

SEEC FORM 30

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



Electronic Filing

Do Not Mark in This Space For Official Use Only

Page 1 of 16

COVER PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
Jim Jinks for CT				☒ Candidate Committee ☐ Exploratory Committee	
3. TREASURER NAME					
First	MI	Last		Suffix	
Deena	M	Allard			
4. TREASURER ADDRESS					
Street Address	City	State	Zip Code		
118 Elmwood Dr	Cheshire	CT	06410		
5. ELECTION DATE	6. OFFICE SOUGHT (Complete only if Candidate Committee)			7. DISTRICT NUMBER (if applicable)	
11/03/2026	State Senator			S013	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First	MI	Last		Suffix	
Jim		Jinks			
9. TYPE OF REPORT					
First Weekly Supplemental Filing Primary - Amendment					
10. PERIOD COVERED					
Beginning Date Ending Date					
07/01/2026 thru 07/21/2026					
11. CERTIFICATION					
☒ I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.					
Electronic Filing		Deena Allard		07/30/2026 11:27:00AM	
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	
Jim Jinks for CT	First Weekly Supplemental Filing Primary - Amendment	
	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	\$51,331.40	
14. Contributions received from Individuals (Section A and B)	\$0.00	\$20,907.00
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$0.21	\$53,822.23
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$0.21	\$74,729.23
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$51,331.61	\$74,729.23
20. Expenses Paid by Committee (Section N)	\$21,243.82	\$44,641.44
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	\$30,087.79	\$30,087.79
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	\$160.00
24. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
25. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$183.00
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Jim Jinks for CT				First Weekly Supplemental Filing Primary - Amendment	
A. Total Contributions from Small Contributors-Received this Period ONLY				For Nonparticipating Candidates ONLY	
B. Itemized Contributions from Individuals					
Last Name		First		MI	Contribution ID #
Residential Street Address		City		State	Zip Code
Principal Occupation			Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? Yes No If yes, indicate which branch or branches of government the contract is with: Executive Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No		Amount of Contribution
Is this contribution associated with an event reported in Section J1?	Yes	Method of contribution:		Date Received	
If yes, list Event #	No	Cash Personal Check Money Order Credit/Debit Card	Aggregate Contributions		
Total of Section B					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Total on Line 14, Column A of Summary Page)					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Jim Jinks for CT				First Weekly Supplemental Filing Primary - Amendment	
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	
Jim Jinks for CT				First Weekly Supplemental Filing Primary - Amendment	
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	
Jim Jinks for CT				First Weekly Supplemental Filing Primary - Amendment	
D. Loans Received this Period					
Name of Lender		Source of Loan:			Date of Receipt
		Bank	Candidate	Individual	Other
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
Jim Jinks for CT	First Weekly Supplemental Filing Primary - Amendment

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

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

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Jim Jinks for CT	First Weekly Supplemental Filing Primary - Amendment

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
Jim Jinks for CT	First Weekly Supplemental Filing Primary - Amendment

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	
Jim Jinks for CT				First Weekly Supplemental Filing Primary - Amendment	
I. Miscellaneous Monetary Receipts not Considered Contributions					
Name Mastercard Cash Mastercard Rebate			Date of Transaction 07/20/2026		Amount Received \$0.21
Street Address 251 Church St	City Naugatuck	State CT	Zip Code 06770		
Description Rebate					
Total of Section I					\$0.21

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT		
Jim Jinks for CT				First Weekly Supplemental Filing Primary - Amendment		
J1. Event Information						
Event # Date of Event	Letter	Description			Was this a fundraising event? Yes No	
Location: Street Address			City	State	Zip Code	
Was this event hosted at a personal residence?		Yes	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.			
		No				
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	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.			
		No				
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	(If yes, enter Total Receipts here.)			
		No				
Total of Section J1						

II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Jim Jinks for CT	First Weekly Supplemental Filing Primary - Amendment
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 #	
Sole Proprietorship	Aggregate value for this event		

Total of Section J3**II.EVENT ACTIVITY (Sections J1 - J4)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Jim Jinks for CT	First Weekly Supplemental Filing Primary - Amendment
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
Jim Jinks for CT	First Weekly Supplemental Filing Primary - Amendment
K. In-Kind Contributions	

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

Total of Section K

III. Non Monetary Receipts (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Jim Jinks for CT	First Weekly Supplemental Filing Primary - Amendment
L. Refundable Deposit to Telephone Company	

Last Name of Individual	First Name	MI	Date Deposit Made
Residential Street Address	City	State	Zip Code
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
Jim Jinks for CT	First Weekly Supplemental Filing Primary - Amendment
N. Expenses Paid By Committee	

Name of Payee Scale to Win		Date of Payment 07/01/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 455 Market St Ste 1940 PMB546116		City San Francisco		State CA
Zip Code 94105-2448				
Purpose of Expendit A-ATM	Description Invoice 39489 (text messaging)			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$382.15
Name of Payee DNA Campaigns, LLC		Date of Payment 07/01/2026	Method of Payment ☒ Check # <u>1016</u> ☐ Debit Card ☐ EFT	
Street Address 800 Village Walk # 248		City Guilford		State CT
Zip Code 06437				
Purpose of Expendit CNSLT	Description Invoice 26-114 regarding walk cards and lawn signs see secondary payee info			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$4,927.73
Name of Payee Hartford Film Company		Date of Payment 07/14/2026	Method of Payment ☒ Check # <u>1017</u> ☐ Debit Card ☐ EFT	
Street Address 56 Arbor St Ste 418		City Hartford		State CT
Zip Code 06106				
Purpose of Expendit A-WEB	Description Invoice number 1825			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$7,800.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Jim Jinks for CT	First Weekly Supplemental Filing Primary - Amendment
N. Expenses Paid By Committee	

Name of Payee The Perkey Group, LLC		Date of Payment 07/18/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 2630 Valletta Rd		City Louisville	State KY	Zip Code 40205
Purpose of Expendit A-WEB	Description Invoice number 1892 for Digital Services YouTube			Amount \$1,500.00
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 #	

Name of Payee Victory Waves		Date of Payment 07/18/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 324 Nicoll St		City New Haven	State CT	Zip Code 06511
Purpose of Expendit A-WEB	Description Invoice number: DLAIO6UL-0002 Victory Waves Starter			Amount \$100.00
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 Meta Platforms, Inc		Date of Payment 07/21/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1 Meta Way		City Menlo Park	State CA	Zip Code 94025
Purpose of Expendit A-WEB	Description Reference #: PEYEEYZLQ2 Meta ads			Amount \$2.00
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
Jim Jinks for CT	First Weekly Supplemental Filing Primary - Amendment

N. Expenses Paid By Committee

Name of Payee Meta Platforms, Inc		Date of Payment 07/21/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1 Meta Way		City Menlo Park	State CA	Zip Code 94025
Purpose of Expendit A-WEB	Description Reference #: EK43UW5MQ2 Meta ads			Amount \$2.00
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 DNA Campaigns, LLC		Date of Payment 07/21/2026	Method of Payment ☒ Check # <u>1018</u> ☐ Debit Card ☐ EFT	
Street Address 800 Village Walk # 248		City Guilford	State CT	Zip Code 06437
Purpose of Expendit CNSLT	Description Invoice 26-119 Direct Mail Print and Literature			Amount \$6,529.94
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 #	
Total of Section N				\$21,243.82

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT	
Jim Jinks for CT					First Weekly Supplemental Filing Primary - Amendment	
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	
Jim Jinks for CT					First Weekly Supplemental Filing Primary - Amendment	
P. Expenses Incurred on Committee Credit Card						
Name of Issuing Institution				Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☐ Other		
Name of Vendor					Date of Transaction	
Street Address			City		State	Zip Code
Purpose of Expenditure (by code)	Description				Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Yes No	Expenditure # (if applicable)	Event #		
If yes, assign an Expenditure # and complete Itemization in Addendum P						
Total of Section P						

IV. EXPENDITURES (Sections N - S)

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

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

Name of Creditor		Date Incurred	
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description		Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No Expenditure # (if applicable) Event #			
If yes, assign an Expenditure # and completes Itemization in Addendum Q			

Total of Section Q

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

Jim Jinks for CT

First Weekly Supplemental Filing Primary - Amendment

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Romano	First Patrick	MI	Date of Payment to Vendor 07/07/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 1016 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant Total Graphic Solutions				
Street Address of Vendor 11 Dorsett Ln		City Farmington	State CT	Zip Code 06032
Purpose of Expenditure (by code) PRNT	Description Walk cards x 2000 and Lawn Signs x 350			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No		Expenditure # (if applicable)	Event #	Amount \$4,927.73
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant Romano	First Patrick	MI	Date of Payment to Vendor 07/21/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 1018 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant Total Graphic Solutions				
Street Address of Vendor 11 Dorsett Ln		City Farmington	State CT	Zip Code 06032
Purpose of Expenditure (by code) PRNT	Description Direct Mail Print and Literature			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No		Expenditure # (if applicable)	Event #	Amount \$6,529.94
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Total of Section R**\$11,457.67**

IV. EXPENDITURES (Sectuibs N - S)

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

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