



COVER PAGE

| | | | | | |
|---|---|----------------------|---|------------------------------------|--|
| 1. NAME OF COMMITTEE | | | 2. TYPE OF COMMITTEE | | |
| Stephanie Thomas for CT | | | <input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee | | |
| 3. TREASURER NAME | | | | | |
| First Alan | MI | Last Shinbaum | | Suffix | |
| 4. TREASURER ADDRESS | | | | | |
| Street Address 202 Harvest Cmns | City Westport | State CT | Zip Code 06880 | | |
| 5. ELECTION DATE 11/03/2026 | 6. OFFICE SOUGHT (Complete only if Candidate Committee) Secretary of the State | | | 7. DISTRICT NUMBER (if applicable) | |
| 8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee) | | | | | |
| First Stephanie | MI | Last Thomas | | Suffix | |
| 9. TYPE OF REPORT | | | | | |
| January 10 Filing - Original | | | | | |
| 10. PERIOD COVERED | | | | | |
| Beginning Date | | Ending Date | | | |
| 10/01/2025 | | thru | | 12/31/2025 | |
| 11. CERTIFICATION | | | | | |
| <input checked="" type="checkbox"/> 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 | Alan Shinbaum | 01/01/2026 1:24:21AM | | | |
| SIGNATURE | PRINT NAME OF THE SIGNER | DATE CERTIFIED | | | |
| | | | | | |
| <p>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.</p> | | | | | |

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 | |
|---|------------------------------|-----------------------|
| Stephanie Thomas for CT | January 10 Filing - Original | |
| | COLUMN A This Period | COLUMN B Aggregate |
| 12. Balance on hand from day Committee was formed | | \$0.00 |
| 13. Balance on hand at the beginning of Reporting Period | \$18,045.91 | |
| 14. Contributions received from Individuals (Section A and B) | \$13,216.00 | \$34,582.00 |
| 15. Receipts from Other Committees (Sections C1 and C2) | \$0.00 | \$0.00 |
| 16. Other Monetary Receipts (Section D through I) | \$0.00 | \$320.00 |
| 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) | \$13,216.00 | \$34,902.00 |
| 19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B) | \$31,261.91 | \$34,902.00 |
| 20. Expenses Paid by Committee (Section N) | \$2,757.78 | \$6,397.87 |
| 21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns) | \$28,504.13 | \$28,504.13 |
| 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 |
| Stephanie Thomas for CT | January 10 Filing - Original |

A. Total Contributions from Small Contributors-Received this Period ONLYFor Nonparticipating Candidates ONLY
\$0.00**B. Itemized Contributions from Individuals**

| | | | |
|--|--|---|------------------------------------|
| Last Name Pierog | First Sandra | MI W | Contribution ID # 0127 |
| Residential Street Address 37 Brandy St | City Bolton | State CT | Zip Code 06043 |
| Principal Occupation CPA | Name of Employer Murphy & Company LLC | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 10/02/2025 | Aggregate Contributions \$25.00 |
| | | | Amount of Contribution \$25.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Seigerman | First Barry | MI | Contribution ID # 0128 |
| Residential Street Address 22 Fern Valley Rd | City Weston | State CT | Zip Code 06883 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 10/02/2025 | Aggregate Contributions \$25.00 |
| | | | Amount of Contribution \$25.00 |

| | | | |
|--|--|---|-------------------------------------|
| Last Name Jay | First Loretta | MI | Contribution ID # 0129 |
| Residential Street Address 116 Rolling Ridge Rd | City Fairfield | State CT | Zip Code 06824 |
| Principal Occupation Consultant | Name of Employer Parasol, LLC | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 10/02/2025 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Stephanie Thomas for CT | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-------------------------------------|
| Last Name Giolitto | First Bob | MI | Contribution ID # 0130 |
| Residential Street Address 15 Trailside Dr | City Norwalk | State CT | Zip Code 06851 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 10/02/2025 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$50.00 | |

| | | | |
|--|--|---|------------------------------------|
| Last Name Marshall-Nealy | First Jennifer | MI A | Contribution ID # 0131 |
| Residential Street Address 57 Cliffmount Dr | City Bloomfield | State CT | Zip Code 06002 |
| Principal Occupation unemployed seeking employment | Name of Employer Nely Security Training & Consulting | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 10/02/2025 | Aggregate Contributions \$10.00 |
| | | Amount of Contribution \$10.00 | |

| | | | |
|--|--|---|-------------------------------------|
| Last Name Russell | First Cynthia | MI L | Contribution ID # 0132 |
| Residential Street Address 1374 Rock Rimmon Road Stamford Ct # 6903 | City Stamford | State CT | Zip Code 06903 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 10/05/2025 | Aggregate Contributions \$250.00 |
| | | Amount of Contribution \$250.00 | |

| | | | |
|--|--|---|-------------------------------------|
| Last Name Pfeifer | First Eugene | MI E | Contribution ID # 0133 |
| Residential Street Address 5 Diving St | City Stonington | State CT | Zip Code 06378 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 10/12/2025 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Stephanie Thomas for CT | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|---|---|---|------------------------------------|
| Last Name GILLIS | First SUSHILA | MI | Contribution ID # 0134 |
| Residential Street Address 35 Splitrock Rd | City Norwalk | State CT | Zip Code 06854 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 10/13/2025 | Aggregate Contributions \$50.00 |
| | | | Amount of Contribution \$50.00 |

| | | | |
|---|---|---|-------------------------------------|
| Last Name Hubbard | First jesse | MI | Contribution ID # 0135 |
| Residential Street Address 146 Woodland St | City Manchester | State CT | Zip Code 06042 |
| Principal Occupation Executive Assistant | Name of Employer State of Connecticut | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 10/15/2025 | Aggregate Contributions \$175.00 |
| | | | Amount of Contribution \$50.00 |

| | | | |
|---|---|---|-------------------------------------|
| Last Name Grieco | First John | MI G | Contribution ID # 0136 |
| Residential Street Address 18 Connecticut Ave | City Greenwich | State CT | Zip Code 06830 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 10/19/2025 | Aggregate Contributions \$200.00 |
| | | | Amount of Contribution \$200.00 |

| | | | |
|---|---|---|-------------------------------------|
| Last Name Carlson | First Martha | MI | Contribution ID # 0137 |
| Residential Street Address 33 Horseshoe Rd | City Guilford | State CT | Zip Code 06437 |
| Principal Occupation retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 10/19/2025 | Aggregate Contributions \$250.00 |
| | | | Amount of Contribution \$250.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Stephanie Thomas for CT | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|---|--|---|-------------------------------------|
| Last Name Hegarty | First Mary | MI | Contribution ID # 0138 |
| Residential Street Address 14A W End Ave | City Old Greenwich | State CT | Zip Code 06870 |
| Principal Occupation Registrar of Voters | Name of Employer Town of Greenwich | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 10/19/2025 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

| | | | |
|---|--|---|-------------------------------------|
| Last Name Tate | First Rosemarie | MI J | Contribution ID # 0139 |
| Residential Street Address 598 S Quaker Ln | City West Hartford | State CT | Zip Code 06110 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 10/19/2025 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

| | | | |
|---|--|---|-------------------------------------|
| Last Name hodson | First John | MI I | Contribution ID # 0140 |
| Residential Street Address 2 Shorehaven Rd | City Norwalk | State CT | Zip Code 06855 |
| Principal Occupation Insurance | Name of Employer Amwins | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 10/19/2025 | Aggregate Contributions \$250.00 |
| | | Amount of Contribution \$250.00 | |

| | | | |
|---|--|---|-----------------------------------|
| Last Name Roper | First Peter | MI G | Contribution ID # 0141 |
| Residential Street Address 210 Pequot Ave . | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 10/20/2025 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Stephanie Thomas for CT | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|---|--|---|-------------------------------------|
| Last Name D'Agostino | First Deborah | MI | Contribution ID # 0142 |
| Residential Street Address 319 Thomaston Rd | City Watertown | State CT | Zip Code 06795 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 10/21/2025 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|---|--|---|-------------------------------------|
| Last Name Myers | First Stephen | MI | Contribution ID # 0143 |
| Residential Street Address 122 Palmers Hill Rd | City Stamford | State CT | Zip Code 06902 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 10/21/2025 | Aggregate Contributions \$200.00 |
| | | | Amount of Contribution \$200.00 |

| | | | |
|---|--|---|-------------------------------------|
| Last Name Anderman | First Jason | MI M | Contribution ID # 0144 |
| Residential Street Address 41 Plymouth St | City Montclair | State NJ | Zip Code 07042 |
| Principal Occupation Attorney | Name of Employer Terzo Technologies Inc. | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 11/02/2025 | Aggregate Contributions \$250.00 |
| | | | Amount of Contribution \$250.00 |

| | | | |
|---|--|---|-------------------------------------|
| Last Name Quinn | First Michael | MI D | Contribution ID # 0145 |
| Residential Street Address 47 Beth Ann Cir | City Meriden | State CT | Zip Code 06450 |
| Principal Occupation Attorney | Name of Employer Mahon, Quinn & Mahon, P.C. | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 11/05/2025 | Aggregate Contributions \$250.00 |
| | | | Amount of Contribution \$250.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Stephanie Thomas for CT | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|------------------------------------|
| Last Name Tarantino | First Shira | MI | Contribution ID # 0146 |
| Residential Street Address 455 Hope St | City Stamford | State CT | Zip Code 06906 |
| Principal Occupation Nonprofit Professional | Name of Employer Stepping Stones Museum for Children | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 11/05/2025 | Aggregate Contributions \$30.00 |
| | | Amount of Contribution \$25.00 | |

| | | | |
|--|--|---|------------------------------------|
| Last Name Loebell | First Robert | MI | Contribution ID # 0147 |
| Residential Street Address 12 Chateau Margaux | City Bloomfield | State CT | Zip Code 06002 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 11/05/2025 | Aggregate Contributions \$10.00 |
| | | Amount of Contribution \$10.00 | |

| | | | |
|--|--|---|------------------------------------|
| Last Name Pierog | First Sandra | MI W | Contribution ID # 0148 |
| Residential Street Address 37 Brandy St | City Bolton | State CT | Zip Code 06043 |
| Principal Occupation CPA | Name of Employer Murphy & Company LLC | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 11/05/2025 | Aggregate Contributions \$50.00 |
| | | Amount of Contribution \$25.00 | |

| | | | |
|--|--|---|-------------------------------------|
| Last Name Roberts | First Katherine | MI P | Contribution ID # 0149 |
| Residential Street Address 260 Shagbark Dr | City Derby | State CT | Zip Code 06418 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 11/05/2025 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Stephanie Thomas for CT | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|---|---|---|------------------------------------|
| Last Name Berardi | First Connie | MI | Contribution ID # 0150 |
| Residential Street Address 71 Pine Woods Rd | City North Stonington | State CT | Zip Code 06359 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 11/05/2025 | Aggregate Contributions \$50.00 |
| | | | Amount of Contribution \$50.00 |

| | | | |
|---|---|---|-------------------------------------|
| Last Name Dubensky | First Joyce | MI S | Contribution ID # 0151 |
| Residential Street Address 209 Stratford Rd | City Brooklyn | State NY | Zip Code 11218 |
| Principal Occupation CEO Emerita, Senior Strategist | Name of Employer Tanenbaum | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 11/05/2025 | Aggregate Contributions \$200.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|---|---|---|-------------------------------------|
| Last Name Williams | First Dorothy | MI | Contribution ID # 0152 |
| Residential Street Address 515 E 89th St | City New York | State NY | Zip Code 10128 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 11/05/2025 | Aggregate Contributions \$250.00 |
| | | | Amount of Contribution \$250.00 |

| | | | |
|---|---|---|-------------------------------------|
| Last Name Essagof | First Bobbi | MI G | Contribution ID # 0153 |
| Residential Street Address 120 Harbor Rd | City Westport | State CT | Zip Code 06880 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 11/05/2025 | Aggregate Contributions \$150.00 |
| | | | Amount of Contribution \$150.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Stephanie Thomas for CT | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|---|---|---|-------------------------------------|
| Last Name Welles | First Gary | MI | Contribution ID # 0154 |
| Residential Street Address PO Box 1 | City Old Mystic | State CT | Zip Code 06372 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 11/06/2025 | Aggregate Contributions \$250.00 |
| | | | Amount of Contribution \$250.00 |

| | | | |
|---|---|---|-------------------------------------|
| Last Name McCarthy Vahey | First Cristin | MI | Contribution ID # 0155 |
| Residential Street Address 1625 Melville Ave | City Fairfield | State CT | Zip Code 06825 |
| Principal Occupation State Representative | Name of Employer State of CT | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 11/06/2025 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|---|---|---|------------------------------------|
| Last Name Carney | First Robert | MI T | Contribution ID # 0156 |
| Residential Street Address 106 Signal Hill Rd | City Wilton | State CT | Zip Code 06897 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 11/07/2025 | Aggregate Contributions \$50.00 |
| | | | Amount of Contribution \$50.00 |

| | | | |
|---|---|---|-------------------------------------|
| Last Name Russell | First John | MI K | Contribution ID # 0157 |
| Residential Street Address 1374 Rock Rimmon Rd | City Stamford | State CT | Zip Code 06903 |
| Principal Occupation President | Name of Employer John Keith Russell Antiques, Inc | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 11/08/2025 | Aggregate Contributions \$250.00 |
| | | | Amount of Contribution \$250.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Stephanie Thomas for CT | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-------------------------------------|
| Last Name Harrison | First Shirley | MI D | Contribution ID # 0158 |
| Residential Street Address 25 Mount Tobias Rd | City Mount Tremper | State NY | Zip Code 12457 |
| Principal Occupation Human resources | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 11/08/2025 | Aggregate Contributions \$250.00 |
| | | | Amount of Contribution \$250.00 |

| | | | |
|--|--|---|-------------------------------------|
| Last Name Rosenberg | First Gabriel | MI S | Contribution ID # 0159 |
| Residential Street Address 35 Deer Pond Trl | City Hamden | State CT | Zip Code 06518 |
| Principal Occupation Chief of Staff | Name of Employer State of Connecticut | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 11/21/2025 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name DEGENSHEIN | First JAN | MI S | Contribution ID # 0160 |
| Residential Street Address 407 Newtown Ave | City Norwalk | State CT | Zip Code 06851 |
| Principal Occupation Architect - Planner | Name of Employer Degenshein Architects | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 11/22/2025 | Aggregate Contributions \$25.00 |
| | | | Amount of Contribution \$25.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Soderholm | First Sidney | MI C | Contribution ID # 0161 |
| Residential Street Address 46 Pezzente Ln | City East Hartford | State CT | Zip Code 06108 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 11/22/2025 | Aggregate Contributions \$50.00 |
| | | | Amount of Contribution \$50.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Stephanie Thomas for CT | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|-----------------------------|--|-------------------------------------|
| Last Name Stone | First Judy | MI | Contribution ID # 0162 |
| Residential Street Address 25 Burritts Lndg S | City Westport | State CT | Zip Code 06880 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 11/22/2025 | Aggregate Contributions \$100.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$100.00 | |

| | | | |
|--|--|--|------------------------------------|
| Last Name Blank | First Adam | MI J | Contribution ID # 0163 |
| Residential Street Address 49 Bartlett Ave | City Norwalk | State CT | Zip Code 06850 |
| Principal Occupation Attorney | Name of Employer Wofsey Rosen Kveskin Kuriansky LLP | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 11/23/2025 | Aggregate Contributions \$50.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$50.00 | |

| | | | |
|--|--|--|------------------------------------|
| Last Name Iacovacci | First Melissa | MI C | Contribution ID # 0164 |
| Residential Street Address 49 Bartlett Ave | City Norwalk | State CT | Zip Code 06850 |
| Principal Occupation Social Worker | Name of Employer Newport Healthcare | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 11/23/2025 | Aggregate Contributions \$10.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$10.00 | |

| | | | |
|--|---|--|------------------------------------|
| Last Name Jordan-Byron | First Jacquen | MI | Contribution ID # 0165 |
| Residential Street Address 100 San Vincenzo Pl Apt 5 | City Norwalk | State CT | Zip Code 06854 |
| Principal Occupation Accounting Clerk | Name of Employer Charter Brokerage LLC | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 11/23/2025 | Aggregate Contributions \$25.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$25.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Stephanie Thomas for CT | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|---|---|------------------------------------|
| Last Name sweeney | First susan | MI | Contribution ID # 0166 |
| Residential Street Address 44 Strawberry Hill Ave | City Stamford | State CT | Zip Code 06902 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 11/23/2025 | Aggregate Contributions \$10.00 |
| | | | Amount of Contribution \$10.00 |

| | | | |
|--|---|---|-------------------------------------|
| Last Name Schaberg | First William | MI | Contribution ID # 0167 |
| Residential Street Address 424 Riverside Dr | City Fairfield | State CT | Zip Code 06824 |
| Principal Occupation Antiquarian Rare Book Dealer | Name of Employer Athena Rare Books | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 11/23/2025 | Aggregate Contributions \$250.00 |
| | | | Amount of Contribution \$250.00 |

| | | | |
|--|---|---|------------------------------------|
| Last Name Oatis | First Victoria | MI Y | Contribution ID # 0168 |
| Residential Street Address 12 Fairfield Ter | City Norwalk | State CT | Zip Code 06851 |
| Principal Occupation Librarian | Name of Employer Norwalk Public Library | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 11/23/2025 | Aggregate Contributions \$50.00 |
| | | | Amount of Contribution \$50.00 |

| | | | |
|--|---|---|-------------------------------------|
| Last Name Yordon | First Mary | MI X | Contribution ID # 0169 |
| Residential Street Address 67 North St | City Easton | State CT | Zip Code 06612 |
| Principal Occupation Teacher | Name of Employer Norwalk Public Schools | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 11/24/2025 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Stephanie Thomas for CT | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-------------------------------------|
| Last Name Dyer | First Matt | MI | Contribution ID # 0170 |
| Residential Street Address 405 Hunter Dr | City Litchfield | State CT | Zip Code 06759 |
| Principal Occupation Attorney | Name of Employer Furey Donovan Cooney & Dyer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 11/24/2025 | Aggregate Contributions \$250.00 |
| | | Amount of Contribution \$250.00 | |

| | | | |
|--|--|---|-------------------------------------|
| Last Name Amgott | First Margo | MI | Contribution ID # 0171 |
| Residential Street Address 9 Brightfield Ln | City Westport | State CT | Zip Code 06880 |
| Principal Occupation Nonprofit consultant | Name of Employer Amgott Interim LLC | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 11/24/2025 | Aggregate Contributions \$250.00 |
| | | Amount of Contribution \$250.00 | |

| | | | |
|--|--|---|-------------------------------------|
| Last Name Petrow | First Jay | MI | Contribution ID # 0172 |
| Residential Street Address 8A Birchwood Ln | City Westport | State CT | Zip Code 06880 |
| Principal Occupation Landscape Designer | Name of Employer PetrowGardens Landscape Design | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 11/24/2025 | Aggregate Contributions \$250.00 |
| | | Amount of Contribution \$250.00 | |

| | | | |
|--|--|---|------------------------------------|
| Last Name Bailey | First john | MI M | Contribution ID # 0173 |
| Residential Street Address 17 Glenbrook Rd | City West Hartford | State CT | Zip Code 06107 |
| Principal Occupation Lobbyist | Name of Employer Tcors Capitol Group | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 11/24/2025 | Aggregate Contributions \$50.00 |
| | | Amount of Contribution \$50.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Stephanie Thomas for CT | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|---|--|---|------------------------------------|
| Last Name York | First Jason | MI | Contribution ID # 0174 |
| Residential Street Address 150 Dowd St | City Newington | State CT | Zip Code 06111 |
| Principal Occupation Communications Manager | Name of Employer State of Connecticut | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 11/28/2025 | Aggregate Contributions \$10.00 |
| | | Amount of Contribution \$10.00 | |

| | | | |
|---|--|---|-------------------------------------|
| Last Name Zea | First Elizabeth | MI W | Contribution ID # 0175 |
| Residential Street Address 952 Weed St | City New Canaan | State CT | Zip Code 06840 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 11/29/2025 | Aggregate Contributions \$250.00 |
| | | Amount of Contribution \$250.00 | |

| | | | |
|---|--|---|------------------------------------|
| Last Name Teplica | First Danielle | MI R | Contribution ID # 0176 |
| Residential Street Address 52 Maple Ave S | City Westport | State CT | Zip Code 06880 |
| Principal Occupation unemployed | Name of Employer unemployed | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 11/30/2025 | Aggregate Contributions \$25.00 |
| | | Amount of Contribution \$25.00 | |

| | | | |
|---|--|---|------------------------------------|
| Last Name Orteig | First Elizabeth | MI | Contribution ID # 0177 |
| Residential Street Address 108 Bayberry Rd | City New Canaan | State CT | Zip Code 06840 |
| Principal Occupation Antique Restorer | Name of Employer Elizabeth Orteig, Antique Restoration | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/05/2025 | Aggregate Contributions \$50.00 |
| | | Amount of Contribution \$50.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Stephanie Thomas for CT | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-------------------------------------|
| Last Name Blank | First Robert | MI P | Contribution ID # 0178 |
| Residential Street Address 597 Westport Ave | City Norwalk | State CT | Zip Code 06851 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/07/2025 | Aggregate Contributions \$200.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Howland-Murray | First Deborah | MI | Contribution ID # 0179 |
| Residential Street Address 204 Ellsworth St | City Bridgeport | State CT | Zip Code 06605 |
| Principal Occupation Portrait Artist | Name of Employer Deborah Howland-Murray | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/08/2025 | Aggregate Contributions \$25.00 |
| | | | Amount of Contribution \$25.00 |

| | | | |
|--|--|---|-------------------------------------|
| Last Name Pryde | First Linda | MI | Contribution ID # 0180 |
| Residential Street Address 134 Regents Park | City Westport | State CT | Zip Code 06880 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/08/2025 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|--|--|---|-------------------------------------|
| Last Name Barahona | First Jennifer | MI D | Contribution ID # 0181 |
| Residential Street Address 74 Cardinal St | City Fairfield | State CT | Zip Code 06825 |
| Principal Occupation Deputy Secretary of the State | Name of Employer Office of the Connecticut Secretary of the State | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/08/2025 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Stephanie Thomas for CT | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|------------------------------------|
| Last Name Burks | First Cecelia | MI | Contribution ID # 0182 |
| Residential Street Address 15 Osborne Ave | City Norwalk | State CT | Zip Code 06855 |
| Principal Occupation Substitute Teacher | Name of Employer Westport Public Schools | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/09/2025 | Aggregate Contributions \$25.00 |
| | | Amount of Contribution \$25.00 | |

| | | | |
|--|--|---|-------------------------------------|
| Last Name Newman | First LISA | MI | Contribution ID # 0183 |
| Residential Street Address 25 Cob Dr | City Westport | State CT | Zip Code 06880 |
| Principal Occupation Partner, Marketing Firm | Name of Employer Lisa N Newman | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/09/2025 | Aggregate Contributions \$250.00 |
| | | Amount of Contribution \$250.00 | |

| | | | |
|--|--|---|------------------------------------|
| Last Name Capodilupo | First Francesca | MI | Contribution ID # 0184 |
| Residential Street Address 513 Branchville Rd | City Ridgefield | State CT | Zip Code 06877 |
| Principal Occupation Campaign Manager | Name of Employer Ned for CT | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/14/2025 | Aggregate Contributions \$10.00 |
| | | Amount of Contribution \$10.00 | |

| | | | |
|--|--|---|-------------------------------------|
| Last Name Singh | First Swarnjit | MI | Contribution ID # 0185 |
| Residential Street Address 162 Scotland Rd | City Norwich | State CT | Zip Code 06360 |
| Principal Occupation Investor | Name of Employer American property group LLC | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/14/2025 | Aggregate Contributions \$250.00 |
| | | Amount of Contribution \$250.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Stephanie Thomas for CT | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|---|---|------------------------------------|
| Last Name Thomas | First Carol | MI | Contribution ID # 0186 |
| Residential Street Address 1411 | City Urbana | State OH | Zip Code 43078 |
| Principal Occupation DD Job Coach; School Aide | Name of Employer Downsize Farm; Urbana (OH City School District) | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/14/2025 | Aggregate Contributions \$20.00 |
| | | Amount of Contribution \$20.00 | |

| | | | |
|--|---|---|-------------------------------------|
| Last Name Holmes | First Leslie | MI | Contribution ID # 0187 |
| Residential Street Address 25 Merwin Ln | City Wilton | State CT | Zip Code 06897 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/14/2025 | Aggregate Contributions \$150.00 |
| | | Amount of Contribution \$100.00 | |

| | | | |
|--|---|---|-------------------------------------|
| Last Name FERGUSON MATHIS | First ARLETTE | MI | Contribution ID # 0188 |
| Residential Street Address 304 E 7th St | City Brooklyn | State NY | Zip Code 11218 |
| Principal Occupation HOMEMAKER | Name of Employer N/A | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/14/2025 | Aggregate Contributions \$250.00 |
| | | Amount of Contribution \$100.00 | |

| | | | |
|--|---|---|-------------------------------------|
| Last Name Fox | First Ellen | MI S | Contribution ID # 0189 |
| Residential Street Address 522 Traditions Ct N | City Oxford | State CT | Zip Code 06478 |
| Principal Occupation Registrar of Voters | Name of Employer Town of Oxford | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/14/2025 | Aggregate Contributions \$150.00 |
| | | Amount of Contribution \$50.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Stephanie Thomas for CT | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|---|---|---|------------------------------------|
| Last Name Teplica | First Danielle | MI | Contribution ID # 0190 |
| Residential Street Address 52 Maple Ave S | City Westport | State CT | Zip Code 06880 |
| Principal Occupation Unemployed | Name of Employer Unemployed | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/14/2025 | Aggregate Contributions \$20.00 |
| | | | Amount of Contribution \$20.00 |

| | | | |
|---|---|---|------------------------------------|
| Last Name Ulrich | First Lindasusan | MI | Contribution ID # 0191 |
| Residential Street Address 22 Quentin St | City Hamden | State CT | Zip Code 06517 |
| Principal Occupation Minister | Name of Employer Unemployed | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/14/2025 | Aggregate Contributions \$10.00 |
| | | | Amount of Contribution \$10.00 |

| | | | |
|---|---|---|-------------------------------------|
| Last Name miller | First elise | MI | Contribution ID # 0192 |
| Residential Street Address 174 Southport Woods Dr Bldg 7 Second Floor | City Southport | State CT | Zip Code 06890 |
| Principal Occupation Librarian | Name of Employer Ridgefield Library | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/14/2025 | Aggregate Contributions \$225.00 |
| | | | Amount of Contribution \$50.00 |

| | | | |
|---|---|---|-------------------------------------|
| Last Name Lewis | First Nancy | MI | Contribution ID # 0193 |
| Residential Street Address 7 Otter Trl | City Westport | State CT | Zip Code 06880 |
| Principal Occupation Office Manager | Name of Employer Four String Media LLC | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/14/2025 | Aggregate Contributions \$250.00 |
| | | | Amount of Contribution \$250.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Stephanie Thomas for CT | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|---|---|---|-----------------------------------|
| Last Name Gray | First Lauren | MI | Contribution ID # 0194 |
| Residential Street Address 205 Wilson Rd | City Orange | State CT | Zip Code 06477 |
| Principal Occupation Communications Manager | Name of Employer BIC | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/14/2025 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|---|---|---|------------------------------------|
| Last Name Morey | First Michelle | MI | Contribution ID # 0195 |
| Residential Street Address 205 W End Ave | City New York | State NY | Zip Code 10023 |
| Principal Occupation AVP, Application Delivery | Name of Employer QBE Americas, Inc. | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/14/2025 | Aggregate Contributions \$25.00 |
| | | | Amount of Contribution \$25.00 |

| | | | |
|---|---|---|-------------------------------------|
| Last Name Cooper | First Kenneth | MI F | Contribution ID # 0196 |
| Residential Street Address 14 E 90th St | City New York | State NY | Zip Code 10128 |
| Principal Occupation Investment Advisor | Name of Employer ACK Asset Management LLC | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/14/2025 | Aggregate Contributions \$250.00 |
| | | | Amount of Contribution \$250.00 |

| | | | |
|---|---|---|------------------------------------|
| Last Name Peterson | First Tara | MI | Contribution ID # 0197 |
| Residential Street Address 18 Westview Ln | City Brookfield | State CT | Zip Code 06804 |
| Principal Occupation Teacher/ Library Media Specialist | Name of Employer Wilton public schools | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/14/2025 | Aggregate Contributions \$20.00 |
| | | | Amount of Contribution \$20.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Stephanie Thomas for CT | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|---|---|---|-------------------------------------|
| Last Name Axthelm | First Nancy | MI | Contribution ID # 0198 |
| Residential Street Address 33 Minute Man Hl | City Westport | State CT | Zip Code 06880 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/14/2025 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$50.00 |

| | | | |
|---|---|---|-------------------------------------|
| Last Name Burrell | First Darlene | MI F | Contribution ID # 0199 |
| Residential Street Address 623 Forest Rd | City West Suffield | State CT | Zip Code 06093 |
| Principal Occupation Registrar of Voters | Name of Employer Town of Suffield | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/14/2025 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|---|---|---|------------------------------------|
| Last Name Roper | First Peter | MI G | Contribution ID # 0200 |
| Residential Street Address 210 Pequot Ave . | City Mystic | State CT | Zip Code 06355 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/14/2025 | Aggregate Contributions \$10.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|---|---|---|------------------------------------|
| Last Name Bellamy | First Janet | MI A | Contribution ID # 0201 |
| Residential Street Address 11 Sunset Dr | City Ashford | State CT | Zip Code 06278 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/14/2025 | Aggregate Contributions \$25.00 |
| | | | Amount of Contribution \$25.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Stephanie Thomas for CT | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|---|--|-------------------------------------|
| Last Name Gosselin | First Gene | MI | Contribution ID # 0202 |
| Residential Street Address 2101 NE 60th St | City Ft Lauderdale | State FL | Zip Code 33308 |
| Principal Occupation CEO | Name of Employer CareGuides | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/14/2025 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

| | | | |
|--|---|--|------------------------------------|
| Last Name Hodges | First Phyllis | MI | Contribution ID # 0203 |
| Residential Street Address 1211 21st St Apt 705 | City Galveston | State TX | Zip Code 77550 |
| Principal Occupation Protection Specialist | Name of Employer The Bryan Museum | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/14/2025 | Aggregate Contributions \$50.00 |
| | | Amount of Contribution \$50.00 | |

| | | | |
|--|---|--|-----------------------------------|
| Last Name Simms | First Robert | MI A | Contribution ID # 0204 |
| Residential Street Address 3 Quarry Knls | City Greenwich | State CT | Zip Code 06830 |
| Principal Occupation Substitute Teacher | Name of Employer Town of Greenwich, Public Schools | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/14/2025 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|---|--|------------------------------------|
| Last Name Dubensky | First Joyce | MI | Contribution ID # 0205 |
| Residential Street Address 209 Stratford Rd | City Brooklyn | State NY | Zip Code 11218 |
| Principal Occupation CEO Emerita | Name of Employer Tanenbaum | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/14/2025 | Aggregate Contributions \$10.00 |
| | | Amount of Contribution \$10.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Stephanie Thomas for CT | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|---|---|---|------------------------------------|
| Last Name Underwood | First Janis | MI | Contribution ID # 0206 |
| Residential Street Address 73 Woodside Ter | City New Haven | State CT | Zip Code 06515 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/14/2025 | Aggregate Contributions \$10.00 |
| | | | Amount of Contribution \$10.00 |

| | | | |
|---|---|---|-------------------------------------|
| Last Name Orozco | First Arienne | MI | Contribution ID # 0207 |
| Residential Street Address 5212 Town Walk Dr | City Hamden | State CT | Zip Code 06518 |
| Principal Occupation Outreach | Name of Employer State of Connecticut | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/14/2025 | Aggregate Contributions \$250.00 |
| | | | Amount of Contribution \$250.00 |

| | | | |
|---|---|---|-------------------------------------|
| Last Name brown | First william | MI m | Contribution ID # 0208 |
| Residential Street Address 122 Palmers Hill Rd Apt 2304 | City Stamford | State CT | Zip Code 06902 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/14/2025 | Aggregate Contributions \$250.00 |
| | | | Amount of Contribution \$250.00 |

| | | | |
|---|---|---|-------------------------------------|
| Last Name Krasnow | First Maurice | MI | Contribution ID # 0209 |
| Residential Street Address 6 Turtleback Rd | City Wilton | State CT | Zip Code 06897 |
| Principal Occupation Psychoanalyst | Name of Employer Maurice Krasnow, PhD | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/14/2025 | Aggregate Contributions \$250.00 |
| | | | Amount of Contribution \$250.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Stephanie Thomas for CT | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|-----------------------------------|--|-------------------------------------|
| Last Name Perugino | First Pat | MI | Contribution ID # 0210 |
| Residential Street Address 455 | City West Haven | State CT | Zip Code 06516 |
| Principal Occupation Finance | Name of Employer Craft Capital | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 12/14/2025 | Aggregate Contributions \$250.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$250.00 | |

| | | | |
|--|-------------------------------------|--|-------------------------------------|
| Last Name Cordano | First Amanda | MI | Contribution ID # 0211 |
| Residential Street Address 160 Florida Hill Rd | City Ridgefield | State CT | Zip Code 06877 |
| Principal Occupation Executive Director | Name of Employer Ms President US | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 12/14/2025 | Aggregate Contributions \$175.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$75.00 | |

| | | | |
|--|--|--|-------------------------------------|
| Last Name Kessler | First Elizabeth | MI | Contribution ID # 0212 |
| Residential Street Address 17 Harding Ln | City Westport | State CT | Zip Code 06880 |
| Principal Occupation educator | Name of Employer Intimacy By Design | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 12/14/2025 | Aggregate Contributions \$250.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$250.00 | |

| | | | |
|--|-----------------------------|--|------------------------------------|
| Last Name Siegelbaum | First Beth | MI M | Contribution ID # 0213 |
| Residential Street Address 57 Russell St | City Norwalk | State CT | Zip Code 06855 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 12/14/2025 | Aggregate Contributions \$75.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$25.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Stephanie Thomas for CT | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|-----------------------------|--|------------------------------------|
| Last Name Block | First Lois | MI E | Contribution ID # 0214 |
| Residential Street Address 10 Willard Rd | City Norwalk | State CT | Zip Code 06851 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 12/14/2025 | Aggregate Contributions \$50.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$50.00 | |

| | | | |
|--|-------------------------------------|--|-------------------------------------|
| Last Name Bennett | First Mary | MI E | Contribution ID # 0215 |
| Residential Street Address 3119 SW 109th Dr | City Gainesville | State FL | Zip Code 32608 |
| Principal Occupation Philanthropic consultant | Name of Employer Frey Foundation | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 12/14/2025 | Aggregate Contributions \$250.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$250.00 | |

| | | | |
|--|---|--|-------------------------------------|
| Last Name Hicks | First Darcy | MI | Contribution ID # 0216 |
| Residential Street Address 1 Harding Ln | City Westport | State CT | Zip Code 06880 |
| Principal Occupation Educator | Name of Employer Doorways to Thinking, LLC | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 12/14/2025 | Aggregate Contributions \$250.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$250.00 | |

| | | | |
|--|--|--|-------------------------------------|
| Last Name Koskoff | First Josh | MI | Contribution ID # 0217 |
| Residential Street Address 1 Harding Ln | City Westport | State CT | Zip Code 06880 |
| Principal Occupation Attorney | Name of Employer Koskoff Koskoff & Bieder | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 12/14/2025 | Aggregate Contributions \$250.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$250.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Stephanie Thomas for CT | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|---|--|---|------------------------------------|
| Last Name Finnegan | First Mary | MI | Contribution ID # 0218 |
| Residential Street Address 33 Fenway Rd | City Branford | State CT | Zip Code 06405 |
| Principal Occupation Designer/Artist | Name of Employer Artist at Work, inc. | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/14/2025 | Aggregate Contributions \$25.00 |
| | | Amount of Contribution \$25.00 | |

| | | | |
|---|--|---|------------------------------------|
| Last Name Combs | First Sharon | MI M | Contribution ID # 0219 |
| Residential Street Address 331 Park Pl | City Brooklyn | State NY | Zip Code 11238 |
| Principal Occupation Executive Coach | Name of Employer Sharon M. Combs Executive Coaching | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/14/2025 | Aggregate Contributions \$25.00 |
| | | Amount of Contribution \$25.00 | |

| | | | |
|---|--|---|------------------------------------|
| Last Name Timms-Ferrara | First Lois | MI | Contribution ID # 0220 |
| Residential Street Address 23 Settlers Way | City Ellington | State CT | Zip Code 06029 |
| Principal Occupation Data management/Registrar of Voters | Name of Employer Data Independence LLC | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/15/2025 | Aggregate Contributions \$10.00 |
| | | Amount of Contribution \$10.00 | |

| | | | |
|---|--|---|------------------------------------|
| Last Name Gates | First Rozanne | MI | Contribution ID # 0221 |
| Residential Street Address 277A North Ave . | City Westport | State CT | Zip Code 06880 |
| Principal Occupation self-employed | Name of Employer The Legacy Project USA | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/15/2025 | Aggregate Contributions \$10.00 |
| | | Amount of Contribution \$10.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Stephanie Thomas for CT | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|------------------------------------|
| Last Name Arzeno | First Hector | MI E | Contribution ID # 0222 |
| Residential Street Address 215 Valley Rd | City Cos Cob | State CT | Zip Code 06807 |
| Principal Occupation State Representative | Name of Employer CT General Assembly | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/15/2025 | Aggregate Contributions \$50.00 |
| | | Amount of Contribution \$50.00 | |

| | | | |
|--|--|---|-------------------------------------|
| Last Name Merrill | First Denise | MI W | Contribution ID # 0223 |
| Residential Street Address 222 Separatist Rd | City Storrs | State CT | Zip Code 06268 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/15/2025 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

| | | | |
|--|--|---|------------------------------------|
| Last Name Frate | First Corey | MI W | Contribution ID # 0224 |
| Residential Street Address 47 Hecker Ave | City Darien | State CT | Zip Code 06820 |
| Principal Occupation Deputy Registrar | Name of Employer Town of Darien | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/16/2025 | Aggregate Contributions \$26.00 |
| | | Amount of Contribution \$26.00 | |

| | | | |
|--|--|---|-------------------------------------|
| Last Name Masumian | First George | MI J | Contribution ID # 0225 |
| Residential Street Address 9 Tanglewood Ln | City Westport | State CT | Zip Code 06880 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/17/2025 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Stephanie Thomas for CT | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-------------------------------------|
| Last Name KALAMARIDES | First JOHN | MI | Contribution ID # 0226 |
| Residential Street Address 180 Westport Rd | City Wilton | State CT | Zip Code 06897 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/18/2025 | Aggregate Contributions \$250.00 |
| | | Amount of Contribution \$250.00 | |

| | | | |
|--|--|---|-------------------------------------|
| Last Name Lipschitz | First David | MI | Contribution ID # 0227 |
| Residential Street Address 2 Meadow Pl | City Old Greenwich | State CT | Zip Code 06870 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/19/2025 | Aggregate Contributions \$250.00 |
| | | Amount of Contribution \$250.00 | |

| | | | |
|--|--|---|-------------------------------------|
| Last Name Gichon | First Galia | MI | Contribution ID # 0228 |
| Residential Street Address 35 Tamarac Rd | City Westport | State CT | Zip Code 06880 |
| Principal Occupation Finance | Name of Employer Down-to-Earth Finance, LLC | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/21/2025 | Aggregate Contributions \$250.00 |
| | | Amount of Contribution \$250.00 | |

| | | | |
|--|--|---|-------------------------------------|
| Last Name Frampton | First LeReine | MI M | Contribution ID # 0229 |
| Residential Street Address 6 Pebble Rd | City Newtown | State CT | Zip Code 06470 |
| Principal Occupation Registrar of Voters | Name of Employer Town of Newtown | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/21/2025 | Aggregate Contributions \$250.00 |
| | | Amount of Contribution \$250.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Stephanie Thomas for CT | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|---|--|-------------------------------------|
| Last Name Hovland | First Pamela | MI R | Contribution ID # 0230 |
| Residential Street Address 35 Pond Rd | City Wilton | State CT | Zip Code 06897 |
| Principal Occupation Designer, educator | Name of Employer Self, Yale University | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 12/21/2025 | Aggregate Contributions \$300.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$100.00 | |

| | | | |
|--|---|--|------------------------------------|
| Last Name Weinberger | First Susan | MI G | Contribution ID # 0231 |
| Residential Street Address 3 Inwood Rd | City Norwalk | State CT | Zip Code 06850 |
| Principal Occupation Consultant | Name of Employer Mentor Consulting Group | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 12/21/2025 | Aggregate Contributions \$50.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$50.00 | |

| | | | |
|--|-----------------------------|--|-------------------------------------|
| Last Name Reeves | First Margaret(Peggy) | MI A | Contribution ID # 0232 |
| Residential Street Address 56 Hemmelskamp Rd | City Wilton | State CT | Zip Code 06897 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 12/21/2025 | Aggregate Contributions \$250.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$250.00 | |

| | | | |
|--|-----------------------------|--|-------------------------------------|
| Last Name Squitieri | First Peter | MI | Contribution ID # 0233 |
| Residential Street Address 696 Thomas Gage Dr | City Fuquay Varina | State NC | Zip Code 27526 |
| Principal Occupation retired | Name of Employer retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 12/21/2025 | Aggregate Contributions \$100.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$100.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Stephanie Thomas for CT | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|---|--|------------------------------------|
| Last Name Hillson | First Beth | MI J | Contribution ID # 0234 |
| Residential Street Address 283 Imperial Dr | City Glastonbury | State CT | Zip Code 06033 |
| Principal Occupation writer, editor | Name of Employer Self Employed writer. Team leader, Take Action CT | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Amount of Contribution | | | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/21/2025 | Aggregate Contributions \$50.00 |
| If yes, list Event # | | \$50.00 | |

| | | | |
|--|---|--|------------------------------------|
| Last Name Bacon | First Bonnie | MI | Contribution ID # 0235 |
| Residential Street Address 1297 Route 163 | City Oakdale | State CT | Zip Code 06370 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Amount of Contribution | | | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/22/2025 | Aggregate Contributions \$50.00 |
| If yes, list Event # | | \$50.00 | |

| | | | |
|--|---|--|-------------------------------------|
| Last Name Gerratana | First Theresa | MI | Contribution ID # 0236 |
| Residential Street Address 11 Dorset Ln | City Farmington | State CT | Zip Code 06032 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Amount of Contribution | | | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/22/2025 | Aggregate Contributions \$100.00 |
| If yes, list Event # | | \$100.00 | |

| | | | |
|--|---|--|-------------------------------------|
| Last Name Gillis | First Sushila | MI | Contribution ID # 0237 |
| Residential Street Address 35 Splitrock Rd | City Norwalk | State CT | Zip Code 06854 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Amount of Contribution | | | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/22/2025 | Aggregate Contributions \$100.00 |
| If yes, list Event # | | \$50.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Stephanie Thomas for CT | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|---|---|---|------------------------------------|
| Last Name Winkler | First Michelle | MI | Contribution ID # 0238 |
| Residential Street Address 47 Indian Hill Rd | City Canton | State CT | Zip Code 06019 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/22/2025 | Aggregate Contributions \$50.00 |
| | | | Amount of Contribution \$50.00 |

| | | | |
|---|---|---|-------------------------------------|
| Last Name Shapiro | First Stephen | MI J | Contribution ID # 0239 |
| Residential Street Address 211 Kent Cornwall Rd | City Kent | State CT | Zip Code 06757 |
| Principal Occupation self employed investor | Name of Employer The Benjamin Shapiro Realty LLC | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/29/2025 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|---|---|---|-------------------------------------|
| Last Name Carlson | First Martha | MI | Contribution ID # 0240 |
| Residential Street Address 33 Horseshoe Rd | City Guilford | State CT | Zip Code 06437 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/30/2025 | Aggregate Contributions \$500.00 |
| | | | Amount of Contribution \$250.00 |

| | | | |
|---|---|---|-------------------------------------|
| Last Name Shapiro | First Nathan | MI | Contribution ID # 0241 |
| Residential Street Address 14 Lawson Ln | City Ridgefield | State CT | Zip Code 06877 |
| Principal Occupation Retail Store Owner | Name of Employer The Toy Post | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/30/2025 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Stephanie Thomas for CT | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|---------------------------|---|------------------------------------|
| Last Name McAllister | First Jennifer | MI | Contribution ID # 0242 |
| Residential Street Address 31 Dairy Farm Rd | City Norwalk | State CT | Zip Code 06851 |
| Principal Occupation Corporate finance | Name of Employer Pxyus | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/30/2025 |
| | | Aggregate Contributions \$100.00 | Amount of Contribution \$100.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Hahn | First Marcela | MI | Contribution ID # 0243 |
| Residential Street Address 247 E 4th St N # A . | City Brooklyn | State NY | Zip Code 11218 |
| Principal Occupation V.P. Development | Name of Employer Bank Street College of Education | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/30/2025 |
| | | Aggregate Contributions \$50.00 | Amount of Contribution \$50.00 |

| | | | |
|--|-----------------------------|---|-----------------------------------|
| Last Name Spiggle | First Susan | MI | Contribution ID # 0244 |
| Residential Street Address 35 Samuel Hill Rd | City Columbia | State CT | Zip Code 06237 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/30/2025 |
| | | Aggregate Contributions \$25.00 | Amount of Contribution \$25.00 |

| | | | |
|--|---|---|------------------------------------|
| Last Name Smullin | First Steven | MI | Contribution ID # 0245 |
| Residential Street Address 87 Brookhollow Ln | City Stamford | State CT | Zip Code 06902 |
| Principal Occupation Oral Surgeon | Name of Employer Ridgefield Oral and Maxillofacial Surgery | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/31/2025 |
| | | Aggregate Contributions \$100.00 | Amount of Contribution \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Stephanie Thomas for CT | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-------------------------------------|
| Last Name Volper | First Vicki | MI | Contribution ID # 0246 |
| Residential Street Address 57 Old Hill Rd | City Westport | State CT | Zip Code 06880 |
| Principal Occupation Lawyer | Name of Employer Vicki Volper | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/31/2025 | Aggregate Contributions \$250.00 |
| | | | Amount of Contribution \$150.00 |

| | | | |
|--|--|---|-------------------------------------|
| Last Name Jay | First Loretta | MI | Contribution ID # 0247 |
| Residential Street Address 116 Rolling Ridge Rd | City Fairfield | State CT | Zip Code 06824 |
| Principal Occupation Consultant | Name of Employer Parasol, LLC | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/31/2025 | Aggregate Contributions \$150.00 |
| | | | Amount of Contribution \$50.00 |

| | | | |
|---|--|--|--------------------|
| Total of Section B | | | \$13,216.00 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS | | | \$13,216.00 |
| (Sections A + B) (Total on Line 14, Column A of Summary Page) | | | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Stephanie Thomas for CT | January 10 Filing - Original |

C1. Contributions from Other Committees

| | | | |
|-------------------|-------------------------|---|------------------------|
| Name of Committee | | Name of Treasurer | |
| Address | | Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | |
| City | State | Zip Code | Amount of Contribution |
| Date Received | Aggregate Contributions | | |

| | | | |
|----------------------------|--|--|--|
| Total of Section C1 | | | |
|----------------------------|--|--|--|

I. MONETARY RECEIPTS (Section A-I)

| | | | | | |
|--|-------------|----------|---|------------------------------|-------------------|
| NAME OF COMMITTEE | | | | TYPE OF REPORT | |
| Stephanie Thomas for CT | | | | January 10 Filing - Original | |
| C2. Reimbursements or Surplus Distributions from other Committees | | | | | |
| Name of Committee | | | Name of Treasurer | | |
| Address | | | | Date Received | Amount of Receipt |
| City | State | Zip Code | Payment Type Reimbursement for shared expense Surplus distribution from exploratory committee | | |
| Expenditure # | Description | | | | |
| Total of Section C2 | | | | | |

I. MONETARY RECEIPTS (Section A-I)

| | | | | | |
|--|--|---|-------|------------------------------|---|
| NAME OF COMMITTEE | | | | TYPE OF REPORT | |
| Stephanie Thomas for CT | | | | January 10 Filing - Original | |
| D. Loans Received this Period | | | | | |
| Name of Lender | | Source of Loan: Bank Candidate Individual Other | | | Date of Receipt |
| Street Address | | City | State | Zip Code | Is there a cosigner or Guarantor of this loan? Yes No |
| Name of Cosigner/Guarantor (if applicable) | | | | | Amount Received |
| Street Address | | City | State | Zip Code | |
| Total of Section D | | | | | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|-------------------------|------------------------------|
| NAME OF COMMITTEE | TYPE OF REPORT |
| Stephanie Thomas for CT | January 10 Filing - Original |

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 |
| Stephanie Thomas for CT | January 10 Filing - Original |

G. Interest from Deposits in Authorized Accounts

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

Total of Section G

I. MONETARY RECEIPTS (Section A-I)

| | |
|-------------------------|------------------------------|
| NAME OF COMMITTEE | TYPE OF REPORT |
| Stephanie Thomas for CT | January 10 Filing - Original |

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

| | | | |
|--|---|---------------|--------|
| Purpose of Grant: | Grant Cycle: | Date Received | Amount |
| Initial Grant Adjustment Supplemental/Post Election Deficit | Primary General Election Special Election | | |

Total of Section H

I. MONETARY RECEIPTS (Section A-I)

| | |
|-------------------------|------------------------------|
| NAME OF COMMITTEE | TYPE OF REPORT |
| Stephanie Thomas for CT | January 10 Filing - Original |

I. Miscellaneous Monetary Receipts not Considered Contributions

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

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

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Stephanie Thomas for CT | January 10 Filing - Original |

J1. Event Information

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

Total of Section J1

II. EVENT ACTIVITY (Sections J1 - J4)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Stephanie Thomas for CT | January 10 Filing - Original |

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 |
| Stephanie Thomas for CT | January 10 Filing - Original |

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

| | |
|--------------|---|
| Name of Host | Is this event supporting more than one candidate? Yes No If yes, complete Itemization in Addendum J4 |
|--------------|---|

| | | | |
|----------------|------|-------|----------|
| Street Address | City | State | Zip Code |
|----------------|------|-------|----------|

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

| | |
|----------------------------|--|
| Total of Section J4 | |
|----------------------------|--|

III. NONMONETARY RECEIPTS (Sections K - L)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Stephanie Thomas for CT | January 10 Filing - Original |

K. In-Kind Contributions

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

Total of Section K

III. Non Monetary Receipts (Sections K - L)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Stephanie Thomas for CT | January 10 Filing - Original |

L. Refundable Deposit to Telephone Company

| | | | |
|----------------------------|------------|-------|-------------------|
| Last Name of Individual | First Name | MI | Date Deposit Made |
| Residential Street Address | City | State | Zip Code |
| Name of Telephone company | | | |
| Street Address | City | State | Zip Code |
| | | | Amount of Deposit |

Total of Section L

IV. EXPENDITURES (Sections N - S)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Stephanie Thomas for CT | January 10 Filing - Original |
| N. Expenses Paid By Committee | |

| | | | | |
|---|-------------|--|---|------------------------|
| Name of Payee One Ink.com | | Date of Payment 10/13/2025 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 21200 Oxnard St # 969 | | City Woodland | State CA | Zip Code 91367-0969 |
| Purpose of Expend OFFICE | Description | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$83.14 |

| | | | | |
|---|---|---|---|-------------------|
| Name of Payee Day Campaign | | Date of Payment 10/31/2025 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 112 Bloomfield Ave | | City Windsor | State CT | Zip Code 06095 |
| Purpose of Expend BNK | Description Credit Card/Banking Transaction fees | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$81.40 |

| | | | | |
|---|---------------------------------------|--|--|-------------------|
| Name of Payee Jason Anderman | | Date of Payment 11/13/2025 | Method of Payment <input checked="" type="checkbox"/> Check # <u>135</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 41 Plymouth St Unit B | | City Montclair | State NJ | Zip Code 07042 |
| Purpose of Expend Misc * | Description Return of Contribution | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$250.00 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Stephanie Thomas for CT | January 10 Filing - Original |
| N. Expenses Paid By Committee | |

| | | | | |
|--|---|----------------------------------|---|-------------------|
| Name of Payee Day Campaign | | Date of Payment 11/30/2025 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 112 Bloomfield Ave | | City Windsor | State CT | Zip Code 06095 |
| Purpose of Expend BNK | Description Credit Card/Banking Transaction fees | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | \$171.80 |

| | | | | |
|---|--|----------------------------------|--|-------------------|
| Name of Payee Linda Pryde | | Date of Payment 12/10/2025 | Method of Payment <input checked="" type="checkbox"/> Check # <u>136</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 134 Regents Park | | City Westport | State CT | Zip Code 06880 |
| Purpose of Expend REF | Description Return of over the limit contribution | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | \$100.00 |

| | | | | |
|---|--|----------------------------------|--|-------------------|
| Name of Payee Arienne Orozco | | Date of Payment 12/12/2025 | Method of Payment <input checked="" type="checkbox"/> Check # <u>137</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 5212 Town Walk Dr | | City Hamden | State CT | Zip Code 06518 |
| Purpose of Expend REF | Description Return of over the limit contribution | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | \$150.00 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Stephanie Thomas for CT | January 10 Filing - Original |
| N. Expenses Paid By Committee | |

| | | | | |
|---|--|--|--|-------------------|
| Name of Payee Jesse Hubbard | | Date of Payment 12/18/2025 | Method of Payment <input checked="" type="checkbox"/> Check # <u>138</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 146 Woodland St | | City Manchester | State CT | Zip Code 06042 |
| Purpose of Expend REF | Description Return of over the limit contribution | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$75.00 |

| | | | | |
|---|--|--|--|-------------------|
| Name of Payee Martha Carlson | | Date of Payment 12/30/2025 | Method of Payment <input checked="" type="checkbox"/> Check # <u>139</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 33 Horseshoe Rd | | City Guilford | State CT | Zip Code 06437 |
| Purpose of Expend REF | Description Return of over the limit contribution | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$250.00 |

| | | | | |
|---|--|---|--|-------------------|
| Name of Payee Stephanie Thomas | | Date of Payment 12/30/2025 | Method of Payment <input checked="" type="checkbox"/> Check # <u>140</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 81 William St | | City Norwalk | State CT | Zip Code 06851 |
| Purpose of Expend RMB | Description MailChimp-email Service | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$1,272.60 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Stephanie Thomas for CT | January 10 Filing - Original |
| N. Expenses Paid By Committee | |

| | | | |
|---|---|---|-------------------------|
| Name of Payee Day Campaign | Date of Payment 12/31/2025 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 112 Bloomfield Ave | City Windsor | State CT | Zip Code 06095 |
| Purpose of Expend BNK | Description Credit Card/Banking Transaction fees | Amount | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | <input type="checkbox"/> Yes <input type="checkbox"/> No | Expenditure # (if applicable) | Event # \$323.84 |
| Total of Section N | | | \$2,757.78 |

IV. EXPENDITURES (Sections N - S)

| | | | |
|---|------------------------------|--|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT | | |
| | January 10 Filing - Original | | |
| O. Expenses Paid By Candidate | | | |
| Name of Payee (Name of vendor who candidate paid directly) | Date of Payment | Is Reimbursement Claimed? Yes No | |
| Street Address | City | State | Zip Code |
| 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 |
| Stephanie Thomas for CT | January 10 Filing - Original |

P. Expenses Incurred on Committee Credit Card

| | | | | |
|---|--|-------------------------------|----------|---------------------|
| Name of Issuing Institution | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other | | | |
| Name of Vendor | | | | Date of Transaction |
| Street Address | City | State | Zip Code | |
| Purpose of Expenditure (by code) | Description | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Yes No | Expenditure # (if applicable) | Event # | |
| If yes, assign an Expenditure # and complete Itemization in Addendum | | | | |

Total of Section P**IV. EXPENDITURES (Sections N - S)**

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Stephanie Thomas for CT | January 10 Filing - Original |

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

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

Total of Section Q

IV. EXPENDITURES (Sections N - S)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Stephanie Thomas for CT | January 10 Filing - Original |

R. Itemization of Reimbursements and Secondary Payees

| | | | | |
|--|--------------------|----|---|--|
| Last Name of Worker/Consultant Thomas | First Stephanie | MI | Date of Payment to Vendor 06/28/2025 | Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 140 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
|--|--------------------|----|---|--|

| |
|---|
| Name of Vendor Paid by Committee Worker/Consultant MailChimp |
|---|

| | | | |
|---|-----------------|-------------|-------------------|
| Street Address of Vendor 405 N Angler Ave NE | City Atlanta | State GA | Zip Code 30308 |
|---|-----------------|-------------|-------------------|

| | |
|--|-------------------------------|
| Purpose of Expenditure (by code) Misc * | Description e-mail Service |
|--|-------------------------------|

| | | | |
|---|-------------------------------|---------|--------------------|
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # | Amount \$181.80 |
| If yes, assign an Expenditure # and completes Itemization in Addendum R | | | |

| | | | | |
|--|--------------------|----|---|--|
| Last Name of Worker/Consultant Thomas | First Stephanie | MI | Date of Payment to Vendor 07/28/2025 | Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 140 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
|--|--------------------|----|---|--|

| |
|---|
| Name of Vendor Paid by Committee Worker/Consultant Mailchimp |
|---|

| | | | |
|---|-----------------|-------------|-------------------|
| Street Address of Vendor 405 N Angler Ave NE | City Atlanta | State GA | Zip Code 30308 |
|---|-----------------|-------------|-------------------|

| | |
|--|-------------------------------|
| Purpose of Expenditure (by code) Misc * | Description e-mail Service |
|--|-------------------------------|

| | | | |
|---|-------------------------------|---------|--------------------|
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # | Amount \$181.80 |
| If yes, assign an Expenditure # and completes Itemization in Addendum R | | | |

IV. EXPENDITURES (Sections N - S)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Stephanie Thomas for CT | January 10 Filing - Original |

R. Itemization of Reimbursements and Secondary Payees

| | | | | |
|--|--------------------|----|---|--|
| Last Name of Worker/Consultant Thomas | First Stephanie | MI | Date of Payment to Vendor 08/28/2025 | Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 140 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
|--|--------------------|----|---|--|

| |
|---|
| Name of Vendor Paid by Committee Worker/Consultant Mailchimp |
|---|

| | | | |
|---|-----------------|-------------|-------------------|
| Street Address of Vendor 405 N Angler Ave NE | City Atlanta | State GA | Zip Code 30308 |
|---|-----------------|-------------|-------------------|

| | |
|--|-------------------------------|
| Purpose of Expenditure (by code) Misc * | Description e-mail Service |
|--|-------------------------------|

| | | | |
|---|-------------------------------|---------|--------------------|
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # | Amount \$181.80 |
| If yes, assign an Expenditure # and completes Itemization in Addendum R | | | |

| | | | | |
|--|--------------------|----|---|--|
| Last Name of Worker/Consultant Thomas | First Stephanie | MI | Date of Payment to Vendor 09/28/2025 | Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 140 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
|--|--------------------|----|---|--|

| |
|---|
| Name of Vendor Paid by Committee Worker/Consultant Mailchimp |
|---|

| | | | |
|---|-----------------|-------------|-------------------|
| Street Address of Vendor 405 N Angler Ave NE | City Atlanta | State GA | Zip Code 30308 |
|---|-----------------|-------------|-------------------|

| | |
|--|-------------------------------|
| Purpose of Expenditure (by code) Misc * | Description e-mail Service |
|--|-------------------------------|

| | | | |
|---|-------------------------------|---------|--------------------|
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # | Amount \$181.80 |
| If yes, assign an Expenditure # and completes Itemization in Addendum R | | | |

IV. EXPENDITURES (Sections N - S)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Stephanie Thomas for CT | January 10 Filing - Original |

R. Itemization of Reimbursements and Secondary Payees

| | | | | |
|--|--------------------|----|---|--|
| Last Name of Worker/Consultant Thomas | First Stephanie | MI | Date of Payment to Vendor 10/28/2025 | Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 140 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
|--|--------------------|----|---|--|

| |
|---|
| Name of Vendor Paid by Committee Worker/Consultant Mailchimp |
|---|

| | | | |
|---|-----------------|-------------|-------------------|
| Street Address of Vendor 405 N Angler Ave NE | City Atlanta | State GA | Zip Code 30308 |
|---|-----------------|-------------|-------------------|

| | |
|--|-------------------------------|
| Purpose of Expenditure (by code) Misc * | Description e-mail Service |
|--|-------------------------------|

| | | | |
|---|-------------------------------|---------|------------------------|
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # | Amount \$181.80 |
| If yes, assign an Expenditure # and completes Itemization in Addendum R | | | |

| | | | | |
|--|--------------------|----|---|--|
| Last Name of Worker/Consultant Thomas | First Stephanie | MI | Date of Payment to Vendor 11/28/2025 | Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 140 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
|--|--------------------|----|---|--|

| |
|---|
| Name of Vendor Paid by Committee Worker/Consultant Mailchimp |
|---|

| | | | |
|---|-----------------|-------------|-------------------|
| Street Address of Vendor 405 N Angler Ave NE | City Atlanta | State GA | Zip Code 30308 |
|---|-----------------|-------------|-------------------|

| | |
|--|-------------------------------|
| Purpose of Expenditure (by code) Misc * | Description e-mail Service |
|--|-------------------------------|

| | | | |
|---|-------------------------------|---------|------------------------|
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # | Amount \$181.80 |
| If yes, assign an Expenditure # and completes Itemization in Addendum R | | | |

IV. EXPENDITURES (Sections N - S)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Stephanie Thomas for CT | January 10 Filing - Original |

R. Itemization of Reimbursements and Secondary Payees

| | | | | |
|---|-------------------------------|-----------------|---|--|
| Last Name of Worker/Consultant Thomas | First Stephanie | MI | Date of Payment to Vendor 12/28/2025 | Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 140 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
| Name of Vendor Paid by Committee Worker/Consultant Mailchimp | | | | |
| Street Address of Vendor 405 N Angler Ave NE | | City Atlanta | State GA | Zip Code 30308 |
| Purpose of Expenditure (by code) Misc * | Description e-mail Service | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # | Amount \$181.80 | |
| If yes, assign an Expenditure # and completes Itemization in Addendum R | | | | |
| Total of Section R | | | | \$1,272.60 |

IV. EXPENDITURES (Sectuibs N - S)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Stephanie Thomas for CT | January 10 Filing - Original |

S. Surplus Distribution of Equipment and Furniture

| | | | | |
|---------------------------|------|-------|----------|----------------------------------|
| Name of Recipient | | | | |
| Street Address | City | State | Zip Code | Original Purchase Amount of Item |
| Description of Item | | | | |
| Total of Section S | | | | |

| Section J4. ADDENDUM | |
|---|----------------|
| NAME OF COMMITTEE | TYPE OF REPORT |
| | |
| J4. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum | |
| Event # | |
| Name of Candidate | |

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

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

| Section Q. ADDENDUM | |
|---|-----------------------|
| NAME OF COMMITTEE | TYPE OF REPORT |
| | |
| Q. Expenses Incurred by Committee but Not Paid During this Period - Addendum | |
| Expenditure # | Amount of Expenditure |
| | |
| Name of Candidate | Office Sought |

| Section R. ADDENDUM | |
|---|-----------------------|
| NAME OF COMMITTEE | TYPE OF REPORT |
| | |
| R. Itemization of Reimbursements and Secondary Payees - Addendum | |
| Expenditure # | Amount of Expenditure |
| | |
| Name of Candidate | Office Sought |