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
Paolillo for Senate	[x] Candidate Committee [ ] Exploratory Committee

3. TREASURER NAME

First	MI	Last	Suffix
Katie		**Bellucci**	

4. TREASURER ADDRESS

Street Address	City	State	Zip Code
211 Townsend Ave	**New Haven**	**CT**	**06512**

5. ELECTION DATE	6. OFFICE SOUGHT *(Complete only if Candidate Committee)*	7. DISTRICT NUMBER *(if applicable)*
11/03/2026	**State Senator**	**S011**

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

First	MI	Last	Suffix
Alphonse	**J**	**Paolillo**	**Jr**

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

[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	**Katie Bellucci**	**07/30/2026 6:50:36PM**
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	
Paolillo for Senate	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	**$7,551.28**	
14. Contributions received from Individuals (Section A and B)	**$5,530.00**	**$13,408.00**
15. Receipts from Other Committees (Sections C1 and C2)	**$0.00**	**$0.00**
16. Other Monetary Receipts (Section D through I)	**$0.00**	**$0.00**
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)	**$5,530.00**	**$13,408.00**
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	**$13,081.28**	**$13,408.00**
20. Expenses Paid by Committee (Section N)	**$161.98**	**$488.70**
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	**$12,919.30**	**$12,919.30**
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**	**$0.00**
25. Refundable Deposit to Telephone Company (Section L)	**$0.00**	**$0.00**
26. Beginning Loan Balance	**$0.00**	
26a. + Loans Received (Section D)	**$0.00**	**$0.00**
26b. + Interest and Penalties on Loan(s)	**$0.00**	**$0.00**
26c. - Payments on Loan(s)	**$0.00**	**$0.00**
26d. Total Outstanding Loan Amount	**$0.00**	
27. Campaign Expenses Paid By Candidate (Section O)	**$0.00**	**$0.00**
28. Expenses Incurred on Committee Credit Card (Section P)	**$0.00**	**$0.00**
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	**$0.00**	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	**$0.00**	

I. MONETARY RECEIPTS (Section A-I)

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

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 #
Keily	Sharon		0064

Residential Street Address	City	State	Zip Code
69 Augur St	Hamden	CT	06517

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: $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: 07/01/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Sanchez	Hugo	M	0121

Residential Street Address	City	State	Zip Code
127 Hillside Ave	New Haven	CT	06512

Principal Occupation	Name of Employer
Merchandiser	Eder-Goodman

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: 07/01/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Natalino	Arthur	P	0117

Residential Street Address	City	State	Zip Code
135 Summit St	New Haven	CT	06513

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: $10.00

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: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Paolillo for Senate

TYPE OF REPORT: First Weekly Supplemental Filing Primary - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Torres	Milda	M	0128

Residential Street Address	City	State	Zip Code
60 Wilson St	New Haven	CT	06515

Principal Occupation: Relocation Specialist

Name of Employer: City of New Haven

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: 07/02/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Mancini-Averitt	Lauren	C	0063

Residential Street Address	City	State	Zip Code
58 Stuyvesant Ave	New Haven	CT	06512

Principal Occupation: Teacher

Name of Employer: Teacher

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: 07/02/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Tammaro	Maria		0148

Residential Street Address	City	State	Zip Code
159 Briarcliff Rd .	Hamden	CT	06518

Principal Occupation: Finance

Name of Employer: City of New Haven

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: $340.00

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: $340.00

Last Name	First	MI	Contribution ID #
Wilson	Harold		0144

Residential Street Address	City	State	Zip Code
39 Fawn Ridge Dr	Hamden	CT	06514

Principal Occupation: Postal Worker

Name of Employer: CT

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

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

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

Amount of Contribution: $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: 07/06/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Paolillo for Senate

TYPE OF REPORT: First Weekly Supplemental Filing Primary - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Miller	Melissa		0145

Residential Street Address	City	State	Zip Code
86 Everit St	New Haven	CT	06511

Principal Occupation	Name of Employer
Teacher	CT

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

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

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

Amount of Contribution: $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: 07/06/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Walker	Toni		0146

Residential Street Address	City	State	Zip Code
1643 Ella T Grasso Blvd	New Haven	CT	06511

Principal Occupation	Name of Employer
Legislator	State of CT

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

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

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

Amount of Contribution: $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: 07/06/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Wilson	Gramen		0147

Residential Street Address	City	State	Zip Code
127 Woodin St .	Hamden	CT	06514

Principal Occupation	Name of Employer
CC	Mc'Donalds

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: 07/06/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Lupoli	Leanard		0177

Residential Street Address	City	State	Zip Code
334 Marion St	New Haven	CT	06512

Principal Occupation	Name of Employer
Funeral Service	Self/Lupoli

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: 07/06/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Paolillo for Senate

TYPE OF REPORT: First Weekly Supplemental Filing Primary - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Amato	Giuliana		0178

Residential Street Address	City	State	Zip Code
140 Summit St	New Haven	CT	06513

Principal Occupation	Name of Employer
Student	Student

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: 07/06/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Ellison	Charles		0179

Residential Street Address	City	State	Zip Code
91 Portland St	New Haven	CT	06513

Principal Occupation	Name of Employer
N/A	N/A

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: 07/06/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Gibbs	Daniel		0180

Residential Street Address	City	State	Zip Code
35 Twin Brook Rd	Hamden	CT	06514

Principal Occupation	Name of Employer
Behavioral technician school system	Aces High School

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: 07/06/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Natalino	Francheska		0173

Residential Street Address	City	State	Zip Code
154 Summit St	New Haven	CT	06513

Principal Occupation	Name of Employer
Student	Student

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: $20.00

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: $20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Paolillo for Senate

TYPE OF REPORT: First Weekly Supplemental Filing Primary - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Natalino	Marie		0174

Residential Street Address	City	State	Zip Code
145 Summit St	New Haven	CT	06513

Principal Occupation	Name of Employer
Supervisor	F Panza Company

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: $300.00

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: $300.00

Last Name	First	MI	Contribution ID #
Porto	Andrew		0175

Residential Street Address	City	State	Zip Code
157 Leeder Hill Dr	Hamden	CT	06517

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: $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: 07/07/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Weisselberg	Susan		0176

Residential Street Address	City	State	Zip Code
46 Oliver Rd	New Haven	CT	06515

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: $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: 07/07/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Anastasio Jr.	Vincent		0115

Residential Street Address	City	State	Zip Code
21 Lighthouse Point Ter	New Haven	CT	06512

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: $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: 07/07/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Paolillo for Senate

TYPE OF REPORT: First Weekly Supplemental Filing Primary - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Natalino	Gerald		0077

Residential Street Address	City	State	Zip Code
145 Summit St	New Haven	CT	06513

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: $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: 07/07/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Notargiovanni	Judit6h	A	0078

Residential Street Address	City	State	Zip Code
34 Daniel Rd	Hamden	CT	06517

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: $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: 07/07/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Raymond	Linda		0080

Residential Street Address	City	State	Zip Code
216 Laurel St Apt 204	East Haven	CT	06512

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: $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: 07/08/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Punzo	Tanner		0081

Residential Street Address	City	State	Zip Code
203 Kneeland Rd	New Haven	CT	06512

Principal Occupation	Name of Employer
Waitress	Brother MIke's

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: 07/08/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Paolillo for Senate

TYPE OF REPORT: First Weekly Supplemental Filing Primary - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Punzo	Tatum		0082

Residential Street Address	City	State	Zip Code
203 Kneeland Rd	New Haven	CT	06512

Principal Occupation	Name of Employer
Waitress	Pepe's Pizza

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: 07/08/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Punzo	Tucker		0083

Residential Street Address	City	State	Zip Code
203 Kneeland Rd	New Haven	CT	06512

Principal Occupation	Name of Employer
Student	Student

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: 07/08/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Punzo	Tristan		0084

Residential Street Address	City	State	Zip Code
203 Kneeland Rd	New Haven	CT	06512

Principal Occupation	Name of Employer
Conductor	Metro North

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: 07/08/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Punzo	Tyler		0087

Residential Street Address	City	State	Zip Code
264 Marion Mst	New Haven	CT	06512

Principal Occupation	Name of Employer
Firefighter	NHFD

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: 07/08/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Paolillo for Senate

TYPE OF REPORT: First Weekly Supplemental Filing Primary - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Punzo	Sal	J	0088

Residential Street Address	City	State	Zip Code
203 Kneeland Rd	New Haven	CT	06512

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: $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: 07/08/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Punzo	Jen		0091

Residential Street Address	City	State	Zip Code
203 Kneeland Rd	New Haven	CT	06512

Principal Occupation	Name of Employer
Food Service Manager	B of Ed

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: 07/08/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Punzo	Sal	C	0092

Residential Street Address	City	State	Zip Code
675 Townsend Ave Unit 106	New Haven	CT	06512

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: $205.00

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: 07/08/2026

Aggregate Contributions: $205.00

Last Name	First	MI	Contribution ID #
Mongillo	Stephen		0113

Residential Street Address	City	State	Zip Code
54 Filbert St	Hamden	CT	06517

Principal Occupation	Name of Employer
Admin	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: $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: 07/08/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Paolillo for Senate

TYPE OF REPORT: First Weekly Supplemental Filing Primary - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Luna	Kevin		0166

Residential Street Address	City	State	Zip Code
7 Concord St	New Haven	CT	06512

Principal Occupation	Name of Employer
Student	Student

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: 07/08/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Barros	Michele		0167

Residential Street Address	City	State	Zip Code
25 Whittlesey Ave	New Haven	CT	06511

Principal Occupation	Name of Employer
Tax Collector	na

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: 07/08/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Barros Sr	Daryel		0168

Residential Street Address	City	State	Zip Code
25 Whittlesay Ave	New Haven	CT	06511

Principal Occupation	Name of Employer
Retired	CT

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

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

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

Amount of Contribution: $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: 07/08/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Wilson	Avery		0169

Residential Street Address	City	State	Zip Code
540 W 180th St # 1E	New York	NY	10033

Principal Occupation	Name of Employer
Entertainment	Voxrobot

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: 07/08/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Paolillo for Senate

TYPE OF REPORT: First Weekly Supplemental Filing Primary - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Wilson	Chamira		0170

Residential Street Address	City	State	Zip Code
574 Whalley Ave	New Haven	CT	06511

Principal Occupation	Name of Employer
Nurse	Charter Ssenior

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: 07/08/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Mims	Stephanie		0171

Residential Street Address	City	State	Zip Code
24 Tierney Rd	Hamden	CT	06514

Principal Occupation	Name of Employer
Field Risk	Datascan

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: 07/08/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Wilson	Theresa		0172

Residential Street Address	City	State	Zip Code
127 Woodin St	Hamden	CT	06514

Principal Occupation	Name of Employer
Retired	CT

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

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

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

Amount of Contribution: $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: 07/08/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Harris	Beverly		0165

Residential Street Address	City	State	Zip Code
15 Francis Ave	Hamden	CT	06517

Principal Occupation	Name of Employer
CNA	Apple Care

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: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Paolillo for Senate

TYPE OF REPORT: First Weekly Supplemental Filing Primary - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Siminausky	Steven		0076

Residential Street Address	City	State	Zip Code
303 Warner Rd	North Haven	CT	06473

Principal Occupation	Name of Employer
Inspector	GNHWPCA

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: 07/09/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Wulff	Daniel	M	0074

Residential Street Address	City	State	Zip Code
82 Kenwood Ln	Branford	CT	06405

Principal Occupation	Name of Employer
Collection System Manager	GNHWPCA

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: 07/09/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Lockwood	Davis	J	0090

Residential Street Address	City	State	Zip Code
20 Kneeland Rd	New Haven	CT	06512

Principal Occupation	Name of Employer
Student	Student

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: $5.00

Last Name	First	MI	Contribution ID #
Pietrosimone	Carly		0122

Residential Street Address	City	State	Zip Code
221 Summit St	New Haven	CT	06513

Principal Occupation	Name of Employer
Unemployed	Unemployed

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: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Paolillo for Senate

TYPE OF REPORT: First Weekly Supplemental Filing Primary - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Lyons	Tilden		0123

Residential Street Address	City	State	Zip Code
200 Summitt St	New Haven	CT	06513

Principal Occupation	Name of Employer
Ground Transportation	Conn Shuttle Transport Ser

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: $10.00

Last Name	First	MI	Contribution ID #
Pietrosimone	Mark		0124

Residential Street Address	City	State	Zip Code
221 Summit St	New Haven	CT	06513

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: $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: $5.00

Last Name	First	MI	Contribution ID #
Pietrosimone	Lisa		0125

Residential Street Address	City	State	Zip Code
221 Summit St	New Haven	CT	06513

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: $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: $5.00

Last Name	First	MI	Contribution ID #
Pietrimone	Kelly		0126

Residential Street Address	City	State	Zip Code
221 Summit St	New Haven	CT	06513

Principal Occupation	Name of Employer
Program Specialist	Inov8

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: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Paolillo for Senate

TYPE OF REPORT: First Weekly Supplemental Filing Primary - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Ferrucci	Ralph	A	0127

Residential Street Address	City	State	Zip Code
201 Summit St	New Haven	CT	06513

Principal Occupation: Sales

Name of Employer: NPK Distributor, 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: $20.00

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

Last Name	First	MI	Contribution ID #
Davis-Cannon	Linda		0116

Residential Street Address	City	State	Zip Code
79 Cabot St	New Haven	CT	06513

Principal Occupation: Outreach Technician

Name of Employer: Town of Hamden

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

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

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

Amount of Contribution: $150.00

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

If yes, list Event #

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

Date Received: 07/10/2026

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Lyons	Velman	L	0130

Residential Street Address	City	State	Zip Code
200 Summit St	New Haven	CT	06513

Principal Occupation: Retired

Name of Employer: 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: $10.00

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: $10.00

Last Name	First	MI	Contribution ID #
Anastasio	Laurie	L	0131

Residential Street Address	City	State	Zip Code
21 Lighthouse Point Ter	New Haven	CT	06512

Principal Occupation: Neighborhood Specialist

Name of Employer: City of New Haven

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: $20.00

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): Paolillo for Senate

TYPE OF REPORT: First Weekly Supplemental Filing Primary - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Paolillo	Christine		0163

Residential Street Address	City	State	Zip Code
151 Huntington Rd	New Haven	CT	06512

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: $340.00

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: $340.00

Last Name	First	MI	Contribution ID #
Futty	Allie		0164

Residential Street Address	City	State	Zip Code
50 Woodward Ave	New Haven	CT	06512

Principal Occupation	Name of Employer
Program Manager	State of Massace

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: 07/10/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Paolillo	Alphonse	J	0114

Residential Street Address	City	State	Zip Code
151 Huntington Rd	New Haven	CT	06512

Principal Occupation	Name of Employer
Marshal	State of CT

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

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

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

Amount of Contribution: $340.00

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: $340.00

Last Name	First	MI	Contribution ID #
Faas	Ashtyn		0086

Residential Street Address	City	State	Zip Code
264 Maron St	New Haven	CT	06512

Principal Occupation	Name of Employer
Manager	Telecommunication

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: 07/13/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Paolillo for Senate

TYPE OF REPORT: First Weekly Supplemental Filing Primary - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Case	Timothy	C	0094

Residential Street Address	City	State	Zip Code
91 Huntington Ave	New Haven	CT	06512

Principal Occupation	Name of Employer
Crew Leader	Mad Tents

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: 07/13/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Case	Elizabeth	A	0095

Residential Street Address	City	State	Zip Code
91 Huntington Ave	New Haven	CT	06512

Principal Occupation	Name of Employer
PCA	Yale

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: 07/13/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Case	Julia	R	0096

Residential Street Address	City	State	Zip Code
91 Huntington Rd	New Haven	CT	06512

Principal Occupation	Name of Employer
ABA Therapist	Michelle Ragozzine and Associates

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: 07/13/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Case	Taryn	E	0098

Residential Street Address	City	State	Zip Code
91 Huntington Ave	New Haven	CT	06512

Principal Occupation	Name of Employer
Pool Attenadant	Stonegate Apartments

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: 07/13/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Paolillo for Senate

TYPE OF REPORT: First Weekly Supplemental Filing Primary - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Rivera	**Manuel**	**A**	**0216**

Residential Street Address	City	State	Zip Code
160 Huntington Rd .	**New Haven**	**CT**	**06512**

Principal Occupation	Name of Employer
Deputy Dir. Economic Der	**City Of New Haven**

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
07/13/2026	**$5.00**	**$5.00**

Last Name	First	MI	Contribution ID #
Leon	Ana		0158

Residential Street Address	City	State	Zip Code
123 Huntington Rd	New Haven	CT	06512

Principal Occupation	Name of Employer
Quality	Pratt and Whitney

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
07/13/2026	$5.00	$5.00

Last Name	First	MI	Contribution ID #
Leon	Ana		0159

Residential Street Address	City	State	Zip Code
123 Huntington Rd	New Haven	CT	06512

Principal Occupation	Name of Employer
Quality Marerial Review Board	CT

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

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

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

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
07/13/2026	$5.00	$5.00

Last Name	First	MI	Contribution ID #
Salmeron	Freddy		0160

Residential Street Address	City	State	Zip Code
96 Kneeland Rd	New Haven	CT	06512

Principal Occupation	Name of Employer
Police Officer	City of New Haven

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
07/13/2026	$25.00	$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Paolillo for Senate

TYPE OF REPORT: First Weekly Supplemental Filing Primary - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Gonzalez	Gladys		0161

Residential Street Address	City	State	Zip Code
96 Kneeland Rd	New Haven	CT	06512

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: $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: 07/13/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Leon-Salmeror	Evelyn		0162

Residential Street Address	City	State	Zip Code
96 Kneeland Rd	New Haven	CT	06512

Principal Occupation	Name of Employer
Housemaker	Housemaker

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: 07/13/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Lockwood	Michelle		0099

Residential Street Address	City	State	Zip Code
20 Kneeland Rd	New Haven	CT	06512

Principal Occupation	Name of Employer
Officer	Wells Fargo Advisors

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: 07/14/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Piscitelli	Renee	A	0101

Residential Street Address	City	State	Zip Code
95 Laura Ln	New Haven	CT	06512

Principal Occupation	Name of Employer
Secretary	Atlas Auto Recycling

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: 07/14/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Paolillo for Senate

TYPE OF REPORT: First Weekly Supplemental Filing Primary - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Bussert	Vincent	B	0102

Residential Street Address	City	State	Zip Code
95 Laura Ln	New Haven	CT	06512

Principal Occupation	Name of Employer
Dumpster Rentals	V & V 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: $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: 07/14/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Case	Tyson	E	0097

Residential Street Address	City	State	Zip Code
91 Huntington Ave	New Haven	CT	06512

Principal Occupation	Name of Employer
Truck Driver	Cintas

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: 07/14/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Nasse	Richard	J	0072

Residential Street Address	City	State	Zip Code
36 Appleblossom Ln	Newtown	CT	06470

Principal Occupation	Name of Employer
Collections System Manager	GNHWPCA

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

Last Name	First	MI	Contribution ID #
Budreicz	KC	A	0104

Residential Street Address	City	State	Zip Code
222 Kneeland Rd	New Haven	CT	06512

Principal Occupation	Name of Employer
Property Manager	CT Real Estate Mangement

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: 07/14/2026

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Paolillo for Senate

TYPE OF REPORT: First Weekly Supplemental Filing Primary - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Bayer	Kristen	L	0105

Residential Street Address	City	State	Zip Code
222 Kneeland Rd	New Haven	CT	06512

Principal Occupation	Name of Employer
Sealer, Weights, & Measures	City of New Haven

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: 07/14/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Hurlburst	Richard	A	0107

Residential Street Address	City	State	Zip Code
375 Captain Thomas Blvd # 43	West Haven	CT	06516

Principal Occupation	Name of Employer
President	RH Consulting

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: 07/15/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Laffitte	Carleen	A	0108

Residential Street Address	City	State	Zip Code
143 Ocean View St	New Haven	CT	06512

Principal Occupation	Name of Employer
Cheif Accountant	City of New Haven

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: 07/15/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Carr	Sames	S	0073

Residential Street Address	City	State	Zip Code
2 Evergreen Dr	North Branford	CT	06471

Principal Occupation	Name of Employer
Systems and Facilities Maintaner lead	GNHWPCA

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: 07/15/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Paolillo for Senate

TYPE OF REPORT: First Weekly Supplemental Filing Primary - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Pereira	Paulo	M	0075

Residential Street Address	City	State	Zip Code
151 Concord St	New Haven	CT	06512

Principal Occupation	Name of Employer
Facility Manager	GNHWPCA

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: 07/15/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
OKeefe	Michelle	L	0066

Residential Street Address	City	State	Zip Code
17 Pope St	New Haven	CT	06512

Principal Occupation	Name of Employer
Accountant	Yale University

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

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

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

Amount of Contribution: $5.00

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: $5.00

Last Name	First	MI	Contribution ID #
Trotta	Carmine	P	0068

Residential Street Address	City	State	Zip Code
41 Elizabeth Ann Dr	New Haven	CT	06512

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: $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: $5.00

Last Name	First	MI	Contribution ID #
OKeefe	Taylor	L	0070

Residential Street Address	City	State	Zip Code
17 Pope St	New Haven	CT	06512

Principal Occupation	Name of Employer
Student	Student

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: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Paolillo for Senate

TYPE OF REPORT: First Weekly Supplemental Filing Primary - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
O'Keefe	Michael	J	0071

Residential Street Address	City	State	Zip Code
17 Pope St	New Haven	CT	06512

Principal Occupation	Name of Employer
conductor	Metro North

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
07/15/2026	$5.00	$5.00

Last Name	First	MI	Contribution ID #
Azukas	Robert	A	0100

Residential Street Address	City	State	Zip Code
163 Spring St	New Haven	CT	06519

Principal Occupation	Name of Employer
Treasury and Investment Analyst	City of New Haven

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
07/15/2026	$10.00	$10.00

Last Name	First	MI	Contribution ID #
Egan	Patrick		0156

Residential Street Address	City	State	Zip Code
640 Townsend Ave	New Haven	CT	06512

Principal Occupation	Name of Employer
Labor Relations	State of CT

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

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

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

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
07/15/2026	$340.00	$340.00

Last Name	First	MI	Contribution ID #
Tammaro	Dominick		0157

Residential Street Address	City	State	Zip Code
159 Briarcliff Rd	Hamden	CT	06518

Principal Occupation	Name of Employer
firefighter	City of New Haven

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
07/15/2026	$200.00	$200.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Paolillo for Senate

TYPE OF REPORT: First Weekly Supplemental Filing Primary - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Tammaro	Robert		0154

Residential Street Address	City	State	Zip Code
125 Kneeland Rd	New Haven	CT	06512

Principal Occupation	Name of Employer
Firefighter	NHFD

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: 07/16/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Egan	Magaret		0155

Residential Street Address	City	State	Zip Code
640 Townsend Ave	New Haven	CT	06512

Principal Occupation	Name of Employer
Student	State of CT

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

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

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

Amount of Contribution: $20.00

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: $20.00

Last Name	First	MI	Contribution ID #
Vallombroso	Roseann	E	0085

Residential Street Address	City	State	Zip Code
1284 Dean St	New Haven	CT	06512

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: $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: 07/16/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Trotta	Christopher	C	0069

Residential Street Address	City	State	Zip Code
43 Elizabeth Ann Dr	New Haven	CT	06512

Principal Occupation	Name of Employer
Technology Operations	Fact Set Research Systems, 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: $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: 07/16/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Paolillo for Senate

TYPE OF REPORT: First Weekly Supplemental Filing Primary - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Trotta	Elaine	T	0067

Residential Street Address	City	State	Zip Code
41 Elizabeth Ann Dr	New Haven	CT	06512

Principal Occupation	Name of Employer
Retired	Retiredq

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: 07/16/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Speranza	Anthony		0065

Residential Street Address	City	State	Zip Code
63 Deer Run Rd	Clinton	CT	06413

Principal Occupation	Name of Employer
IPP Inspector	GNHWPCA

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: 07/16/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Biggs	Charles	L	0106

Residential Street Address	City	State	Zip Code
3 Donna Ln	Branford	CT	06405

Principal Occupation	Name of Employer
Maintaniance Manager	GNHWPCA

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: 07/16/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Sheiffele	Judith		0153

Residential Street Address	City	State	Zip Code
7 Wooster Pl Apt 1	New Haven	CT	06511

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: $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: 07/17/2026

Aggregate Contributions: $250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Paolillo for Senate

TYPE OF REPORT: First Weekly Supplemental Filing Primary - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
DelVecchio	**Alfred**		**0217**

Residential Street Address	City	State	Zip Code
176 Townsend Ter	**New Haven**	**CT**	**06512**

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

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	**$100.00**	**$100.00**

Last Name	First	MI	Contribution ID #
Porto	Andrew	P	0110

Residential Street Address	City	State	Zip Code
157 Leedis Hill Dr Unit 403	Hamden	CT	06517

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

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
07/19/2026	$50.00	$50.00

Last Name	First	MI	Contribution ID #
Porto	Elvira		0109

Residential Street Address	City	State	Zip Code
157 Leederhill Dr Unit 403	Hamden	CT	06517

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

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
07/20/2026	$50.00	$50.00

Last Name	First	MI	Contribution ID #
Lambert	Susan		0118

Residential Street Address	City	State	Zip Code
62 Stuyvesant Ave	New Haven	CT	06512

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

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
07/20/2026	$5.00	$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Paolillo for Senate

TYPE OF REPORT: First Weekly Supplemental Filing Primary - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Bellucci	Ben	P	0119

Residential Street Address	City	State	Zip Code
211 Townsend Ave	New Haven	CT	06512

Principal Occupation	Name of Employer
Student	Student

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: 07/20/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Nazario	John	P	0120

Residential Street Address	City	State	Zip Code
211 Townsend Ave	New Haven	CT	06512

Principal Occupation	Name of Employer
Owner	New West Cafe

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: 07/20/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Abeshouse	Michael		0152

Residential Street Address	City	State	Zip Code
869 Orange St	New Haven	CT	06511

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: $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: 07/20/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Lockwood	Ava	R	0079

Residential Street Address	City	State	Zip Code
20 Kneeland Rd	New Haven	CT	06512

Principal Occupation	Name of Employer
Student	Student

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: 07/20/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Paolillo for Senate

TYPE OF REPORT: First Weekly Supplemental Filing Primary - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Lucibello	Anthony		0103

Residential Street Address	City	State	Zip Code
214 Kneeland Rd	New Haven	CT	06512

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: $10.00

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: $10.00

Last Name	First	MI	Contribution ID #
Panza	Florence	M	0089

Residential Street Address	City	State	Zip Code
34 Daniel Rd	Hamden	CT	06517

Principal Occupation	Name of Employer
Supervisor	F. Panza Company

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: $300.00

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: 07/21/2026

Aggregate Contributions: $300.00

Last Name	First	MI	Contribution ID #
Camp	Richard		0149

Residential Street Address	City	State	Zip Code
25 Hobart St	New Haven	CT	06511

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: $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: 07/21/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Natalino	Michael		0150

Residential Street Address	City	State	Zip Code
58 St Andrew Ave	East Haven	CT	06512

Principal Occupation	Name of Employer
Auto Leasing	Universal Leasing

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 #:

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

Date Received: 07/21/2026

Aggregate Contributions: $200.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Paolillo for Senate

TYPE OF REPORT: First Weekly Supplemental Filing Primary - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Camp	Edwin		0151

Residential Street Address	City	State	Zip Code
165 Kohary Dr	New Haven	CT	06515

Principal Occupation	Name of Employer
Researcher	United Here

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: 07/21/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Carchia	Americo	R	0129

Residential Street Address	City	State	Zip Code
3 Meadow View Rd	New Haven	CT	06512

Principal Occupation	Name of Employer
Attorney	Carchia Law Office

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: $20.00

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: 07/21/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Lockwood	David	R	0111

Residential Street Address	City	State	Zip Code
20 Kneeland Rd	New Haven	CT	06512

Principal Occupation	Name of Employer
Manager	Comcast

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: 07/21/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Bellucci	Juliana		0112

Residential Street Address	City	State	Zip Code
211 Townsend Ave	New Haven	CT	06512

Principal Occupation	Name of Employer
student	student

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: 07/21/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Paolillo for Senate

TYPE OF REPORT: First Weekly Supplemental Filing Primary - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Bayer	**Marie**	**L**	**0250**

Residential Street Address	City	State	Zip Code
190 Wooster St # 33	**New Haven**	**CT**	**06511**

Principal Occupation	Name of Employer
Payroll Auditor	**City of New HAven**

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: **07/21/2026**

Aggregate Contributions: **$10.00**

Last Name	First	MI	Contribution ID #
DeLucia	**Riley**	**A**	**0251**

Residential Street Address	City	State	Zip Code
306 Fort Hale Rd	**New Haven**	**CT**	**06512**

Principal Occupation	Name of Employer
Patient Service Coordinator	**Hartford Healthcare**

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: **07/21/2026**

Aggregate Contributions: **$5.00**

Last Name	First	MI	Contribution ID #
DeLucia	**Michael**	**A**	**0252**

Residential Street Address	City	State	Zip Code
306 Fort Hale Rd	**New Haven**	**CT**	**06512**

Principal Occupation	Name of Employer
Electrical Engineer	**Sikorsky**

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: **07/21/2026**

Aggregate Contributions: **$5.00**

Last Name	First	MI	Contribution ID #
DeLucia	**Kelly**	**A**	**0253**

Residential Street Address	City	State	Zip Code
306 Fort Hale Rd	**New Haven**	**CT**	**06512**

Principal Occupation	Name of Employer
Library Aid	**East Haven BOE**

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: **07/21/2026**

Aggregate Contributions: **$5.00**

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
DeLucia	**Avery**	**R**	**0254**
Residential Street Address	**City**	**State**	**Zip Code**
306 Fort Hale Rd	**New Haven**	**CT**	**06512**

Principal Occupation	Name of Employer
Student	**Student**

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: **07/21/2026**

Aggregate Contributions: **$5.00**

Total of Section B	**$5,530.00**
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Total on Line 14, Column A of Summary Page)*	**$5,530.00**

I. MONETARY RECEIPTS (Section A-I)

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

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
Paolillo for Senate	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
Paolillo for Senate	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
Paolillo for Senate	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
Paolillo for Senate	First Weekly Supplemental Filing Primary - Amendment

I. Miscellaneous Monetary Receipts not Considered Contributions

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

Total of Section I	

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Paolillo for Senate	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 / No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations.
Did this fundraiser include items donated by a business entity of up to $200 or items donated by an individual of up to $100?	Yes / No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to $100?	Yes / No	(If yes, enter Total Receipts here.)

Total of Section J1	

II.EVENT ACTIVITY (Sections J1 - J4)

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

Total of Section J3	

II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Paolillo for Senate	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
Paolillo for Senate	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

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
Paolillo for Senate	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 | 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
Paolillo for Senate	First Weekly Supplemental Filing Primary - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
LeLand for CT	07/18/2026	[X] Check # 101 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
189 Concord St	New Haven	CT	06512-0651

Purpose of Expendit	Description	Amount
CNTRB		$38.68

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
Anedot	**07/21/2026**	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
1201 W Peachtree St NW Ste 2625	**Atlanta**	**GA**	**30309-3499**

Purpose of Expendit	Description	Amount
BNK	**Anedot Fee**	**$123.30**

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

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

Expenditure # (if applicable):

Event #:

Total of Section N	**$161.98**

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Paolillo for Senate	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
Paolillo for Senate	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 If yes, assign an Expenditure # and complete Itemization in Addendum P		Expenditure # (if applicable)	Event #	

Total of Section P

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Paolillo for Senate	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 If yes, assign an Expenditure # and completes Itemization in Addendum Q		Expenditure # (if applicable)	Event #	

Total of Section Q	

IV. EXPENDITURES (Sections N - S)

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

R. Itemization of Reimbursements and Secondary Payees

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

Name of Vendor Paid by Committee Worker/Consultant			
Street Address of Vendor	City	State	Zip Code

Purpose of Expenditure (by code)	Description

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

Total of Section R	

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Paolillo for Senate	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