment
Joseph Jones	07/08/2026	☒ Check # 128 ☐ Debit Card ☐ EFT

Street Address	City	State	Zip Code
26 Sleeping Giant Dr	Hamden	CT	06518-2121

Purpose of Expendit	Description	Amount
OFFICE	Cleaning Services	$85.08

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

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
La Voz Hispana de Connecticut	07/08/2026	[X] Check # 130 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
51 Elm St Ste 307	New Haven	CT	06510-2049

Purpose of Expendit	Description	Amount
A-NEWS	Print Advertising	$11,655.00

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

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Danbury Democratic Town Committee	07/08/2026	[X] Check # 161 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
161 Main St	Danbury	CT	06810-7854

Purpose of Expendit	Description	Amount
OVHD	Office Space	$3,800.00

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

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Bonterra	07/08/2026	[ ] Check # [ ] Debit Card [X] EFT

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

Purpose of Expendit	Description	Amount
CCP	Credit Card Processing Fee	$8.09

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

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
30 Arbor Street LLC	07/08/2026	[X] Check # 129 [ ] Debit Card [ ] EFT

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

Purpose of Expendit	Description	Amount
OVHD	Office Space	

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			$6,250.00

Name of Payee	Date of Payment	Method of Payment
Bonterra	07/09/2026	[ ] Check # [ ] Debit Card [X] EFT

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

Purpose of Expendit	Description	Amount
CCP	Credit Card Processing Fee	

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			$48.76

Name of Payee	Date of Payment	Method of Payment
Country Diner	07/09/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
111 Hazard Ave	Enfield	CT	06082-4590

Purpose of Expendit	Description	Amount
FOOD	Event Catering	

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			$286.61

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
The Home Depot	07/09/2026	☐ Check # ☒ Debit Card ☐ EFT

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

Purpose of Expendit	Description	Amount
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 N			$1,008.46

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

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

Purpose of Expendit	Description	Amount
A-TV	Ad Buy	

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			$426,884.80

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

Street Address	City	State	Zip Code
900 Long Ridge Rd Bldg 2	Stamford	CT	06902-1140

Purpose of Expendit	Description	Amount
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 N			$62.44

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

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

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

Purpose of Expendit	Description	Amount
CNSLT	GOTV Consulting	$175,000.00

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

Name of Payee	Date of Payment	Method of Payment
Deliver Strategies, LLC	07/10/2026	☐ Check # ☐ Debit Card ☒ EFT

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

Purpose of Expendit	Description	Amount
PRNT	Printing	$28,711.27

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

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

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

Purpose of Expendit	Description	Amount
CCP	Credit Card Processing Fee	$17.10

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

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Budget Printing	07/10/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1718 Park St	Hartford	CT	06106-2132

Purpose of Expendit	Description	Amount
PRNT	Printing	

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			$1,296.44

Name of Payee	Date of Payment	Method of Payment
Campos Hampton	07/10/2026	[ ] Check # [ ] Debit Card [X] EFT

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

Purpose of Expendit	Description	Amount
CNSLT	GOTV 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			$30,000.00

Name of Payee	Date of Payment	Method of Payment
Amazon	07/10/2026	[ ] Check # [X] Debit Card [ ] EFT

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

Purpose of Expendit	Description	Amount
OFFICE	Office Supplies	

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			$91.33

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Amazon	07/13/2026	[ ] Check # [x] Debit Card [ ] EFT

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

Purpose of Expendit	Description	Amount
OFFICE	Office Supplies	$145.19

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

Name of Payee	Date of Payment	Method of Payment
Amazon	07/13/2026	[ ] Check # [x] Debit Card [ ] EFT

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

Purpose of Expendit	Description	Amount
OFFICE	Office Supplies	$313.43

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

Name of Payee	Date of Payment	Method of Payment
45 on Main	07/13/2026	[ ] Check # [x] Debit Card [ ] EFT

Street Address	City	State	Zip Code
45 N Main St	Kent	CT	06757-1513

Purpose of Expendit	Description	Amount
TRVL	Parking	$51.96

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

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Bonterra	07/13/2026	[ ] Check # [ ] Debit Card [X] EFT

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

Purpose of Expendit	Description	Amount
CCP	Credit Card Processing Fee	$165.94

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

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
DoorDash	07/13/2026	[ ] Check # [X] Debit Card [ ] EFT

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

Purpose of Expendit	Description	Amount
FOOD	Meals	$266.63

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

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Hartford's Proud Drill Drum + Dance Corp	07/13/2026	[X] Check # 162 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
54 Burton St	Hartford	CT	06112-2317

Purpose of Expendit	Description	Amount
ATT *	Event Access	$2,000.00

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

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
NEC Properties, LLC	07/13/2026	[X] Check # 163 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
30 Stone Hill Rd	Woodstock	CT	06281-3045

Purpose of Expendit	Description	Amount
OVHD	Office Space	

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			$4,050.00

Name of Payee	Date of Payment	Method of Payment
Staples	07/13/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
80 Boston Post Rd	Orange	CT	06477-3219

Purpose of Expendit	Description	Amount
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			$377.41

Name of Payee	Date of Payment	Method of Payment
The Home Depot	07/13/2026	[ ] Check # [X] Debit Card [ ] EFT

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

Purpose of Expendit	Description	Amount
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			$43.54

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
The Home Depot	07/14/2026	☐ Check # ☒ Debit Card ☐ EFT

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

Purpose of Expendit	Description	Amount
OFFICE	Office Supplies	$307.35

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

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
The Home Depot	07/14/2026	☐ Check # ☒ Debit Card ☐ EFT

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

Purpose of Expendit	Description	Amount
OFFICE	Office Supplies	$63.79

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

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Network Solutions, LLC	07/14/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
5335 Gate Pkwy	Jacksonville	FL	32256-3070

Purpose of Expendit	Description	Amount
WEB	Web Hosting	$2.75

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

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Peter Hinkle	07/14/2026	☐ Check # ☐ Debit Card ☒ EFT

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

Purpose of Expendit	Description	Amount
RMB	Mileage	$67.20

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

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
DoorDash	07/14/2026	☐ Check # ☒ Debit Card ☐ EFT

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

Purpose of Expendit	Description	Amount
FOOD	Meals	$83.36

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

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Bonterra	07/14/2026	☐ Check # ☐ Debit Card ☒ EFT

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

Purpose of Expendit	Description	Amount
CCP	Credit Card Processing Fee	$2.19

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

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Dennis Carnelli	07/14/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
11 E Bearhouse Hill Rd	Guilford	CT	06437-4709

Purpose of Expendit	Description	Amount
CNSLT	Compliance Services	$5,000.00

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

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
1315 Whalley, LLC	07/14/2026	☐ Check # ☐ Debit Card ☒ EFT

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

Purpose of Expendit	Description	Amount
OVHD	Office Space	$7,632.66

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

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Amazon	07/14/2026	☐ Check # ☒ Debit Card ☐ EFT

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

Purpose of Expendit	Description	Amount
OFFICE	Office Supplies	$348.18

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

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Mohammed Ahmed	07/15/2026	[X] Check # 166 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
90 Waverly Dr	Newington	CT	06111-4645

Purpose of Expendit	Description	Amount
REF	Contribution Refund	$150.00

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

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
B&H Photo	07/15/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
420 9th Ave	New York	NY	10001-1614

Purpose of Expendit	Description	Amount
A-OTH	Photography	$796.56

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

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Diana Bowes	07/15/2026	[X] Check # 172 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
21 Broadview Rd	Westport	CT	06880-2303

Purpose of Expendit	Description	Amount
REF	Contribution Refund	$114.15

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

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Bonterra	07/15/2026	☐ Check # ☐ Debit Card ☒ EFT

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

Purpose of Expendit	Description	Amount
CCP	Credit Card Processing Fee	$12.82

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

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
DoorDash	07/15/2026	☐ Check # ☒ Debit Card ☐ EFT

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

Purpose of Expendit	Description	Amount
FOOD	Meals	$109.90

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

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
DoorDash	07/15/2026	☐ Check # ☒ Debit Card ☐ EFT

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

Purpose of Expendit	Description	Amount
FOOD	Meals	$289.54

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

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Kaptein's Corner Deli	07/15/2026	[ ] Check # [x] Debit Card [ ] EFT

Street Address	City	State	Zip Code
38 Shelter Rock Rd	Danbury	CT	06810-7050

Purpose of Expendit	Description	Amount
FOOD	Event Catering	$730.74

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

Expenditure # (if applicable):
Event #:

Name of Payee	Date of Payment	Method of Payment
Gary Hale	07/15/2026	[x] Check # 164 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
22314 Town Walk Dr	Hamden	CT	06518-3761

Purpose of Expendit	Description	Amount
REF	Contribution Refund	$250.00

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

Expenditure # (if applicable):
Event #:

Name of Payee	Date of Payment	Method of Payment
Edward Glassmeyer	07/15/2026	[x] Check # 165 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
23 Butlers Island Rd	Darien	CT	06820-6203

Purpose of Expendit	Description	Amount
REF	Contribution Refund	$10.53

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

Expenditure # (if applicable):
Event #:

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
James Levitt	07/15/2026	[X] Check # 168 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
25 Juniper Rd	Belmont	MA	02478-2033

Purpose of Expendit	Description	Amount
REF	Contribution Refund	

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			$250.00

Name of Payee	Date of Payment	Method of Payment
Jude Malone	07/15/2026	[X] Check # 171 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
200 River Rd	Mystic	CT	06355-1822

Purpose of Expendit	Description	Amount
REF	Contribution Refund	

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			$3.45

Name of Payee	Date of Payment	Method of Payment
Robert E. Marks	07/15/2026	[X] Check # 167 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
72 Glenville Rd	Greenwich	CT	06831-4433

Purpose of Expendit	Description	Amount
REF	Contribution Refund	

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			$114.15

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Maria Matos	07/15/2026	[X] Check # 173 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
45 Woodside Ave	Danbury	CT	06810-7127

Purpose of Expendit	Description	Amount
REF	Contribution Refund	

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			$3.45

Name of Payee	Date of Payment	Method of Payment
Richard Norwitt	07/15/2026	[X] Check # 174 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
143 High Ridge Ave	Ridgefield	CT	06877-4405

Purpose of Expendit	Description	Amount
RMB	Catering Reimbursement - See Below if Itemized	

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			$1,844.00

Name of Payee	Date of Payment	Method of Payment
Hector Navedo	07/15/2026	[X] Check # 169 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
360 State St Apt 708	New Haven	CT	06510-3602

Purpose of Expendit	Description	Amount
REF	Contribution Refund	

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			$22.80

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Keith Rosenbloom	07/15/2026	[X] Check # 170 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
11 Bayberry Ln	Greenwich	CT	06831-3008

Purpose of Expendit	Description	Amount
REF	Contribution Refund	

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			$250.00

Name of Payee	Date of Payment	Method of Payment
Parkville Market	07/15/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1400 Park St	Hartford	CT	06106-2209

Purpose of Expendit	Description	Amount
FOOD	Event Space	

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			$595.64

Name of Payee	Date of Payment	Method of Payment
Payroll Data Processing	07/15/2026	[ ] Check # [ ] Debit Card [X] EFT

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

Purpose of Expendit	Description	Amount
CCP	Payroll - See Below if Itemized	

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			$143,976.75

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Payroll Data Processing	07/15/2026	☐ Check # ☐ Debit Card ☒ EFT

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

Purpose of Expendit	Description	Amount
WAGE	Payroll Taxes & 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			$65,002.40

Name of Payee	Date of Payment	Method of Payment
The Home Depot	07/15/2026	☐ Check # ☒ Debit Card ☐ EFT

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

Purpose of Expendit	Description	Amount
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 N			$87.18

Name of Payee	Date of Payment	Method of Payment
SKDKnickerbocker	07/16/2026	☐ Check # ☐ Debit Card ☒ EFT

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

Purpose of Expendit	Description	Amount
A-TV	Ad Buy	

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			$434,986.00

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Harry & David	07/16/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
2500 S Pacific Hwy	Medford	OR	97501-8724

Purpose of Expendit	Description	Amount
TRVL	Thank You Gifts	$63.79

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

Name of Payee	Date of Payment	Method of Payment
DoorDash	07/16/2026	[ ] Check # [X] Debit Card [ ] EFT

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

Purpose of Expendit	Description	Amount
FOOD	Meals	$133.03

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

Name of Payee	Date of Payment	Method of Payment
DoorDash	07/16/2026	[ ] Check # [X] Debit Card [ ] EFT

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

Purpose of Expendit	Description	Amount
FOOD	Meals	$35.70

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

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
DoorDash	07/16/2026	[ ] Check # [x] Debit Card [ ] EFT

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

Purpose of Expendit	Description	Amount
FOOD	Meals	

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			$79.60

Name of Payee	Date of Payment	Method of Payment
DoorDash	07/16/2026	[ ] Check # [x] Debit Card [ ] EFT

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

Purpose of Expendit	Description	Amount
FOOD	Meals	

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			$97.79

Name of Payee	Date of Payment	Method of Payment
Bonterra	07/16/2026	[ ] Check # [ ] Debit Card [x] EFT

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

Purpose of Expendit	Description	Amount
CCP	Credit Card Processing Fee	

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			$13.54

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Apple	07/16/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
1 Apple Park Way	Cupertino	CA	95014-0642

Purpose of Expendit	Description	Amount
OFFICE	Office Supplies	$1,381.49

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

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
1-800-Flowers.com, Inc.	07/16/2026	☐ Check # ☒ Debit Card ☐ EFT

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

Purpose of Expendit	Description	Amount
Gift *	Thank You Gifts	$186.08

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

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
1-800-Flowers.com, Inc.	07/16/2026	☐ Check # ☒ Debit Card ☐ EFT

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

Purpose of Expendit	Description	Amount
Gift *	Thank You Gifts	$210.53

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

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
DoorDash	07/17/2026	☐ Check # ☒ Debit Card ☐ EFT

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

Purpose of Expendit	Description	Amount
FOOD	Meals	

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			$98.56

Name of Payee	Date of Payment	Method of Payment
The Home Depot	07/17/2026	☐ Check # ☒ Debit Card ☐ EFT

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

Purpose of Expendit	Description	Amount
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 N			$265.81

Name of Payee	Date of Payment	Method of Payment
Network Solutions, LLC	07/17/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
5335 Gate Pkwy	Jacksonville	FL	32256-3070

Purpose of Expendit	Description	Amount
WEB	Web Hosting	

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			$2.75

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Midway Restaurant & Pizza	07/20/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
174 Ashford Center Rd	Ashford	CT	06278-1420

Purpose of Expendit	Description	Amount
FOOD	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 N			$67.96

Name of Payee	Date of Payment	Method of Payment
The Home Depot	07/20/2026	☐ Check # ☒ Debit Card ☐ EFT

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

Purpose of Expendit	Description	Amount
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 N			$276.50

Name of Payee	Date of Payment	Method of Payment
Comcast	07/20/2026	☐ Check # ☒ Debit Card ☐ EFT

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

Purpose of Expendit	Description	Amount
WEB	Internet Service	

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			$465.57

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
1-800-Flowers.com, Inc.	07/20/2026	☐ Check # ☒ Debit Card ☐ EFT

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

Purpose of Expendit	Description	Amount
Gift *	Thank You Gifts	

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			$92.49

Name of Payee	Date of Payment	Method of Payment
Apple	07/20/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
1 Apple Park Way	Cupertino	CA	95014-0642

Purpose of Expendit	Description	Amount
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 N			$1,913.24

Name of Payee	Date of Payment	Method of Payment
B&H Photo	07/20/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
420 9th Ave	New York	NY	10001-1614

Purpose of Expendit	Description	Amount
A-OTH	Photography	

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			$2,353.46

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Rahman Bazlur	07/20/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
11 Park Ave	Bloomfield	CT	06002-3232

Purpose of Expendit	Description	Amount
REF	Contribution Refund	$51.83

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

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Bonterra	07/20/2026	☐ Check # ☐ Debit Card ☒ EFT

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

Purpose of Expendit	Description	Amount
CCP	Credit Card Processing Fee	$8.59

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

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Bonterra	07/21/2026	☐ Check # ☐ Debit Card ☒ EFT

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

Purpose of Expendit	Description	Amount
CCP	Credit Card Processing Fee	$1.89

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

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Bonterra	07/21/2026	☐ Check # ☐ Debit Card ☒ EFT

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

Purpose of Expendit	Description	Amount
CCP	Credit Card Processing Fee	$25.73

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

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Amazon	07/21/2026	☐ Check # ☒ Debit Card ☐ EFT

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

Purpose of Expendit	Description	Amount
OFFICE	Office Supplies	$127.97

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

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
El Sol News	07/21/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
17 Relay Pl	Stamford	CT	06901-2821

Purpose of Expendit	Description	Amount
A-NEWS	Print Advertising	$500.00

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

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Gary Hale	07/21/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
22314 Town Walk Dr	Hamden	CT	06518-3761

Purpose of Expendit	Description	Amount
REF	Contribution Refund	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$50.00

Name of Payee	Date of Payment	Method of Payment
Staples	07/21/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
521 Connecticut Blvd	East Hartford	CT	06108-3264

Purpose of Expendit	Description	Amount
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			$177.13

Name of Payee	Date of Payment	Method of Payment
Richard Norwitt	07/21/2026	[X] Check # 175 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
143 High Ridge Ave	Ridgefield	CT	06877-4405

Purpose of Expendit	Description	Amount
RMB	Catering & Event Space Reimbursement - See Below if Itemized	

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

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Payroll Data Processing	07/21/2026	☐ Check # ☐ Debit Card ☒ EFT

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

Purpose of Expendit	Description	Amount
CCP	Payroll Taxes & Services	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$2,164.62

Total of Section N **$2,190,474.23**

IV. EXPENDITURES (Sections N - S)

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

O. Expenses Paid By Candidate

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

Street Address	City	State	Zip Code	Amount

Purpose of Expenditure (by code)	Description	Event #

Total of Section O

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

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

Name of Vendor: Abigail Friend

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

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

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

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

Name of Vendor: Adam Gerena

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,653.05

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

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

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

Name of Vendor: Thomas Gilbertie

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,673.05

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

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

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

Name of Vendor: Logan Granfield

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,673.05

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

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

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

Name of Vendor: Lauren Gray

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $4,560.16

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

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

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

Name of Vendor: Andrew Green

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

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

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

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

Name of Vendor: John Guthrie

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $3,060.31

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

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

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

Name of Vendor: Oscar Hammarlund

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $227.88

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

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

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

Name of Vendor: William Haskell

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $583.92

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

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

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

Name of Vendor: John Higgins

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,673.05

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

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

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

Name of Vendor: Peter Hinkle

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,990.41

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

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

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

Name of Vendor: Joshua Holton

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $4,331.04

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

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

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

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

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

Name of Vendor: Layan Jahaf

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

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

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

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

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

Name of Vendor: John Jannotta

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

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

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

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	First Weekly Supplemental Filing Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Mia Khan

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Sophie Khanna

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,325.50

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	First Weekly Supplemental Filing Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Carroll LaMantia

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,973.29

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Justin Lamoureux

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,673.05

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	First Weekly Supplemental Filing Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Cole Lieberman

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Jordan Mancuso-Cermola

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	First Weekly Supplemental Filing Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Phoebe Mann

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $275.55

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Mitchell Marks

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,164.62

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	First Weekly Supplemental Filing Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Isabella Marocchini

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Alexander McGinnis

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	First Weekly Supplemental Filing Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Matthew McKinnis

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,233.08

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Alan McNeely

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	First Weekly Supplemental Filing Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Henry Minot

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $3,651.19

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Daniel Morrocco

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $11,074.06

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	First Weekly Supplemental Filing Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Hajar Moustafa

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,145.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Nathim Mughal

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	First Weekly Supplemental Filing Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Kay Munoz

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,164.62

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Ana Norato

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	First Weekly Supplemental Filing Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: John O'Leary

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,673.05

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Thomas O'Sullivan

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,250.25

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	First Weekly Supplemental Filing Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Kaleigh Olsen

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Griffin Olshan

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,673.05

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	First Weekly Supplemental Filing Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Leah Owusu

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Morris Patton

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,000.83

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	First Weekly Supplemental Filing Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Tiffany Pippins

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,664.75

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: William Poling

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,164.62

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	First Weekly Supplemental Filing Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Molly Poulos

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $664.84

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Ryan Rosario

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,673.05

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	First Weekly Supplemental Filing Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Ella Ryerson

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,673.05

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Elanina Scolnik

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	First Weekly Supplemental Filing Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Roger Senserrich

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $3,640.30

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Steven Sheinberg

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,804.75

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	First Weekly Supplemental Filing Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Walker Stollenwerck

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Liam Stroup

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $705.51

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	First Weekly Supplemental Filing Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Sabrina Tomei Gonzalez

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Matt Trainor

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,764.72

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	First Weekly Supplemental Filing Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Julia Vos

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $3,690.30

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Megan Wallett

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,990.41

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	First Weekly Supplemental Filing Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Abigail Wilson

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Alexandria Winkler

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	First Weekly Supplemental Filing Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card:
Payroll Data Processing	☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor	Date of Transaction
Mary Wirpel	07/15/2026

Street Address	City	State	Zip Code
PO Box 457	Ridgefield	CT	06877-0457

Purpose of Expenditure (by code)	Description	Amount
WAGE	Salary	$2,485.34

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum P		

Name of Issuing Institution	Type of Credit Card:
Payroll Data Processing	☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor	Date of Transaction
Robert Zapor	07/15/2026

Street Address	City	State	Zip Code
PO Box 457	Ridgefield	CT	06877-0457

Purpose of Expenditure (by code)	Description	Amount
WAGE	Salary	$2,485.34

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum P		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	First Weekly Supplemental Filing Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Kyle Zingler

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: James Angelopoulos

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,804.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	First Weekly Supplemental Filing Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Palakjot Bedi

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Kweku Biney

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,243.08

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	First Weekly Supplemental Filing Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Robert Blanchard

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $4,734.80

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Markel Bond

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,673.05

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	First Weekly Supplemental Filing Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Matthew Brokman

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $9,336.53

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Thomas Burkhart

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	First Weekly Supplemental Filing Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Dalton Bury

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Aaron Butler

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	First Weekly Supplemental Filing Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Francesca Capodilupo

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $5,268.92

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Benjamin Card

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	First Weekly Supplemental Filing Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: John Cattan

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,485.34

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: India Cicero

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,964.13

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	First Weekly Supplemental Filing Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Ciara Cieniawski

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,591.75

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Jonah Cone

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	First Weekly Supplemental Filing Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Jennifer Croughwell

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,990.41

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: John Crowley

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $352.75

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	First Weekly Supplemental Filing Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Alan Cunningham

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $5,561.12

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Robert De Carli

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $4,060.16

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	First Weekly Supplemental Filing Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Nathalia De La Cruz

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,164.62

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Anders Domke

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	First Weekly Supplemental Filing Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Caroline Doyle

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $350.41

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Ryan Engels

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,295.84

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	First Weekly Supplemental Filing Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Jayri Engram

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Caeden Fabas

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	First Weekly Supplemental Filing Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Hannah Fitzsimmons

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $358.21

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Stevilynn Fox

Date of Transaction: 07/15/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $1,243.08

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	First Weekly Supplemental Filing Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: Payroll Data Processing

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☒ Other

Name of Vendor: Noah Frank

Date of Transaction: 07/21/2026

Street Address: PO Box 457

City: Ridgefield

State: CT

Zip Code: 06877-0457

Purpose of Expenditure (by code): WAGE

Description: Salary

Amount: $2,164.62

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No

If yes, assign an Expenditure # and complete Itemization in Addendum P

Expenditure # (if applicable):

Event #:

Total of Section P	$146,141.37

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	First Weekly Supplemental Filing Primary - Original

Q. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor: Norman Needleman

Date Incurred: 07/10/2026

Street Address: 9 Foxboro Rd

City: Essex

State: CT

Zip Code: 06426-1070

Purpose of Expenditure (by code): FOOD

Description: Meet-and-Greet

Amount Incurred (Estimate or Actual): $708.74

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No

If yes, assign an Expenditure # and completes Itemization in Addendum Q

Expenditure # (if applicable):

Event #:

Total of Section Q	$708.74

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	First Weekly Supplemental Filing Primary - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Cattan	John		07/01/2026	☐ Check # ☒ Debit Card ☐ EFT

Name of Vendor Paid by Committee Worker/Consultant			
Adobe			
Street Address of Vendor	**City**	**State**	**Zip Code**
345 Park Ave	San Jose	CA	95110-2704

Purpose of Expenditure (by code)	Description
OFFICE	Adobe Stock - Single asset

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 completes Itemization in Addendum R			$5.31

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Cattan	John		07/01/2026	☐ Check # ☒ Debit Card ☐ EFT

Name of Vendor Paid by Committee Worker/Consultant			
Adobe			
Street Address of Vendor	**City**	**State**	**Zip Code**
345 Park Ave	San Jose	CA	95110-2704

Purpose of Expenditure (by code)	Description
OFFICE	Adobe Stock - Single asset

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 completes Itemization in Addendum R			$5.31

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	First Weekly Supplemental Filing Primary - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Cattan	John		07/01/2026	☐ Check # ☒ Debit Card ☐ EFT

Name of Vendor Paid by Committee Worker/Consultant			
Adobe			
Street Address of Vendor	**City**	**State**	**Zip Code**
345 Park Ave	San Jose	CA	95110-2704

Purpose of Expenditure (by code)	Description
OFFICE	Adobe Stock - Single asset

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 completes Itemization in Addendum R			$5.31

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Cattan	John		07/01/2026	☐ Check # ☒ Debit Card ☐ EFT

Name of Vendor Paid by Committee Worker/Consultant			
Adobe			
Street Address of Vendor	**City**	**State**	**Zip Code**
345 Park Ave	San Jose	CA	95110-2704

Purpose of Expenditure (by code)	Description
OFFICE	Adobe Stock - Single asset

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 completes Itemization in Addendum R			$5.31

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	First Weekly Supplemental Filing Primary - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Cattan	John		07/01/2026	☐ Check # ☒ Debit Card ☐ EFT

Name of Vendor Paid by Committee Worker/Consultant			
Adobe			
Street Address of Vendor	**City**	**State**	**Zip Code**
345 Park Ave	San Jose	CA	95110-2704

Purpose of Expenditure (by code)	Description
OFFICE	Adobe Stock - Single asset

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 completes Itemization in Addendum R			$5.31

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Cattan	John		07/01/2026	☐ Check # ☒ Debit Card ☐ EFT

Name of Vendor Paid by Committee Worker/Consultant			
Adobe			
Street Address of Vendor	**City**	**State**	**Zip Code**
345 Park Ave	San Jose	CA	95110-2704

Purpose of Expenditure (by code)	Description
OFFICE	Adobe Stock - Single asset

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 completes Itemization in Addendum R			$5.31

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	First Weekly Supplemental Filing Primary - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Cattan	John		07/01/2026	☐ Check # ☒ Debit Card ☐ EFT

Name of Vendor Paid by Committee Worker/Consultant: Adobe

Street Address of Vendor	City	State	Zip Code
345 Park Ave	San Jose	CA	95110-2704

Purpose of Expenditure (by code)	Description
OFFICE	Adobe Stock - 10 Images per Month

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 completes Itemization in Addendum R			$53.16

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Cattan	John		07/01/2026	☐ Check # ☒ Debit Card ☐ EFT

Name of Vendor Paid by Committee Worker/Consultant: DoorDash

Street Address of Vendor	City	State	Zip Code
303 2nd St Fl 8	San Francisco	CA	94107-1366

Purpose of Expenditure (by code)	Description
OFFICE	Printer Paper for Convention

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 completes Itemization in Addendum R			$26.38

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	First Weekly Supplemental Filing Primary - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Cattan	John		07/01/2026	☐ Check # ☒ Debit Card ☐ EFT

Name of Vendor Paid by Committee Worker/Consultant			
Staples			
Street Address of Vendor	**City**	**State**	**Zip Code**
80 Boston Post Rd	Orange	CT	06477-3219

Purpose of Expenditure (by code)	Description
OFFICE	Printing Contribution Forms

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 completes Itemization in Addendum R			$57.78

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Norwitt	Richard		07/15/2026	☒ Check # ☐ Debit Card ☐ EFT

Name of Vendor Paid by Committee Worker/Consultant			
109 Cheese and Wine			
Street Address of Vendor	**City**	**State**	**Zip Code**
6 Kent Green Blvd	Kent	CT	06757-1519

Purpose of Expenditure (by code)	Description
FNDR *	Catering

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 completes Itemization in Addendum R			$1,844.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	First Weekly Supplemental Filing Primary - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Norwitt	Richard		07/21/2026	[X] Check # [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: 109 Cheese and Wine

Street Address of Vendor	City	State	Zip Code
6 Kent Green Blvd	Kent	CT	06757-1519

Purpose of Expenditure (by code)	Description
FNDR *	Catering

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 completes Itemization in Addendum R			$1,000.00

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Norwitt	Richard		07/21/2026	[X] Check # [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Lounsbury House

Street Address of Vendor	City	State	Zip Code
316 Main St	Ridgefield	CT	06877-4628

Purpose of Expenditure (by code)	Description
FNDR *	Event Space

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 completes Itemization in Addendum R			$2,500.00

Total of Section R	**$5,513.18**

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	First Weekly Supplemental Filing Primary - Original

S. Surplus Distribution of Equipment and Furniture

Name of Recipient				
Street Address	City	State	Zip Code	Original Purchase Amount of Item
Description of Item				
			Total of Section S	

Section J4. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

J4. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum

Event #	
Name of Candidate	

Section N. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

N. Expenses Paid By Committee - Addendum

Expenditure #	**Amount of Expenditure**
Name of Candidate	Office Sought

Section P. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

P. Expenses Incurred on Committee Credit Card - Addendum

Expenditure #	Amount of Expenditure

Name of Candidate	Office Sought

Section Q. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

Q. Expenses Incurred by Committee but Not Paid During this Period - Addendum

Expenditure #	Amount of Expenditure

Name of Candidate	Office Sought

Section R. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

R. Itemization of Reimbursements and Secondary Payees - Addendum

Expenditure #	Amount of Expenditure

Name of Candidate	Office Sought