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COVER PAGE

1. NAME OF COMMITTEE Bysiewicz for CT			2. TYPE OF COMMITTEE <input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee	
3. TREASURER NAME				
First Rebecca	MI	Last Hyland	Suffix	
4. TREASURER ADDRESS				
Street Address 18 Haller Pl	City Wallingford	State CT	Zip Code 06492	
5. ELECTION DATE 11/03/2026	6. OFFICE SOUGHT (Complete only if Candidate Committee) Lieutenant Governor		7. DISTRICT NUMBER (if applicable)	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)				
First Susan	MI	Last Bysiewicz	Suffix	
9. TYPE OF REPORT January 10 Filing - Original				
10. PERIOD COVERED				
Beginning Date 10/28/2025		thru	Ending Date 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 SIGNATURE	Rebecca Hyland PRINT NAME OF THE SIGNER		01/12/2026 4:16:05PM DATE CERTIFIED	
A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.				

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
Bysiewicz 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	\$0.00	
14. Contributions received from Individuals (Section A and B)	\$311,083.29	\$311,083.29
15. Receipts from Other Committees (Sections C1 and C2)	\$31,400.00	\$31,400.00
16. Other Monetary Receipts (Section D through I)	\$2,083.65	\$2,083.65
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)	\$344,566.94	\$344,566.94
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$344,566.94	\$344,566.94
20. Expenses Paid by Committee (Section N)	\$23,152.13	\$23,152.13
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	\$321,414.81	\$321,414.81
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	
Bysiewicz for CT		January 10 Filing - Original	
A. Total Contributions from Small Contributors-Received this Period ONLY		For Nonparticipating Candidates ONLY	
		\$0.00	
B. Itemized Contributions from Individuals			

Last Name Hyland		First Rebecca		MI	Contribution ID # 0452
Residential Street Address 18 Haller Pl		City Wallingford		State CT	Zip Code 06492
Principal Occupation homemaker			Name of Employer homemaker		
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			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 11/07/2025 Aggregate Contributions \$100.00	

Last Name Lesser		First Stanton		MI	Contribution ID # 0002
Residential Street Address 85 Split Rock Rd		City Southport		State CT	Zip Code 06890
Principal Occupation Attorney			Name of Employer Stanton Lesser		
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			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
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 11/14/2025 Aggregate Contributions \$2,000.00	

Last Name Turk		First Daniel		MI	Contribution ID # 0003
Residential Street Address 7 Tarrywile Lake Rd		City Danbury		State CT	Zip Code 06810
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			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
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 11/14/2025 Aggregate Contributions \$2,000.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Lopez	First Yarixa	MI	Contribution ID # 0004
Residential Street Address 31 Marita Dr	City Waterbury	State CT	Zip Code 06705
Principal Occupation Regional Manager Health Equity and Social Impact	Name of Employer Waterbury		
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 11/14/2025
		Aggregate Contributions \$104.48	Amount of Contribution \$104.48

Last Name Castro	First Miguel	MI	Contribution ID # 0005
Residential Street Address 51 Bradley Ave	City Meriden	State CT	Zip Code 06451
Principal Occupation Contractor	Name of Employer Prestige Construction		
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 11/14/2025
		Aggregate Contributions \$226.35	Amount of Contribution \$26.35

Last Name Cresenzi	First Christina	MI	Contribution ID # 0006
Residential Street Address 6B Reggie Way	City Broad Brook	State CT	Zip Code 06016
Principal Occupation Compliance	Name of Employer Ascot		
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 11/14/2025
		Aggregate Contributions \$52.40	Amount of Contribution \$52.40

Last Name Donaldson	First David	MI	Contribution ID # 0007
Residential Street Address 15 Tall Timbers Rd	City Middletown	State CT	Zip Code 06457-0645
Principal Occupation Insurance Agent	Name of Employer John M. Glover Agency		
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 11/15/2025
		Aggregate Contributions \$2,083.65	Amount of Contribution \$2,083.65

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Civitello	First Donna	MI	Contribution ID # 0008
Residential Street Address 186 Bucks Hill Rd	City Southbury	State CT	Zip Code 06488
Principal Occupation Attorney	Name of Employer Carter and Civitello Law Firm		
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? If yes, list Event #		Date Received 11/15/2025	Aggregate Contributions \$2,000.00
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 \$2,000.00	

Last Name Malec	First Kurt	MI	Contribution ID # 0009
Residential Street Address 75 Westerly Ter	City Hartford	State CT	Zip Code 06105
Principal Occupation owner	Name of Employer United Gear		
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? If yes, list Event #		Date Received 11/16/2025	Aggregate Contributions \$2,000.00
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 \$2,000.00	

Last Name Rizzolo	First Carol	MI	Contribution ID # 0010
Residential Street Address 24 Long HI Farm	City Guilford	State CT	Zip Code 06437
Principal Occupation Retired	Name of Employer Re		
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? If yes, list Event #		Date Received 11/16/2025	Aggregate Contributions \$2,000.00
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 \$2,000.00	

Last Name Dubin	First Tom	MI	Contribution ID # 0011
Residential Street Address 197 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? 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? If yes, list Event #		Date Received 11/16/2025	Aggregate Contributions \$2,000.00
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 \$2,000.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Rizzolo	First Larry	MI	Contribution ID # 0012
Residential Street Address 24 Long HI Farm	City Guilford	State CT	Zip Code
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 11/16/2025	Aggregate Contributions \$2,000.00
			Amount of Contribution \$2,000.00

Last Name Needleman	First Norman	MI	Contribution ID # 0013
Residential Street Address 9 Foxboro Rd	City Essex	State CT	Zip Code 06426
Principal Occupation Executive	Name of Employer Tower labs ltd		
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 11/17/2025	Aggregate Contributions \$1,000.00
			Amount of Contribution \$1,000.00

Last Name D'Addario	First Nicholas	MI	Contribution ID # 0014
Residential Street Address 39 Salt St	City Bridgeport	State CT	Zip Code 06605
Principal Occupation President	Name of Employer HiHo Energy Services		
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 11/17/2025	Aggregate Contributions \$521.15
			Amount of Contribution \$521.15

Last Name Scileppi	First Vincent	MI	Contribution ID # 0015
Residential Street Address 19 Gulf Quarry Rd	City Haddam	State CT	Zip Code 06438
Principal Occupation Restauranteur	Name of Employer Illiano's Ristorante		
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 11/18/2025	Aggregate Contributions \$2,000.00
			Amount of Contribution \$2,000.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Scileppi	First Christina	MI	Contribution ID # 0016
Residential Street Address 19 Gulf Quarry Rd	City Haddam	State CT	Zip Code 06438
Principal Occupation Restaurateur	Name of Employer Illiano's Ristorante		
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 checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/18/2025
		Aggregate Contributions \$2,000.00	Amount of Contribution \$2,000.00

Last Name Fichman	First Lynn	MI R	Contribution ID # 0454
Residential Street Address 38 Pratlting Pond Rd	City Farmington	State CT	Zip Code 06032
Principal Occupation homemaker	Name of Employer homemaker		
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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 11/19/2025
		Aggregate Contributions \$2,000.00	Amount of Contribution \$2,000.00

Last Name Fichman	First Richard	MI A	Contribution ID # 0455
Residential Street Address 38 Pratlting Pond Rd	City Farmington	State CT	Zip Code 06032
Principal Occupation retired	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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 11/19/2025
		Aggregate Contributions \$2,000.00	Amount of Contribution \$2,000.00

Last Name Gerger	First Christoph	MI	Contribution ID # 0017
Residential Street Address 141 Old Tavern Rd	City Orange	State CT	Zip Code 06477
Principal Occupation Chef/Owner	Name of Employer Mister Brightside 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 11/20/2025
		Aggregate Contributions \$2,000.00	Amount of Contribution \$2,000.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Rigoglioso	First Joseph	MI	Contribution ID # 0023
Residential Street Address 141 Old Tavern Rd	City Orange	State CT	Zip Code 06477
Principal Occupation Attorney	Name of Employer Joseph Rigoglioso		
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 11/20/2025
		Aggregate Contributions \$2,000.00	Amount of Contribution \$2,000.00

Last Name Wagar	First Steven	MI	Contribution ID # 0024
Residential Street Address 2 Little Fox Ln	City Norwalk	State CT	Zip Code 06850
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 11/21/2025
		Aggregate Contributions \$333.65	Amount of Contribution \$333.65

Last Name Broach	First Mark	MI	Contribution ID # 0025
Residential Street Address 97 Borglum Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation Portfolio Manager	Name of Employer Manatuck Hill		
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 11/21/2025
		Aggregate Contributions \$2,000.00	Amount of Contribution \$2,000.00

Last Name Goldwasser	First Jeffrey	MI	Contribution ID # 0026
Residential Street Address 92 Red Barn Rd	City Trumbull	State CT	Zip Code 06611
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 11/21/2025
		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
Bysiewicz for CT	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Nosal	First Mary	MI J	Contribution ID # 0027
Residential Street Address 12 Swanswood Ln	City Old Lyme	State CT	Zip Code 06371-0682
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 11/21/2025	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

Last Name Paterna	First Andrew	MI	Contribution ID # 0028
Residential Street Address 301 Strawberry Ln	City South Windsor	State CT	Zip Code 06074
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 11/21/2025	Aggregate Contributions \$104.48
			Amount of Contribution \$104.48

Last Name Glennon	First Susan	MI	Contribution ID # 0029
Residential Street Address 99 Carlson Dr	City Milford	State CT	Zip Code 06460
Principal Occupation Licensed childcare	Name of Employer Susan Glennon		
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 \$104.48
			Amount of Contribution \$104.48

Last Name Last	First Michael	MI	Contribution ID # 0030
Residential Street Address 62 Great Circle Rd	City West Haven	State CT	Zip Code 06516
Principal Occupation CFO	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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/21/2025	Aggregate Contributions \$104.48
			Amount of Contribution \$104.48

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Milewski	First Mark	MI	Contribution ID # 0031
Residential Street Address 65 Cassandra Blvd Apt 305	City West Hartford	State CT	Zip Code 06107
Principal Occupation Professor	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 11/21/2025
		Aggregate Contributions \$1,000.00	Amount of Contribution \$1,000.00

Last Name Garrison	First Scott	MI	Contribution ID # 0032
Residential Street Address 42 Richmond Rd	City Hinesburg	State VT	Zip Code 05461
Principal Occupation Advertising	Name of Employer SupportNinja		
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 11/21/2025
		Aggregate Contributions \$52.40	Amount of Contribution \$52.40

Last Name Miklave	First Matt	MI	Contribution ID # 0033
Residential Street Address 1/2 Highview Ave	City Norwalk	State CT	Zip Code 06851
Principal Occupation Attorney	Name of Employer Law Office of Matthew Miklave		
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 11/21/2025
		Aggregate Contributions \$1,000.00	Amount of Contribution \$1,000.00

Last Name Butterfield	First Cindy	MI	Contribution ID # 0034
Residential Street Address 810 Bow Ln	City Middletown	State CT	Zip Code 06457
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 11/21/2025
		Aggregate Contributions \$104.48	Amount of Contribution \$104.48

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Coric	First Dado	MI	Contribution ID # 0035
Residential Street Address 17 Old Quarry Rd	City Gales Ferry	State CT	Zip Code 06335
Principal Occupation Attorney	Name of Employer Traystman & Coric, 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 #	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 11/21/2025	Aggregate Contributions \$2,000.00
		Amount of Contribution \$2,000.00	

Last Name O'Keefe	First Linda	MI	Contribution ID # 0036
Residential Street Address 145 Cedarwood Ln	City Newington	State CT	Zip Code 06111
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 11/21/2025	Aggregate Contributions \$2,000.00
		Amount of Contribution \$2,000.00	

Last Name O'Keefe	First Sean	MI	Contribution ID # 0037
Residential Street Address 145 Cedarwood Ln	City Newington	State CT	Zip Code 06111
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 11/21/2025	Aggregate Contributions \$2,000.00
		Amount of Contribution \$2,000.00	

Last Name Bruno	First Margaret	MI	Contribution ID # 0038
Residential Street Address 42 Park Pl	City Branford	State CT	Zip Code 06405
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 11/21/2025	Aggregate Contributions \$26.35
		Amount of Contribution \$26.35	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Pierog	First Sandra	MI	Contribution ID # 0039
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 11/21/2025	Aggregate Contributions \$26.35
			Amount of Contribution \$26.35

Last Name Lavoie	First Eileen	MI M	Contribution ID # 0040
Residential Street Address 25 Highfield Ln	City North Branford	State CT	Zip Code 06471-1436
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 11/21/2025	Aggregate Contributions \$104.80
			Amount of Contribution \$52.40

Last Name Dunleavy	First Martin	MI	Contribution ID # 0041
Residential Street Address 97 W Prospect St	City New Haven	State CT	Zip Code 06515
Principal Occupation Calendar clerk	Name of Employer Connecticut State Senate		
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 \$50.00
			Amount of Contribution \$50.00

Last Name Whitcombe	First Patricia	MI	Contribution ID # 0042
Residential Street Address 60 Deer Hill Ave .	City Danbury	State CT	Zip Code 06810
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 11/21/2025	Aggregate Contributions \$104.48
			Amount of Contribution \$104.48

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Otfinoski	First John	MI	Contribution ID # 0043
Residential Street Address 85 Miner Hills Dr	City Middletown	State CT	Zip Code 06457
Principal Occupation Insurance	Name of Employer J s OTT Agency		
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? If yes, list Event #		Date Received 11/21/2025	Aggregate Contributions \$52.40
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 \$52.40	

Last Name Fox	First Ellen	MI	Contribution ID # 0019
Residential Street Address 522 Traditions Ct N	City Oxford	State CT	Zip Code 05471
Principal Occupation Registrar of Voters	Name of Employer Town of Oxford		
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? If yes, list Event #		Date Received 11/21/2025	Aggregate Contributions \$52.40
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 \$52.40	

Last Name DeMattia	First Constance	MI	Contribution ID # 0020
Residential Street Address 163 Misty Wood Ln	City Fairfield	State CT	Zip Code 06824
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? If yes, list Event #		Date Received 11/21/2025	Aggregate Contributions \$2,000.00
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 \$2,000.00	

Last Name de Brigard	First Raul	MI	Contribution ID # 0021
Residential Street Address 8 Christian Hill Rd	City Higganum	State CT	Zip Code 06441
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? If yes, list Event #		Date Received 11/21/2025	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	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Granato	First Bobbie	MI	Contribution ID # 0022
Residential Street Address 51 Golf Td	City Wethersfield	State CT	Zip Code 06109
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 11/21/2025	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

Last Name Feinmark	First Russell	MI	Contribution ID # 0044
Residential Street Address 167 Beach Ave	City Milford	State CT	Zip Code 06460
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 11/22/2025	Aggregate Contributions \$52.40
			Amount of Contribution \$52.40

Last Name Pugliares	First Giuseppe	MI	Contribution ID # 0045
Residential Street Address 98 3rd St	City Newport	State RI	Zip Code 02840
Principal Occupation Self-Employed	Name of Employer South Main Street Partners, 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 11/22/2025	Aggregate Contributions \$1,000.00
			Amount of Contribution \$1,000.00

Last Name Gabriele	First Timothy	MI	Contribution ID # 0046
Residential Street Address 18 Renee Ln	City North Haven	State CT	Zip Code 06473
Principal Occupation Recruiting Coordinator	Name of Employer Yale University		
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 11/22/2025	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
Bysiewicz for CT	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Clausen	First Michael	MI	Contribution ID # 0047
Residential Street Address 18708 Laramie Well Cv	City Austin	State TX	Zip Code 78738
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 11/22/2025	Aggregate Contributions \$104.48
			Amount of Contribution \$104.48

Last Name Everson	First Tracy	MI	Contribution ID # 0048
Residential Street Address 23 Mill Creek Rd	City Branford	State CT	Zip Code 06405
Principal Occupation Realtor	Name of Employer C21 AllPoints Realty Branford		
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 11/22/2025	Aggregate Contributions \$52.40
			Amount of Contribution \$52.40

Last Name Tillman	First Beth	MI	Contribution ID # 0049
Residential Street Address 95 River Rd	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 11/22/2025	Aggregate Contributions \$2,000.00
			Amount of Contribution \$2,000.00

Last Name Brown	First Van	MI	Contribution ID # 0050
Residential Street Address 95 River Rd	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 11/22/2025	Aggregate Contributions \$2,000.00
			Amount of Contribution \$2,000.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Gerratana	First Theresa	MI	Contribution ID # 0051
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? <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 11/22/2025
		Aggregate Contributions \$50.00	Amount of Contribution \$50.00

Last Name Galasso	First Valery	MI	Contribution ID # 0052
Residential Street Address 39 Old North Rd	City Amenia	State NY	Zip Code 12501
Principal Occupation Chief of Public Policy, Telecommunications	Name of Employer New York 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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/22/2025
		Aggregate Contributions \$521.15	Amount of Contribution \$521.15

Last Name Jacobs	First Bruce	MI	Contribution ID # 0053
Residential Street Address 781 Tummel Ln	City West Haven	State CT	Zip Code 06516
Principal Occupation Attorney	Name of Employer Jacobs & Jacobs		
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 \$2,000.00	Amount of Contribution \$2,000.00

Last Name Bhalla	First Vanita	MI	Contribution ID # 0054
Residential Street Address 26 Parkland Dr	City Woodbury	State CT	Zip Code 06798
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 \$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
Bysiewicz for CT	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Moore	First Brandon	MI	Contribution ID # 0055
Residential Street Address 17 Plumtrees Rd	City Newtown	State CT	Zip Code 06470
Principal Occupation Director of Political Talent	Name of Employer Leadership Now Project		
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 11/23/2025	Aggregate Contributions \$2,000.00
		Amount of Contribution \$2,000.00	

Last Name Heede	First Conrad	MI	Contribution ID # 0056
Residential Street Address 58 Mirra Dr .	City Groton	State CT	Zip Code 06340
Principal Occupation Hotel management	Name of Employer Waterford hotel 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 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 11/23/2025	Aggregate Contributions \$500.00
		Amount of Contribution \$500.00	

Last Name Dyer	First Matt	MI	Contribution ID # 0057
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 \$104.48
		Amount of Contribution \$104.48	

Last Name Kasser	First Alex	MI	Contribution ID # 0058
Residential Street Address 4 Two Lights Ter	City Cape Elizabeth	State ME	Zip Code 04107
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 11/24/2025	Aggregate Contributions \$2,000.00
		Amount of Contribution \$2,000.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Sarantopoulos	First Christian	MI	Contribution ID # 0059
Residential Street Address 50 Richmond Rd Unit 36	City Putnam	State CT	Zip Code 06260
Principal Occupation Attorney	Name of Employer Sarantopoulos and Sarantopoulos, 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 11/24/2025	Aggregate Contributions \$2,000.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$2,000.00	

Last Name DeMattia	First John	MI	Contribution ID # 0060
Residential Street Address 163 Mistywood Ln	City Fairfield	State CT	Zip Code 06824
Principal Occupation Companies	Name of Employer DeMattia		
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 11/24/2025	Aggregate Contributions \$2,000.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$2,000.00	

Last Name Kokoszka	First Michael	MI	Contribution ID # 0061
Residential Street Address 3 Brookview Rd	City Cromwell	State CT	Zip Code 06416
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 11/24/2025	Aggregate Contributions \$26.35
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$26.35	

Last Name Samponaro	First Nichola	MI	Contribution ID # 0062
Residential Street Address 4 Two Lights Ter	City Cape Elizabeth	State ME	Zip Code 04107
Principal Occupation Not Employed	Name of Employer Not Employed		
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 11/24/2025	Aggregate Contributions \$2,000.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$2,000.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Florsheim	First Ben	MI	Contribution ID # 0063
Residential Street Address 834 Bear Hill Rd	City Middletown	State CT	Zip Code 06457
Principal Occupation Student	Name of Employer Student		
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 \$500.00
			Amount of Contribution \$500.00

Last Name Rutledge	First Peyton	MI	Contribution ID # 0064
Residential Street Address 9 Alexis Dr	City Bolton	State CT	Zip Code 06043
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 11/24/2025	Aggregate Contributions \$26.35
			Amount of Contribution \$26.35

Last Name Shortell	First William	MI	Contribution ID # 0065
Residential Street Address 947 W Main St	City New Britain	State CT	Zip Code 06053
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 11/24/2025	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

Last Name Smith	First Barbara	MI	Contribution ID # 0066
Residential Street Address 9 Little Point St	City Essex	State CT	Zip Code 06426
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 11/24/2025	Aggregate Contributions \$1,000.00
			Amount of Contribution \$1,000.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Falk	First Harris	MI	Contribution ID # 0067
Residential Street Address 14 Overlook Rd	City Westport	State CT	Zip Code 06880
Principal Occupation Consultant	Name of Employer Harris Falk		
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 11/24/2025	Aggregate Contributions \$2,000.00
			Amount of Contribution \$2,000.00

Last Name Desai	First Mukesh	MI	Contribution ID # 0068
Residential Street Address 129 Lavender Ln	City Rocky Hill	State CT	Zip Code 06067
Principal Occupation Self Employed	Name of Employer PBM printers& copy center		
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 11/24/2025	Aggregate Contributions \$521.15
			Amount of Contribution \$521.15

Last Name Demetriades	First James	MI	Contribution ID # 0069
Residential Street Address 272 Skyview Dr	City Cromwell	State CT	Zip Code 06416
Principal Occupation Lawyer	Name of Employer Ferguson Doyle and Chester PC		
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 11/24/2025	Aggregate Contributions \$2,000.00
			Amount of Contribution \$2,000.00

Last Name Pesco	First Anthony	MI	Contribution ID # 0070
Residential Street Address 30 Tall Pines Dr	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? 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 \$2,000.00
			Amount of Contribution \$2,000.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Berry	First Charles	MI	Contribution ID # 0071
Residential Street Address 35 Baldwin Ct	City Newington	State CT	Zip Code 06111
Principal Occupation Administrator	Name of Employer The American Legion SSM Fund		
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 11/25/2025	Aggregate Contributions \$1,041.98
		Amount of Contribution \$1,041.98	

Last Name Merriam	First Jeffrey	MI	Contribution ID # 0072
Residential Street Address 180 Camp Bethel Rd	City Haddam	State CT	Zip Code 06438
Principal Occupation Car Dealer	Name of Employer JJ Motor Company		
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 11/25/2025	Aggregate Contributions \$2,000.00
		Amount of Contribution \$2,000.00	

Last Name Braun	First Perry	MI	Contribution ID # 0073
Residential Street Address 27 Mooreland Rd	City Greenwich	State CT	Zip Code 06831
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 11/25/2025	Aggregate Contributions \$2,000.00
		Amount of Contribution \$2,000.00	

Last Name Gallitto	First David	MI	Contribution ID # 0074
Residential Street Address 604 Kelsey St	City Middletown	State CT	Zip Code 06457
Principal Occupation Real estate	Name of Employer David Gallitto		
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 11/25/2025	Aggregate Contributions \$500.00
		Amount of Contribution \$500.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Simmons	First Steven	MI	Contribution ID # 0075
Residential Street Address 66 Winding Ln	City Greenwich	State CT	Zip Code 06831
Principal Occupation President	Name of Employer Simmons Enterprises		
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 11/25/2025	Aggregate Contributions \$2,000.00
		Amount of Contribution \$2,000.00	

Last Name Riefberg	First Lawrence	MI	Contribution ID # 0076
Residential Street Address 6 Ervie Dr	City Danbury	State AA	Zip Code 06811
Principal Occupation Attorney	Name of Employer Law Offices of Lawrence M. Riefberg, 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 11/25/2025	Aggregate Contributions \$1,000.00
		Amount of Contribution \$1,000.00	

Last Name Leinwand	First Steven	MI	Contribution ID # 0077
Residential Street Address 675 E St NW # 210	City Washington	State DC	Zip Code
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 11/25/2025	Aggregate Contributions \$200.00
		Amount of Contribution \$200.00	

Last Name Mounds	First Paul	MI	Contribution ID # 0078
Residential Street Address 1968 Asylum Ave	City West Hartford	State CT	Zip Code 06117
Principal Occupation Community, Corporate, Government Relations	Name of Employer Yale New Haven Health		
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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/25/2025	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
Bysiewicz for CT	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Salina	First Adam	MI	Contribution ID # 0079
Residential Street Address 95 Spicewood Ln	City Berlin	State CT	Zip Code 06037
Principal Occupation Government Relations	Name of Employer Kozak & Salina, 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 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 11/25/2025	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Salina	First Danielle	MI	Contribution ID # 0080
Residential Street Address 95 Spicewood Ln	City Berlin	State CT	Zip Code 06037
Principal Occupation Administrator	Name of Employer Berlin Board of Education		
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 11/25/2025	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Donofrio	First Nick	MI	Contribution ID # 0081
Residential Street Address 55 High Ridge Ave	City Ridgefield	State CT	Zip Code 06877-4901
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 11/25/2025	Aggregate Contributions \$2,000.00
			Amount of Contribution \$2,000.00

Last Name Pastore	First Joseph	MI	Contribution ID # 0082
Residential Street Address 86 Peaceable St	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Attorney	Name of Employer Pastore 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 11/25/2025	Aggregate Contributions \$2,000.00
			Amount of Contribution \$2,000.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Symolon	First Karen	MI	Contribution ID # 0456
Residential Street Address 162 Fox Run Dr .	City Southington	State CT	Zip Code 06489
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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/25/2025	Aggregate Contributions \$2,000.00
		Amount of Contribution \$2,000.00	

Last Name Symolon	First Robert	MI	Contribution ID # 0457
Residential Street Address 162 Fox Run Dr	City Southington	State CT	Zip Code 06489
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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/25/2025	Aggregate Contributions \$2,000.00
		Amount of Contribution \$2,000.00	

Last Name DesRoches	First Gerald	MI	Contribution ID # 0451
Residential Street Address 36 Coleman Rd	City Wethersfield	State CT	Zip Code 06109
Principal Occupation CPA	Name of Employer Andersen Tax		
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 11/26/2025	Aggregate Contributions \$2,000.31
		Amount of Contribution \$958.33	

Last Name Norwitt	First Adam	MI	Contribution ID # 0083
Residential Street Address 143 High Ridge Ave	City Ridgefield	State CT	Zip Code 06877
Principal Occupation homemaker	Name of Employer homemaker		
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 11/26/2025	Aggregate Contributions \$2,000.00
		Amount of Contribution \$2,000.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Norwitt	First Glori	MI	Contribution ID # 0084
Residential Street Address 143 High Ridge Ave	City Ridgefield	State CT	Zip Code 06877
Principal Occupation homemaker	Name of Employer homemaker		
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? 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 11/26/2025	Aggregate Contributions \$2,000.00
			Amount of Contribution \$2,000.00

Last Name Rothman	First Howard	MI	Contribution ID # 0087
Residential Street Address 23 River Oaks Dr	City Stamford	State CT	Zip Code 06902
Principal Occupation Owner	Name of Employer Vision Financial Markets 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? 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 11/26/2025	Aggregate Contributions \$2,000.00
			Amount of Contribution \$2,000.00

Last Name Thomas	First Lisa	MI	Contribution ID # 0088
Residential Street Address 255 Geraldine Dr	City Coventry	State CT	Zip Code 06238
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? 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 11/26/2025	Aggregate Contributions \$200.00
			Amount of Contribution \$200.00

Last Name DesRoches	First Gerald	MI	Contribution ID # 0089
Residential Street Address 36 Coleman Rd	City Wethersfield	State CT	Zip Code 06109
Principal Occupation CPA	Name of Employer Andersen Tax		
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? 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 11/26/2025	Aggregate Contributions \$2,000.31
			Amount of Contribution \$1,041.98

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Bayne	First David	MI	Contribution ID # 0090
Residential Street Address 5 Windsor Rd	City Darien	State CT	Zip Code 06820
Principal Occupation Attorney	Name of Employer Akerman LLP		
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 11/26/2025	Aggregate Contributions \$1,000.00
		Amount of Contribution \$1,000.00	

Last Name Rothman	First Gayle	MI	Contribution ID # 0091
Residential Street Address 23 River Oaks Dr	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 11/26/2025	Aggregate Contributions \$2,000.00
		Amount of Contribution \$2,000.00	

Last Name Slaughter	First James	MI	Contribution ID # 0092
Residential Street Address 5321 Westpath Way	City Bethesda	State MD	Zip Code 20816
Principal Occupation Lawyer	Name of Employer Beveridge & Diamond, 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 11/26/2025	Aggregate Contributions \$521.15
		Amount of Contribution \$521.15	

Last Name Kozak	First Cheryl	MI	Contribution ID # 0095
Residential Street Address 31 Hunters Rdg	City Rocky Hill	State CT	Zip Code 06067
Principal Occupation VP	Name of Employer The Travelers		
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 11/26/2025	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
Bysiewicz for CT	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Kozak	First David	MI	Contribution ID # 0096
Residential Street Address 31 Hunters Rdg	City Rocky Hill	State CT	Zip Code 06067
Principal Occupation Government Relations	Name of Employer Kozak & Salina, 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 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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/26/2025	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Ceriello	First Elizabeth	MI	Contribution ID # 0093
Residential Street Address 20 Westfield Rd	City West Hartford	State CT	Zip Code 06119
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 11/27/2025	Aggregate Contributions \$521.15
			Amount of Contribution \$521.15

Last Name Arons	First Mark	MI	Contribution ID # 0094
Residential Street Address 15 Balmaha Close	City Fairfield	State CT	Zip Code 06825
Principal Occupation Attorney	Name of Employer Miller Rosnick		
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 11/27/2025	Aggregate Contributions \$2,000.00
			Amount of Contribution \$2,000.00

Last Name Sharma	First Sneh	MI P	Contribution ID # 0453
Residential Street Address 75 Ruff Cir	City Glastonbury	State CT	Zip Code 06033
Principal Occupation Instructor	Name of Employer Capitol Community College		
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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 11/28/2025	Aggregate Contributions \$2,000.00
			Amount of Contribution \$2,000.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Rosado	First Adrianna	MI	Contribution ID # 0097
Residential Street Address 472 Stafford Ave	City Bristol	State CT	Zip Code 06010
Principal Occupation Nurse	Name of Employer Middlesex Hospital		
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 11/28/2025	Aggregate Contributions \$1,041.98
		Amount of Contribution \$1,041.98	

Last Name Duncan	First Michael	MI	Contribution ID # 0098
Residential Street Address 13 Sharon Dr	City Shelton	State CT	Zip Code 06484
Principal Occupation Sales	Name of Employer Tata consumer products		
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 11/29/2025	Aggregate Contributions \$320.00
		Amount of Contribution \$320.00	

Last Name Johnson	First Michael	MI	Contribution ID # 0099
Residential Street Address 1418 Boulevard	City West Hartford	State CT	Zip Code 06119
Principal Occupation Lobbyist	Name of Employer Sullivan & LeShane		
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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/29/2025	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Rajab	First Farouk	MI	Contribution ID # 0100
Residential Street Address 88 S 6th St	City Minneapolis	State MN	Zip Code 55402
Principal Occupation President/CEO	Name of Employer RI Hospitality		
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 11/29/2025	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
Bysiewicz for CT	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Kowalski	First Linda	MI	Contribution ID # 0101
Residential Street Address 23 Sybil Creek Pl	City Branford	State CT	Zip Code 06405
Principal Occupation Government Relations	Name of Employer Rome Smith Kowalski		
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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/29/2025	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Weeks	First Karen	MI	Contribution ID # 0102
Residential Street Address 5 Twin Pines Dr	City Wallingford	State CT	Zip Code 06492
Principal Occupation Government Relations	Name of Employer Rome Smith Kowalski		
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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/29/2025	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Bingham	First Ryan	MI	Contribution ID # 0103
Residential Street Address 20 Spencer Brook Rd	City New Hartford	State CT	Zip Code 06057
Principal Occupation Lobbyist	Name of Employer Sullivan & LeShane		
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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/30/2025	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Evans	First Anne	MI	Contribution ID # 0104
Residential Street Address 2 Olde Hall Rd	City Hebron	State CT	Zip Code 06248
Principal Occupation Manager	Name of Employer Universal strategies Limited		
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 11/30/2025	Aggregate Contributions \$260.73
		Amount of Contribution \$260.73	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Flynn	First Kevin	MI	Contribution ID # 0105
Residential Street Address 67 Sachem Rd	City Fairfield	State CT	Zip Code 06825
Principal Occupation CSR	Name of Employer Ct Department of Labor		
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 11/30/2025
		Aggregate Contributions \$104.48	Amount of Contribution \$104.48

Last Name Sternberg	First William	MI	Contribution ID # 0106
Residential Street Address 153 Elm 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? 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 12/01/2025
		Aggregate Contributions \$260.73	Amount of Contribution \$260.73

Last Name Przybysz	First Kenneth	MI	Contribution ID # 0107
Residential Street Address 50 Goodwin Cir	City Hartford	State CT	Zip Code 06105
Principal Occupation Consultant/Lobbyist	Name of Employer Przybysz + Associates Government Affairs		
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 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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/01/2025
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Anwar	First Saud	MI	Contribution ID # 0108
Residential Street Address 93 Rockledge Dr	City South Windsor	State CT	Zip Code 06074
Principal Occupation Physician	Name of Employer NEPA		
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 12/01/2025
		Aggregate Contributions \$320.00	Amount of Contribution \$320.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name DeVivo	First Thomas	MI	Contribution ID # 0109
Residential Street Address 110 Bolivia St	City Willimantic	State CT	Zip Code 06226
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 12/01/2025	Aggregate Contributions \$1,041.98
		Amount of Contribution \$1,041.98	

Last Name de laCruz	First Joe	MI	Contribution ID # 0110
Residential Street Address 95 Corey Rd	City Groton	State CT	Zip Code 06340
Principal Occupation Vice President	Name of Employer Hillary Company		
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 12/01/2025	Aggregate Contributions \$333.65
		Amount of Contribution \$333.65	

Last Name Salzman	First Marian	MI	Contribution ID # 0111
Residential Street Address 19 Hilltop Rd	City Norwalk	State CT	Zip Code 06854
Principal Occupation SVP	Name of Employer Philip Morris International US		
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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/01/2025	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Lacher	First Dorothy	MI	Contribution ID # 0112
Residential Street Address 47 Plaza St W # 6A	City Brooklyn	State NY	Zip Code 11217
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 12/02/2025	Aggregate Contributions \$2,000.00
		Amount of Contribution \$2,000.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Donaldson	First Charlie	MI	Contribution ID # 0113
Residential Street Address 47 Plaza St W # 6A	City Brooklyn	State NY	Zip Code 11217
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 12/02/2025	Aggregate Contributions \$2,000.00
			Amount of Contribution \$2,000.00

Last Name Lacher	First Samuel	MI	Contribution ID # 0114
Residential Street Address 47 Plaza St W # 6A	City Brooklyn	State NY	Zip Code 11217
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 12/02/2025	Aggregate Contributions \$2,000.00
			Amount of Contribution \$2,000.00

Last Name Rosenthal	First Jeffrey	MI	Contribution ID # 0115
Residential Street Address 2 Greenbrier 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/02/2025	Aggregate Contributions \$2,000.00
			Amount of Contribution \$2,000.00

Last Name Barry	First Michael	MI	Contribution ID # 0116
Residential Street Address 77 Boulder Rd	City Manchester	State CT	Zip Code 06040
Principal Occupation Director	Name of Employer CT Coalition for Retirement Security		
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 12/02/2025	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
Bysiewicz for CT	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Goldman	First Larry	MI	Contribution ID # 0117
Residential Street Address 53 Rocky Hill Rd	City Brewster	State MA	Zip Code 02631
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 12/02/2025	Aggregate Contributions \$125.31
			Amount of Contribution \$125.31

Last Name Aberasturia	First Ram	MI	Contribution ID # 0118
Residential Street Address 64 Ridgeview Way	City Ellington	State CT	Zip Code 06029
Principal Occupation Division Director	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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/02/2025	Aggregate Contributions \$521.15
			Amount of Contribution \$521.15

Last Name DeMattia	First Michael	MI	Contribution ID # 0119
Residential Street Address 160 Red Oak Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Self / Real Estate management	Name of Employer DeMattia Companies		
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 12/02/2025	Aggregate Contributions \$521.15
			Amount of Contribution \$521.15

Last Name Sullivan	First Brian	MI	Contribution ID # 0120
Residential Street Address 75 Bainbridge Rd	City West Hartford	State CT	Zip Code 06119
Principal Occupation Lobbyist	Name of Employer Przybysz + Associates		
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 12/03/2025	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
Bysiewicz for CT	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Katske	First Kevin	MI	Contribution ID # 0121
Residential Street Address 129 Meadowview Dr	City Trumbull	State CT	Zip Code 06611-1925
Principal Occupation Attorney	Name of Employer D1serio Martin Law Firm		
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 12/03/2025	Aggregate Contributions \$1,000.00
		Amount of Contribution \$1,000.00	

Last Name Leamon	First Elizabeth	MI	Contribution ID # 0122
Residential Street Address 10 School St	City Stonington	State CT	Zip Code 06378
Principal Occupation Judge of Probate	Name of Employer State of Connecticut Probate Courts		
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 12/03/2025	Aggregate Contributions \$320.00
		Amount of Contribution \$320.00	

Last Name Schoenfeld	First Michael	MI	Contribution ID # 0123
Residential Street Address 58 Brentwood Dr	City Glastonbury	State CT	Zip Code 06033
Principal Occupation Owner- Wholesaler	Name of Employer Manchester Tobacco & Candy Company		
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 12/03/2025	Aggregate Contributions \$2,000.00
		Amount of Contribution \$2,000.00	

Last Name Schoenfeld	First Vali	MI	Contribution ID # 0124
Residential Street Address 58 Brentwood Dr	City Glastonbury	State CT	Zip Code 06033
Principal Occupation Homemaker	Name of Employer Homemaker		
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 12/03/2025	Aggregate Contributions \$2,000.00
		Amount of Contribution \$2,000.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Georgiadis	First Dru	MI	Contribution ID # 0125
Residential Street Address 321 Puritan Rd	City Fairfield	State CT	Zip Code 06824
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 12/03/2025	Aggregate Contributions \$521.15
			Amount of Contribution \$521.15

Last Name Swomley	First Joanna	MI	Contribution ID # 0126
Residential Street Address 900 5th Ave # 2B	City New York	State NY	Zip Code 10021
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 12/03/2025	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

Last Name Duncan	First Barbara	MI	Contribution ID # 0127
Residential Street Address 11 Birchwood Dr	City Ansonia	State CT	Zip Code 06401
Principal Occupation Realtor	Name of Employer Self		
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 12/03/2025	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Levin	First Jay	MI	Contribution ID # 0128
Residential Street Address 23 Worthington Rd	City New London	State CT	Zip Code 06320-2932
Principal Occupation Attorney/Lobbyist	Name of Employer Levin, Paolino & Christ Govâ€™t Rel. 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 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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/04/2025	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
Bysiewicz for CT	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Anderson	First Stephen	MI	Contribution ID # 0129
Residential Street Address 518 Margarite Rd	City Middletown	State CT	Zip Code 06457
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 12/04/2025	Aggregate Contributions \$500.00
			Amount of Contribution \$500.00

Last Name Hale	First Lauren	MI	Contribution ID # 0130
Residential Street Address 11 Birchwood Dr	City Ansonia	State CT	Zip Code 06401
Principal Occupation Homemaker	Name of Employer Homemaker		
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 12/04/2025	Aggregate Contributions \$104.48
			Amount of Contribution \$104.48

Last Name Rostkowski	First George	MI	Contribution ID # 0131
Residential Street Address 138 Speno Rdg	City Rocky Hill	State CT	Zip Code 06067
Principal Occupation Accountant	Name of Employer Hamden 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 12/04/2025	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Connolly	First Susan	MI	Contribution ID # 0132
Residential Street Address 12 Worthington Rd	City New London	State CT	Zip Code 06320
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 12/04/2025	Aggregate Contributions \$2,000.00
			Amount of Contribution \$2,000.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Bradley	First Marc	MI	Contribution ID # 0133
Residential Street Address 3 Browne Pl	City Norwalk	State CT	Zip Code 06853
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 12/04/2025	Aggregate Contributions \$500.00
			Amount of Contribution \$500.00

Last Name Stirling	First Kelann	MI	Contribution ID # 0134
Residential Street Address 3 Browne Pl	City Norwalk	State CT	Zip Code 06853
Principal Occupation lawyer	Name of Employer Kirkland & Ellis		
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 12/04/2025	Aggregate Contributions \$521.15
			Amount of Contribution \$521.15

Last Name Ellis	First Neil	MI	Contribution ID # 0458
Residential Street Address 43 Butternut Rd	City Manchester	State CT	Zip Code 06040
Principal Occupation Chairman of Board	Name of Employer First Hartford Realty Corp		
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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 12/04/2025	Aggregate Contributions \$2,000.00
			Amount of Contribution \$2,000.00

Last Name Ahmed	First Harun	MI	Contribution ID # 0135
Residential Street Address 32 Elro St	City Manchester	State CT	Zip Code 06040
Principal Occupation Town constable	Name of Employer Town of Manchester		
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 12/05/2025	Aggregate Contributions \$200.00
			Amount of Contribution \$200.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Wethington	First Thomas	MI	Contribution ID # 0136
Residential Street Address 516 Centre St	City South Orange	State NJ	Zip Code 07079
Principal Occupation Partner, Consulting	Name of Employer Gartner, Inc.		
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 12/05/2025	Aggregate Contributions \$104.48
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 \$104.48	

Last Name Hale	First Caitlin	MI	Contribution ID # 0137
Residential Street Address 30 Melrose Ter # 421	City Long Branch	State NJ	Zip Code 07740
Principal Occupation Realtor	Name of Employer Real Broker, 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 12/05/2025	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 Perugino	First Pat	MI	Contribution ID # 0138
Residential Street Address 455 Ocean Ave	City West Haven	State CT	Zip Code 06516
Principal Occupation Finance	Name of Employer Self		
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 12/05/2025	Aggregate Contributions \$1,000.00
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 \$1,000.00	

Last Name Sperry	First Tom	MI	Contribution ID # 0139
Residential Street Address 44 Christian St	City Bridgewater	State CT	Zip Code 06752
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 12/05/2025	Aggregate Contributions \$500.00
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 \$500.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Barnes	First David	MI	Contribution ID # 0140
Residential Street Address 1385 W Coach Rd	City Boulder	State CO	Zip Code 80302
Principal Occupation Independent Board Member	Name of Employer CSG Systems		
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 \$1,041.98	Amount of Contribution \$1,041.98

Last Name Jacobs	First Richard	MI	Contribution ID # 0141
Residential Street Address 119 Limerick Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Photographer/designer	Name of Employer Richard Jacobs photos 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 12/05/2025
		Aggregate Contributions \$25.00	Amount of Contribution \$25.00

Last Name Venter	First John	MI	Contribution ID # 0142
Residential Street Address 29 Ridgetop Rd	City Wallingford	State CT	Zip Code 06492
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 12/05/2025
		Aggregate Contributions \$26.35	Amount of Contribution \$26.35

Last Name Luby	First Thomas	MI	Contribution ID # 0143
Residential Street Address 66 Old Post Rd	City Old Saybrook	State CT	Zip Code 06475
Principal Occupation Attorney	Name of Employer Luby Olson PC		
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 \$1,041.98	Amount of Contribution \$1,041.98

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Frieden	First Susan	MI	Contribution ID # 0144
Residential Street Address 1 Old Church Rd Unit 8	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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/05/2025	Aggregate Contributions \$208.65
			Amount of Contribution \$208.65

Last Name Tehan	First John	MI	Contribution ID # 0145
Residential Street Address 26 Eldredge Mills Rd	City Willington	State CT	Zip Code 06279
Principal Occupation Management	Name of Employer Great Sky Solar 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 12/06/2025	Aggregate Contributions \$52.40
			Amount of Contribution \$52.40

Last Name Levine	First Cathy	MI	Contribution ID # 0146
Residential Street Address 180 Pine Hill Rd	City Sterling	State CT	Zip Code 06373
Principal Occupation Registrar of Voters	Name of Employer Town of Sterling		
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 12/06/2025	Aggregate Contributions \$104.48
			Amount of Contribution \$104.48

Last Name Werstler	First Ethan	MI	Contribution ID # 0147
Residential Street Address 119 Crooked Trl	City Woodstock	State CT	Zip Code 06281-2601
Principal Occupation Lobbyist	Name of Employer Rome Smith Kowalski		
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 12/06/2025	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
Bysiewicz for CT	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Brady	First John	MI	Contribution ID # 0148
Residential Street Address 159 Snake Meadow Hill Rd	City Sterling	State CT	Zip Code 06377
Principal Occupation Vice President	Name of Employer AFT 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 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 12/06/2025	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Cotton	First Carlita	MI	Contribution ID # 0149
Residential Street Address 3 Charter Oak Sq	City Mansfield	State CT	Zip Code 06250
Principal Occupation Professor	Name of Employer Charter Oak State College		
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 12/06/2025	Aggregate Contributions \$521.15
			Amount of Contribution \$521.15

Last Name Weinstein	First Gayle	MI	Contribution ID # 0150
Residential Street Address 8 Hills End Ln	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 12/07/2025	Aggregate Contributions \$500.00
			Amount of Contribution \$500.00

Last Name Mordasky	First Judith	MI	Contribution ID # 0151
Residential Street Address 21 Buckley Hwy	City Stafford Springs	State CT	Zip Code 06076
Principal Occupation Owner	Name of Employer Veterinary Management Associates		
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 \$2,000.00
			Amount of Contribution \$2,000.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Aletta	First Rose	MI	Contribution ID # 0152
Residential Street Address 89 Middlesex Avenue Ext	City Portland	State CT	Zip Code 06480
Principal Occupation Real Estate Appraiser	Name of Employer Self Employed		
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 \$26.35
			Amount of Contribution \$26.35

Last Name Smith	First Michael	MI	Contribution ID # 0153
Residential Street Address 228 Shadyside Ln	City Milford	State CT	Zip Code 06460
Principal Occupation Lobbyist	Name of Employer Rome smith kowalski		
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 12/07/2025	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Konandreas	First Lukas	MI	Contribution ID # 0154
Residential Street Address 34 Konandreas Dr	City Stamford	State CT	Zip Code 06903
Principal Occupation physician	Name of Employer doctors center		
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 \$521.15
			Amount of Contribution \$521.15

Last Name Earley	First Robert	MI	Contribution ID # 0155
Residential Street Address 26 Manitook Mountain Rd	City Avon	State CT	Zip Code 06001
Principal Occupation Lobbyist	Name of Employer Comcast		
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 12/09/2025	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
Bysiewicz for CT	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Polo	First Michael	MI	Contribution ID # 0156
Residential Street Address 75 Church St	City Wethersfield	State CT	Zip Code 06109
Principal Occupation Business	Name of Employer ACMT, Inc.		
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 12/09/2025	Aggregate Contributions \$1,000.00
			Amount of Contribution \$1,000.00

Last Name Ginsberg	First Gary	MI	Contribution ID # 0157
Residential Street Address 110 Trumbull Ave	City Milford	State CT	Zip Code 06460
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 12/09/2025	Aggregate Contributions \$1,000.00
			Amount of Contribution \$1,000.00

Last Name Donofrio	First Anita	MI	Contribution ID # 0158
Residential Street Address 55 High Ridge Ave	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Developer self employed	Name of Employer AMD HOMES 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 #	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 12/09/2025	Aggregate Contributions \$2,000.00
			Amount of Contribution \$2,000.00

Last Name Harris	First Alex	MI	Contribution ID # 0159
Residential Street Address 37 Christopher Rd	City Ridgefield	State CT	Zip Code 06877-2407
Principal Occupation VP Network & System Planning	Name of Employer Archtop Fiber		
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 12/09/2025	Aggregate Contributions \$333.65
			Amount of Contribution \$333.65

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Cimini	First PJ	MI	Contribution ID # 0160
Residential Street Address 71 Hunters Rdg	City Rocky Hill	State CT	Zip Code 06067
Principal Occupation Attorney/Lobbyist	Name of Employer Capitol Strategies Group, 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 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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/09/2025	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Cimini	First Jacqueline	MI	Contribution ID # 0161
Residential Street Address 71 Hunters Rdg	City Rocky Hill	State CT	Zip Code
Principal Occupation Homemaker	Name of Employer Homemaker		
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 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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/09/2025	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Lessler	First Robert	MI	Contribution ID # 0162
Residential Street Address 55 Gate Ridge Rd	City Easton	State CT	Zip Code 06612
Principal Occupation nonprofit manager	Name of Employer Children in Placement		
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 12/09/2025	Aggregate Contributions \$150.00
		Amount of Contribution \$150.00	

Last Name Larson	First David	MI	Contribution ID # 0459
Residential Street Address 108 Long Hill Rd .	City Middletown	State CT	Zip Code 06457
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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 12/09/2025	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
Bysiewicz for CT	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Flagg	First Julie	MI	Contribution ID # 0464
Residential Street Address 115 Cedar Lake Rd	City Chester	State CT	Zip Code 06412
Principal Occupation retired m.d.	Name of Employer Middlesex Hospital		
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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/09/2025	Aggregate Contributions \$1,000.00
			Amount of Contribution \$1,000.00

Last Name Otzel	First Paul	MI I	Contribution ID # 0460
Residential Street Address 23 Flax Mill Ter	City Milford	State CT	Zip Code 06461
Principal Occupation Attorney	Name of Employer Barton Gilman, LLP		
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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/10/2025	Aggregate Contributions \$2,000.00
			Amount of Contribution \$2,000.00

Last Name Vallam	First Tejal	MI	Contribution ID # 0163
Residential Street Address 45 Andover Dr	City Rocky Hill	State CT	Zip Code 06067
Principal Occupation Self	Name of Employer Orissa		
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 12/10/2025	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

Last Name Dumaine	First David	MI	Contribution ID # 0164
Residential Street Address 86 Tracy Dr	City Manchester	State CT	Zip Code 06042
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 12/10/2025	Aggregate Contributions \$104.48
			Amount of Contribution \$104.48

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name DesChamps	First Matt	MI	Contribution ID # 0165
Residential Street Address 131 Shore Rd	City Old Greenwich	State CT	Zip Code 06870
Principal Occupation Partner	Name of Employer Kepos Capital LP		
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 12/10/2025	Aggregate Contributions \$2,000.00
			Amount of Contribution \$2,000.00

Last Name LeBedis	First Patrick	MI	Contribution ID # 0166
Residential Street Address 45 King St	City New York	State NY	Zip Code 10014
Principal Occupation Finance	Name of Employer Northern Star Capital Holdings 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 12/10/2025	Aggregate Contributions \$2,000.00
			Amount of Contribution \$2,000.00

Last Name Bosco	First Curtis	MI	Contribution ID # 0167
Residential Street Address 167 Upper Whittemore Rd	City Middlebury	State CT	Zip Code 06762
Principal Occupation Zoning Officer	Name of Employer Town of Middlebury		
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 12/10/2025	Aggregate Contributions \$260.73
			Amount of Contribution \$260.73

Last Name Giles	First Carleton	MI	Contribution ID # 0168
Residential Street Address 45 Nolan Ter	City Milford	State CT	Zip Code 06460
Principal Occupation Clergy	Name of Employer Calvary Baptist Church		
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 12/11/2025	Aggregate Contributions \$320.00
			Amount of Contribution \$320.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Weeks	First Brad	MI	Contribution ID # 0169
Residential Street Address 5 Twin Pines Dr	City Wallingford	State CT	Zip Code 06492
Principal Occupation Government Relations	Name of Employer Rome Smith Kowalski		
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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/11/2025	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Khalid	First Naeem	MI	Contribution ID # 0170
Residential Street Address 77 Ely Rd	City Farmington	State CT	Zip Code 06032
Principal Occupation Investor	Name of Employer Self		
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 12/11/2025	Aggregate Contributions \$2,000.00
			Amount of Contribution \$2,000.00

Last Name Dudek	First Karl	MI	Contribution ID # 0171
Residential Street Address 515 Killarney Pass Cir	City Mundelein	State IL	Zip Code 60060
Principal Occupation Asset Manager	Name of Employer Northern Equipment Remarketing 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 12/11/2025	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

Last Name Karvelis	First Leon	MI	Contribution ID # 0173
Residential Street Address 112 Great Hill Dr	City Bethel	State CT	Zip Code 06801
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 12/11/2025	Aggregate Contributions \$156.56
			Amount of Contribution \$156.56

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Jaffe	First Richard	MI S	Contribution ID # 0174
Residential Street Address 12 Stony Point 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/11/2025	Aggregate Contributions \$521.15
			Amount of Contribution \$521.15

Last Name Kelly	First Arthur	MI	Contribution ID # 0175
Residential Street Address 18 Holcomb St	City West Haven	State CT	Zip Code 06516
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 12/11/2025	Aggregate Contributions \$2,000.00
			Amount of Contribution \$2,000.00

Last Name Mara	First Lesley	MI	Contribution ID # 0176
Residential Street Address 193 Duncaster Rd	City Bloomfield	State CT	Zip Code 06002
Principal Occupation Associate VP for Systemwide Initiatives	Name of Employer CT State Colleges and Universities		
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 12/11/2025	Aggregate Contributions \$2,000.00
			Amount of Contribution \$2,000.00

Last Name Khanna	First Rachel	MI	Contribution ID # 0177
Residential Street Address 163 John St .	City Greenwich	State CT	Zip Code 06831
Principal Occupation Selectwoman	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 12/11/2025	Aggregate Contributions \$1,000.00
			Amount of Contribution \$1,000.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Alam	First Nurul	MI	Contribution ID # 0178
Residential Street Address 5 Liberty HI	City Wethersfield	State CT	Zip Code 06109
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 12/12/2025
		Aggregate Contributions \$1,041.98	Amount of Contribution \$1,041.98

Last Name Cheverie	First Robert	MI	Contribution ID # 0179
Residential Street Address 11 Hearthstone Ln	City Farmington	State CT	Zip Code 06032
Principal Occupation Attorney	Name of Employer Robert M. Cheverie & Associates 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 12/12/2025
		Aggregate Contributions \$500.00	Amount of Contribution \$500.00

Last Name Martin	First Carol	MI	Contribution ID # 0180
Residential Street Address 45 Kenmore Ln	City Milford	State CT	Zip Code 06460
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 12/12/2025
		Aggregate Contributions \$500.00	Amount of Contribution \$500.00

Last Name Palumbo	First David	MI P	Contribution ID # 0461
Residential Street Address 77 Glenmeadow Dr	City Northford	State CT	Zip Code 06472
Principal Occupation Transportation	Name of Employer self-employed		
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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/12/2025
		Aggregate Contributions \$2,000.00	Amount of Contribution \$2,000.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Palumbo	First Sandra	MI G	Contribution ID # 0462
Residential Street Address 77 Glenmeadow Dr	City Northford	State CT	Zip Code 06472
Principal Occupation homemaker	Name of Employer homemaker		
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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/12/2025	Aggregate Contributions \$2,000.00
			Amount of Contribution \$2,000.00

Last Name Rodriguez	First Naomi	MI	Contribution ID # 0181
Residential Street Address 26 Mayfair Rd	City Belle Mead	State NJ	Zip Code 08502
Principal Occupation homemaker	Name of Employer homemaker		
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 12/13/2025	Aggregate Contributions \$333.65
			Amount of Contribution \$333.65

Last Name Bailey	First Brian	MI	Contribution ID # 0182
Residential Street Address 5 Top Sail Rd	City Norwalk	State CT	Zip Code 06853
Principal Occupation Strategic Partnerships	Name of Employer RiskSpan		
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 12/13/2025	Aggregate Contributions \$2,000.00
			Amount of Contribution \$2,000.00

Last Name Perez	First Pablo	MI	Contribution ID # 0183
Residential Street Address 78 Fountain St	City New Haven	State CT	Zip Code 06515
Principal Occupation Owner	Name of Employer mActivity		
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 12/13/2025	Aggregate Contributions \$2,000.00
			Amount of Contribution \$2,000.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Holmes	First Phoebe	MI	Contribution ID # 0184
Residential Street Address 101 Obtuse Hill Rd	City Brookfield	State CT	Zip Code 06804
Principal Occupation Town Clerk	Name of Employer Town of Brookfield		
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 12/13/2025	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Becker	First Andrew	MI	Contribution ID # 0185
Residential Street Address 101 Broad St P.O. Box 1056	City Middletown	State CT	Zip Code 06457
Principal Occupation Attorney	Name of Employer The Rossi 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 \$521.15
			Amount of Contribution \$521.15

Last Name Earley	First Diane	MI	Contribution ID # 0186
Residential Street Address 26 Manitook Mountain Rd	City Avon	State CT	Zip Code 06001
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 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 12/14/2025	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Perricone	First Nicholas	MI	Contribution ID # 0187
Residential Street Address 49 Ridgewood Ave	City Madison	State CT	Zip Code 11722
Principal Occupation CEO	Name of Employer Self		
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 \$2,000.00
			Amount of Contribution \$2,000.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Pinkus	First Scott	MI	Contribution ID # 0189
Residential Street Address 5 Cowdray Park Dr	City Greenwich	State CT	Zip Code 06831
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 12/15/2025	Aggregate Contributions \$2,000.00
			Amount of Contribution \$2,000.00

Last Name Fitch	First Matthew	MI	Contribution ID # 0190
Residential Street Address 3379 Whitney Ave	City Hamden	State CT	Zip Code 06518
Principal Occupation Consulting	Name of Employer Merriman River		
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 12/15/2025	Aggregate Contributions \$1,000.00
			Amount of Contribution \$1,000.00

Last Name Gold	First Lindy Lee	MI	Contribution ID # 0481
Residential Street Address 360 Fountain St # 13	City New Haven	State CT	Zip Code 06515
Principal Occupation Economic Development	Name of Employer State of CT DECD		
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 12/15/2025	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

Last Name Brunstad	First George	MI	Contribution ID # 0463
Residential Street Address 199 Lawrence St	City New Haven	State CT	Zip Code 06511
Principal Occupation Law teacher	Name of Employer Yale University		
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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 12/16/2025	Aggregate Contributions \$2,000.00
			Amount of Contribution \$2,000.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Brady	First Francis	MI	Contribution ID # 0465
Residential Street Address 14 Thronebrook Rd	City West Granby	State CT	Zip Code 06090
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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/16/2025	Aggregate Contributions \$200.00
		Amount of Contribution \$200.00	

Last Name Schiessl	First Carl	MI	Contribution ID # 0466
Residential Street Address 93 Raymond Rd	City Windsor Locks	State CT	Zip Code 06056
Principal Occupation Attorney/Lobbyist	Name of Employer self-employed		
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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/16/2025	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Rubin	First Alan	MI	Contribution ID # 0191
Residential Street Address 14 Comstock Ct	City Ridgefield	State CT	Zip Code 06877
Principal Occupation principle	Name of Employer Blank Rome		
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 \$1,000.00
		Amount of Contribution \$1,000.00	

Last Name Hopper	First John	MI A	Contribution ID # 0192
Residential Street Address 12 Salem St	City Cos Cob	State CT	Zip Code 06807
Principal Occupation President	Name of Employer Patient Activation 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 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 \$500.00
		Amount of Contribution \$500.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Ezzes	First James	MI	Contribution ID # 0193
Residential Street Address 1A Punch Bowl Dr	City Westport	State CT	Zip Code 06880
Principal Occupation General Contractor	Name of Employer Soundview Builders 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 12/16/2025	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

Last Name Fallon	First Brett	MI	Contribution ID # 0194
Residential Street Address 414 Willowbend Ct	City Hockessin	State DE	Zip Code 19707
Principal Occupation Attorney	Name of Employer Faegre Drinker Biddle & Reath LLP		
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 \$750.00
			Amount of Contribution \$750.00

Last Name Weisberg	First Anne	MI	Contribution ID # 0195
Residential Street Address 3 Upland Pastures Rd	City Sherman	State CT	Zip Code 06784
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 12/16/2025	Aggregate Contributions \$2,000.00
			Amount of Contribution \$2,000.00

Last Name Sahay	First Chittaranjan	MI	Contribution ID # 0196
Residential Street Address 170 E Opal Dr .	City Glastonbury	State CT	Zip Code 06033
Principal Occupation Professor	Name of Employer University of Hartford		
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 \$500.00
			Amount of Contribution \$500.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Villarreal	First Elpidio	MI	Contribution ID # 0197
Residential Street Address 3 Upland Pastures Rd	City Sherman	State CT	Zip Code 06784
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 \$2,000.00
			Amount of Contribution \$2,000.00

Last Name Hamid	First Rashid	MI	Contribution ID # 0198
Residential Street Address 164 Dockerel Rd	City Tolland	State CT	Zip Code 06084
Principal Occupation general contractor	Name of Employer naek construction co.		
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 \$2,000.00
			Amount of Contribution \$2,000.00

Last Name Foti	First Joseph	MI	Contribution ID # 0199
Residential Street Address 68 Bayview Cir	City Watertown	State CT	Zip Code 06795
Principal Occupation Attorney	Name of Employer Moore, O'Brien, and Foti		
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 \$500.00
			Amount of Contribution \$500.00

Last Name Brotman	First Jay	MI	Contribution ID # 0200
Residential Street Address 160 Laurel Rd	City New Haven	State CT	Zip Code 06515
Principal Occupation Architect	Name of Employer FCArchitects, 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 12/17/2025	Aggregate Contributions \$260.73
			Amount of Contribution \$260.73

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Bailey	First John	MI	Contribution ID # 0201
Residential Street Address 17 Glenbrook Rd	City West Hartford	State CT	Zip Code 06107-3413
Principal Occupation Lobbyist	Name of Employer TCORS Cap. 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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/17/2025	Aggregate Contributions \$100.00
		Amount of Contribution \$50.00	

Last Name Bailey	First John	MI	Contribution ID # 0202
Residential Street Address 17 Glenbrook Rd	City West Hartford	State CT	Zip Code 06107-3413
Principal Occupation Lobbyist	Name of Employer TCORS Cap. 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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/17/2025	Aggregate Contributions \$100.00
		Amount of Contribution \$50.00	

Last Name Wood	First Kerry	MI	Contribution ID # 0203
Residential Street Address 260 France St	City Rocky Hill	State CT	Zip Code 06067
Principal Occupation Realtor	Name of Employer Charter Realty		
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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/17/2025	Aggregate Contributions \$320.00
		Amount of Contribution \$100.00	

Last Name Waldron	First Mary	MI	Contribution ID # 0204
Residential Street Address 30 Bokum Rd # 103	City Essex	State CT	Zip Code 06426-1510
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 12/18/2025	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
Bysiewicz for CT	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Barnett	First Barry	MI	Contribution ID # 0205
Residential Street Address 5030 Park Ln	City Dallas	State TX	Zip Code 75220
Principal Occupation Attorney	Name of Employer Susman Godfrey L.L.P.		
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 \$500.00
		Amount of Contribution \$500.00	

Last Name Ryan	First Monica	MI	Contribution ID # 0206
Residential Street Address 18 Bulkley Ave S	City Westport	State CT	Zip Code 06880
Principal Occupation Executive Assistant	Name of Employer Professional Fiduciary Services		
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 \$26.35
		Amount of Contribution \$26.35	

Last Name McGinnis	First Matthew	MI	Contribution ID # 0207
Residential Street Address 363 Quaker Ln N	City West Hartford	State CT	Zip Code 06119
Principal Occupation VP data & analytics	Name of Employer Evernorth		
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 \$333.65
		Amount of Contribution \$333.65	

Last Name Theroux	First Miriam	MI	Contribution ID # 0208
Residential Street Address 449 Trinity Rdg	City Rocky Hill	State CT	Zip Code 06067
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 \$78.75
		Amount of Contribution \$52.40	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Overton	First Tom	MI	Contribution ID # 0209
Residential Street Address 602 Park Point Dr Ste 230	City Golden	State CO	Zip Code 80401
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 12/18/2025	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

Last Name Lesser	First Ken	MI	Contribution ID # 0210
Residential Street Address 8 Hawthorn Way	City Wethersfield	State CT	Zip Code 06109
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 12/18/2025	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Paindiris	First Jessica	MI	Contribution ID # 0211
Residential Street Address 5901 S Flagler Dr	City West Palm Beach	State FL	Zip Code 33405
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 12/18/2025	Aggregate Contributions \$1,000.00
			Amount of Contribution \$1,000.00

Last Name Fredricks	First Wesley	MI	Contribution ID # 0212
Residential Street Address 221 Benedict Hill Rd	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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/18/2025	Aggregate Contributions \$1,500.00
			Amount of Contribution \$1,500.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Islam	First Saqib	MI	Contribution ID # 0213
Residential Street Address 52 Turkey Hill Rd S	City Westport	State CT	Zip Code 06880
Principal Occupation CEO	Name of Employer Bymmunity Therapeutics		
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 checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/18/2025	Aggregate Contributions \$2,000.00
			Amount of Contribution \$2,000.00

Last Name Reardon	First Patricia	MI	Contribution ID # 0470
Residential Street Address 46 Nauyaug Point Rd	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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 12/18/2025	Aggregate Contributions \$1,000.00
			Amount of Contribution \$1,000.00

Last Name Winchester	First Eugene	MI	Contribution ID # 0471
Residential Street Address 46 Nauyaug Point Rd	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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 12/18/2025	Aggregate Contributions \$1,000.00
			Amount of Contribution \$1,000.00

Last Name Zafiris	First James	MI	Contribution ID # 0469
Residential Street Address 95 Seiter Hill Rd	City Wallingford	State CT	Zip Code 06492
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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 12/19/2025	Aggregate Contributions \$2,000.00
			Amount of Contribution \$2,000.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Lech	First Michael	MI	Contribution ID # 0214
Residential Street Address 3838 E Shore Ave Groton Long Pt	City Groton	State CT	Zip Code 06340
Principal Occupation Real Estate Investments	Name of Employer READCO		
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 \$2,000.00
			Amount of Contribution \$2,000.00

Last Name Forlivio	First John	MI	Contribution ID # 0215
Residential Street Address X153 Hoyt St	City Darien	State CT	Zip Code 06820
Principal Occupation Ins agent	Name of Employer JMG Insurance		
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 \$2,000.00
			Amount of Contribution \$2,000.00

Last Name Forlivio	First Wanda	MI	Contribution ID # 0216
Residential Street Address X153 Hoyt St	City Darien	State CT	Zip Code 06820
Principal Occupation None	Name of Employer None		
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 \$2,000.00
			Amount of Contribution \$2,000.00

Last Name Hochadel	First Jan	MI	Contribution ID # 0217
Residential Street Address 155 Greenbriar Rd	City Meriden	State CT	Zip Code 06450
Principal Occupation President	Name of Employer AFT 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 12/19/2025	Aggregate Contributions \$500.00
			Amount of Contribution \$500.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Abreu	First M Marc	MI	Contribution ID # 0218
Residential Street Address 16001 Collins Ave	City Sunny Isles Beach	State FL	Zip Code 33160-5511
Principal Occupation Physician	Name of Employer BTT Corp.		
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 12/19/2025	Aggregate Contributions \$2,000.00
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 \$2,000.00	

Last Name Currier	First William	MI	Contribution ID # 0219
Residential Street Address 4701 Willard Ave # 1632	City Chevy Chase	State MD	Zip Code 20815
Principal Occupation lawyer	Name of Employer Self		
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 12/20/2025	Aggregate Contributions \$1,000.00
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 \$1,000.00	

Last Name Dranginis	First Anne	MI	Contribution ID # 0220
Residential Street Address 408 Hunter Dr	City Litchfield	State CT	Zip Code 06759
Principal Occupation Attorney	Name of Employer Self		
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 12/20/2025	Aggregate Contributions \$2,000.00
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 \$2,000.00	

Last Name Lockhart	First Leonard	MI	Contribution ID # 0221
Residential Street Address 57 Columbia Rd	City Windsor	State CT	Zip Code 06095
Principal Occupation unemployed	Name of Employer unemployed		
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 12/20/2025	Aggregate Contributions \$333.65
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 \$333.65	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Wood	First Kerry	MI	Contribution ID # 0480
Residential Street Address 260 France St	City Rocky Hill	State CT	Zip Code 06067
Principal Occupation Realty	Name of Employer Charter Realty		
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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/20/2025	Aggregate Contributions \$320.00
			Amount of Contribution \$220.00

Last Name Butkus	First Ray	MI	Contribution ID # 0222
Residential Street Address 117 Hard Hill Rd S	City Bethlehem	State CT	Zip Code 06751
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 12/21/2025	Aggregate Contributions \$1,000.00
			Amount of Contribution \$1,000.00

Last Name Summers	First Pamm	MI	Contribution ID # 0223
Residential Street Address 105 Nagy Rd	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 12/21/2025	Aggregate Contributions \$1,000.00
			Amount of Contribution \$1,000.00

Last Name Khalid	First Mary	MI	Contribution ID # 0224
Residential Street Address 77 Ely Rd	City Farmington	State CT	Zip Code 06032
Principal Occupation homemaker	Name of Employer homemaker		
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 12/21/2025	Aggregate Contributions \$2,000.00
			Amount of Contribution \$2,000.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Carmody	First Samuel	MI	Contribution ID # 0225
Residential Street Address 116 Center St 2A	City Wallingford	State CT	Zip Code 06492
Principal Occupation Community Relations	Name of Employer Eversource Energy		
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 \$500.00
			Amount of Contribution \$500.00

Last Name Reasco-Bumgardner	First Kayla	MI	Contribution ID # 0226
Residential Street Address 162 Daniel Brown Dr	City Mystic	State CT	Zip Code 06355
Principal Occupation Vice President	Name of Employer Intersect Public Solutions		
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 12/21/2025	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Dendas	First Zachary	MI	Contribution ID # 0227
Residential Street Address 2 Curiosity Ln	City Essex	State CT	Zip Code
Principal Occupation Gov Affairs	Name of Employer Sullivan & LeShane		
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 12/22/2025	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Tusa	First Charles	MI	Contribution ID # 0228
Residential Street Address 21 Lawrence St	City Greenwich	State CT	Zip Code 06830
Principal Occupation Attorney	Name of Employer Gilbride, Tusa		
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 12/22/2025	Aggregate Contributions \$2,000.00
			Amount of Contribution \$1,000.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Tusa	First Charles	MI	Contribution ID # 0229
Residential Street Address 21 Lawrence St	City Greenwich	State CT	Zip Code 06830
Principal Occupation Attorney	Name of Employer Gilbride, Tusa		
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 \$2,000.00
			Amount of Contribution \$1,000.00

Last Name Sousa	First Robert	MI	Contribution ID # 0230
Residential Street Address 105 5th Ave	City Milford	State CT	Zip Code 06460
Principal Occupation Attorney	Name of Employer Sousa Law		
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 \$1,000.00
			Amount of Contribution \$1,000.00

Last Name McGinnis	First Tiffani	MI	Contribution ID # 0231
Residential Street Address 363 Quaker Ln N	City West Hartford	State CT	Zip Code 06119
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 12/22/2025	Aggregate Contributions \$320.00
			Amount of Contribution \$320.00

Last Name Wilson	First Ralph	MI	Contribution ID # 0232
Residential Street Address 591 Bow Ln	City Middletown	State CT	Zip Code 06457
Principal Occupation Attorney	Name of Employer Law Office of Ralph E. Wilson		
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 \$2,000.00
			Amount of Contribution \$2,000.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Panovka	First Robin	MI	Contribution ID # 0233
Residential Street Address 262 Central Park W # 3A	City New York	State NY	Zip Code 10024
Principal Occupation Attorney	Name of Employer Wachtell Lipton		
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? If yes, list Event #		Date Received 12/22/2025	Aggregate Contributions \$2,000.00
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 \$2,000.00	

Last Name Moran	First Garrett	MI	Contribution ID # 0234
Residential Street Address 355 Lake 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? 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? If yes, list Event #		Date Received 12/22/2025	Aggregate Contributions \$2,000.00
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 \$2,000.00	

Last Name Levi	First Itzhak	MI	Contribution ID # 0235
Residential Street Address 271 Grand Central Pkwy	City Floral Park	State NY	Zip Code 11005
Principal Occupation Real estate developer	Name of Employer Rimco		
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? If yes, list Event #		Date Received 12/22/2025	Aggregate Contributions \$2,000.00
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 \$2,000.00	

Last Name Delmastro	First Daniel	MI	Contribution ID # 0467
Residential Street Address 48 E Shore Dr	City Niantic	State CT	Zip Code 06357
Principal Occupation CEO	Name of Employer Ditek		
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? If yes, list Event #		Date Received 12/22/2025	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input 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
Bysiewicz for CT	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Alfano	First Charles	MI T	Contribution ID # 0468
Residential Street Address 4 Woodbridge Dr	City Suffield	State CT	Zip Code 06078
Principal Occupation Attorney	Name of Employer Murphy, Laudati, Kiel & Alfano		
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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/22/2025	Aggregate Contributions \$500.00
		Amount of Contribution \$500.00	

Last Name Lazaridis	First Angelo	MI	Contribution ID # 0472
Residential Street Address 491 Foote Rd	City South Glastonbury	State CT	Zip Code 06073
Principal Occupation Cook	Name of Employer Angelo's		
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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/23/2025	Aggregate Contributions \$2,000.00
		Amount of Contribution \$2,000.00	

Last Name Lazaridis	First Juliana	MI	Contribution ID # 0473
Residential Street Address 491 Foote Rd	City South Glastonbury	State CT	Zip Code 06073
Principal Occupation Secretary	Name of Employer Angelo's		
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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/23/2025	Aggregate Contributions \$2,000.00
		Amount of Contribution \$2,000.00	

Last Name Crumbie	First Andrew	MI	Contribution ID # 0236
Residential Street Address 650 Farmington Ave	City Hartford	State CT	Zip Code 06105
Principal Occupation Lawyer	Name of Employer Crumbie Law 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 12/23/2025	Aggregate Contributions \$1,000.00
		Amount of Contribution \$1,000.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Bunnell	First Eva	MI	Contribution ID # 0237
Residential Street Address 204 Niantic River Rd	City Waterford	State CT	Zip Code 06385
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 12/23/2025	Aggregate Contributions \$2,000.00
			Amount of Contribution \$2,000.00

Last Name Barrow	First Mary	MI	Contribution ID # 0238
Residential Street Address 931 Old Clinton Rd Unit 10	City Westbrook	State CT	Zip Code 06498
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 12/23/2025	Aggregate Contributions \$500.00
			Amount of Contribution \$500.00

Last Name Breakstone	First Amy	MI	Contribution ID # 0239
Residential Street Address 100 Oakland St .	City Bristol	State CT	Zip Code 06010
Principal Occupation Physician	Name of Employer CCOG		
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 12/23/2025	Aggregate Contributions \$500.00
			Amount of Contribution \$500.00

Last Name McCabe	First Patrick	MI	Contribution ID # 0240
Residential Street Address 11 Forest Rd	City West Hartford	State CT	Zip Code 06119
Principal Occupation public affairs	Name of Employer capitol strategies 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 12/23/2025	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
Bysiewicz for CT	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Ranmal	First Bhima	MI	Contribution ID # 0241
Residential Street Address 182 Yankee Peddler Path	City Madison	State CT	Zip Code 06443
Principal Occupation Salesman	Name of Employer Akjay international 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 12/23/2025	Aggregate Contributions \$1,000.00
		Amount of Contribution \$1,000.00	

Last Name Holstein	First John	MI	Contribution ID # 0242
Residential Street Address 337 Stonington Rd	City Stonington	State CT	Zip Code 06378
Principal Occupation Gas and oil	Name of Employer Spicer plus		
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 12/23/2025	Aggregate Contributions \$1,000.00
		Amount of Contribution \$1,000.00	

Last Name Johnson	First Pedro	MI	Contribution ID # 0243
Residential Street Address 439 Back Rd	City North Windham	State CT	Zip Code 06256
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 12/23/2025	Aggregate Contributions \$250.00
		Amount of Contribution \$250.00	

Last Name Rogers	First John	MI	Contribution ID # 0244
Residential Street Address 18 River View Ln	City Woodbury	State CT	Zip Code 06798
Principal Occupation Adjunct Professor	Name of Employer University of CT School of Law		
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 12/23/2025	Aggregate Contributions \$2,000.00
		Amount of Contribution \$2,000.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Friedler	First Joseph	MI	Contribution ID # 0245
Residential Street Address 96 Taintor Dr	City Southport	State CT	Zip Code 06890
Principal Occupation Attorney	Name of Employer Friedler & Friedler, P.C.		
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? If yes, list Event #		Date Received 12/23/2025	Aggregate Contributions \$333.65
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 \$333.65	

Last Name Calvi-Rogers	First Marisa	MI	Contribution ID # 0246
Residential Street Address 18 River View Ln	City Woodbury	State CT	Zip Code 06798
Principal Occupation Education Coordinator	Name of Employer The Kate Hepburn Center		
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? If yes, list Event #		Date Received 12/23/2025	Aggregate Contributions \$2,000.00
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 \$2,000.00	

Last Name Rivers	First Christopher	MI	Contribution ID # 0247
Residential Street Address 27 Cambridge Ct	City Colchester	State CT	Zip Code 06415
Principal Occupation Consulting	Name of Employer Impact Partners for Connecticut		
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? If yes, list Event #		Date Received 12/23/2025	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 Aron	First Andrea	MI	Contribution ID # 0248
Residential Street Address 27 Scenic Rd .	City Madison	State CT	Zip Code 06443
Principal Occupation Teacher	Name of Employer Wesleyan Potters		
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? If yes, list Event #		Date Received 12/23/2025	Aggregate Contributions \$52.40
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 \$52.40	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Merolla-Martin	First JoAnn	MI	Contribution ID # 0249
Residential Street Address 2 Westledge Dr # C107	City Norwich	State CT	Zip Code 06360
Principal Occupation Registrar of Voters	Name of Employer City of Norwich		
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 12/23/2025
		Aggregate Contributions \$260.73	Amount of Contribution \$260.73

Last Name Dean	First Heather	MI	Contribution ID # 0250
Residential Street Address 4 Lyrical Ln	City Sandy Hook	State CT	Zip Code 06482
Principal Occupation Special Education Teacher	Name of Employer Capital Prep Harbor Lower School		
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 12/24/2025
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Forrest	First Matthew	MI	Contribution ID # 0251
Residential Street Address 25 Spring St	City Wethersfield	State CT	Zip Code 06109
Principal Occupation Attorney	Name of Employer Forrest Mcpadden		
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 12/24/2025
		Aggregate Contributions \$50.00	Amount of Contribution \$50.00

Last Name Wolk	First Jay	MI	Contribution ID # 0252
Residential Street Address 1157 Stratfield Rd .	City Fairfield	State CT	Zip Code 06825
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 12/24/2025
		Aggregate Contributions \$320.00	Amount of Contribution \$320.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Carfora	First Joseph	MI	Contribution ID # 0253
Residential Street Address 142 Barberry Rd	City North Haven	State CT	Zip Code 06473
Principal Occupation Mayor	Name of Employer Town of East Haven		
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 12/24/2025	Aggregate Contributions \$1,000.00
		Amount of Contribution \$1,000.00	

Last Name McGlynn	First Brian	MI	Contribution ID # 0254
Residential Street Address 221 Library St	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? 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 12/24/2025	Aggregate Contributions \$104.48
		Amount of Contribution \$104.48	

Last Name Donaldson	First Leyna	MI	Contribution ID # 0255
Residential Street Address 976 Metropolitan 2R	City Brooklyn	State NY	Zip Code 11211
Principal Occupation Advertising	Name of Employer Zenith Media		
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 12/25/2025	Aggregate Contributions \$52.40
		Amount of Contribution \$52.40	

Last Name Glass	First Jennifer	MI	Contribution ID # 0256
Residential Street Address 2 Buena Vista Rd	City Branford	State CT	Zip Code 06405
Principal Occupation Financial Analyst	Name of Employer 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 #	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 12/25/2025	Aggregate Contributions \$26.35
		Amount of Contribution \$26.35	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Bysiewicz	First Sophie	MI	Contribution ID # 0257
Residential Street Address 66 Pearl St Apt 401	City New York	State NY	Zip Code 10004
Principal Occupation Engineer	Name of Employer WSP		
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 12/25/2025	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Klaynberg	First Joseph	MI	Contribution ID # 0258
Residential Street Address 5 Gold St # 5B	City Hartford	State CT	Zip Code 06103
Principal Occupation Builder	Name of Employer Spectra Development		
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 12/26/2025	Aggregate Contributions \$2,000.00
		Amount of Contribution \$2,000.00	

Last Name Bysiewicz	First Gail	MI	Contribution ID # 0259
Residential Street Address 4 Sunrise Ln	City East Hampton	State CT	Zip Code 06424
Principal Occupation Administrator	Name of Employer University of Connecticut		
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 12/26/2025	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name McAnneny	First Brian	MI	Contribution ID # 0260
Residential Street Address 102 Heights Rd # 302	City Darien	State CT	Zip Code 06820
Principal Occupation Consultant	Name of Employer Self		
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 12/26/2025	Aggregate Contributions \$2,000.00
		Amount of Contribution \$2,000.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Hauss	First Neale	MI	Contribution ID # 0261
Residential Street Address 55 Woodford Hills Dr	City Avon	State CT	Zip Code 06001
Principal Occupation Executive	Name of Employer H. P. Kopplemann, Inc.		
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 12/26/2025
		Aggregate Contributions \$26.35	Amount of Contribution \$26.35

Last Name Klaynberg	First Robert	MI	Contribution ID # 0262
Residential Street Address 100 Carlyle Dr # VG4	City Cliffside Park	State NJ	Zip Code 07010
Principal Occupation unemployed	Name of Employer unemployed		
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 12/26/2025
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name McNally	First Timothy	MI	Contribution ID # 0474
Residential Street Address 60 Chase Hill Rd	City Pomfret Center	State CT	Zip Code 06259
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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 12/26/2025
		Aggregate Contributions \$320.00	Amount of Contribution \$320.00

Last Name Griffiths	First Susan	MI	Contribution ID # 0475
Residential Street Address 70 Griffiths Rd	City Killingly	State CT	Zip Code 06239
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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 12/26/2025
		Aggregate Contributions \$500.00	Amount of Contribution \$500.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Maloney	First James	MI	Contribution ID # 0476
Residential Street Address 15 Wooster Hts	City Danbury	State CT	Zip Code 06810
Principal Occupation Executive	Name of Employer Commonweal Services Corp		
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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/26/2025
		Aggregate Contributions \$2,000.00	Amount of Contribution \$2,000.00

Last Name Griffiths	First David	MI	Contribution ID # 0477
Residential Street Address 70 Griffiths Rd	City Killingly	State CT	Zip Code 06239
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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/26/2025
		Aggregate Contributions \$200.00	Amount of Contribution \$200.00

Last Name Karp	First Joel	MI	Contribution ID # 0478
Residential Street Address 15 Oster Lndg	City Milford	State CT	Zip Code 06460
Principal Occupation Law	Name of Employer Karp & Langerman PC		
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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/27/2025
		Aggregate Contributions \$250.00	Amount of Contribution \$250.00

Last Name Samra	First Kulwant	MI	Contribution ID # 0263
Residential Street Address 474 Queen St	City Southington	State CT	Zip Code 06489
Principal Occupation Owner	Name of Employer Samra family 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 #		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 12/27/2025
		Aggregate Contributions \$2,000.00	Amount of Contribution \$2,000.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Massaro	First Eliza	MI	Contribution ID # 0264
Residential Street Address 91 Westland Rd	City Avon	State CT	Zip Code 06001
Principal Occupation Consultant-Marketing	Name of Employer 818 Political		
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? If yes, list Event #		Date Received 12/27/2025	Aggregate Contributions \$260.73
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 \$260.73	

Last Name Roberts	First Geraldine	MI	Contribution ID # 0265
Residential Street Address 64 Old Post Rd	City Wethersfield	State CT	Zip Code 06109
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? If yes, list Event #		Date Received 12/27/2025	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 Brymer	First John	MI	Contribution ID # 0266
Residential Street Address 64 Old Post Rd	City Wethersfield	State CT	Zip Code 06109
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? If yes, list Event #		Date Received 12/27/2025	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 Perry	First Jack	MI	Contribution ID # 0267
Residential Street Address 153 Moore Hill Dr	City Southington	State CT	Zip Code 06489
Principal Occupation Operations manager	Name of Employer Cwpm		
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? If yes, list Event #		Date Received 12/27/2025	Aggregate Contributions \$500.00
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 \$500.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Pikarski	First Maureen	MI	Contribution ID # 0268
Residential Street Address 6032 N Kilbourn Ave	City Chicago	State IL	Zip Code 60646
Principal Occupation Attorney	Name of Employer Gordon and Pikarski		
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? If yes, list Event #		Date Received 12/27/2025	Aggregate Contributions \$2,000.00
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 \$2,000.00	

Last Name Wallace	First Anthony	MI	Contribution ID # 0269
Residential Street Address 394 Yale Ave	City New Haven	State CT	Zip Code 06515
Principal Occupation Attorney	Name of Employer Self		
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? If yes, list Event #		Date Received 12/27/2025	Aggregate Contributions \$500.00
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 \$500.00	

Last Name Price	First Michael	MI	Contribution ID # 0270
Residential Street Address 1 Kings Hwy	City Chester	State CT	Zip Code 06412
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? If yes, list Event #		Date Received 12/27/2025	Aggregate Contributions \$500.00
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 \$500.00	

Last Name Benton	First Suzanne	MI	Contribution ID # 0271
Residential Street Address 22 Donnelly Dr	City Ridgefield	State CT	Zip Code 06877
Principal Occupation artist	Name of Employer self		
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? If yes, list Event #		Date Received 12/27/2025	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
Bysiewicz for CT	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Mordasky	First David	MI	Contribution ID # 0272
Residential Street Address 21 Buckley Hwy	City Stafford Springs	State CT	Zip Code 06076
Principal Occupation Veterinarian	Name of Employer Stafford Veterinary Center		
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 12/27/2025	Aggregate Contributions \$2,000.00
			Amount of Contribution \$2,000.00

Last Name Terranova	First Jody	MI	Contribution ID # 0273
Residential Street Address 52 Cobblestone Way	City Windsor	State CT	Zip Code 06095
Principal Occupation Physician	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 12/27/2025	Aggregate Contributions \$104.48
			Amount of Contribution \$104.48

Last Name Kavros DeGraw	First Eleni	MI	Contribution ID # 0274
Residential Street Address 112 Westland Rd	City Avon	State CT	Zip Code 06001
Principal Occupation State Representative	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 12/27/2025	Aggregate Contributions \$260.73
			Amount of Contribution \$260.73

Last Name Bylone	First Mary	MI	Contribution ID # 0275
Residential Street Address 165 Shadbush Dr	City Colchester	State CT	Zip Code 06415
Principal Occupation Registered Nurse	Name of Employer American Association of Critical Care Nurses		
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 12/27/2025	Aggregate Contributions \$156.56
			Amount of Contribution \$156.56

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Friedman	First Scott	MI	Contribution ID # 0276
Residential Street Address 17 Cooper Rd	City North Haven	State CT	Zip Code 06473
Principal Occupation Data Analyst	Name of Employer Scott D Friedman Consulting 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 12/27/2025
		Aggregate Contributions \$156.56	Amount of Contribution \$156.56

Last Name Button	First Lewis	MI	Contribution ID # 0277
Residential Street Address 1938 Glasgo Rd	City Griswold	State CT	Zip Code 06351
Principal Occupation Attorney	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 12/27/2025
		Aggregate Contributions \$250.00	Amount of Contribution \$250.00

Last Name Gilman	First Michelle	MI	Contribution ID # 0278
Residential Street Address 247 Woodbine Rd	City Colchester	State CT	Zip Code 06415
Principal Occupation Commissioner	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 12/27/2025
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Pikarski	First Sandra	MI	Contribution ID # 0279
Residential Street Address 6238 N Kirkwood Ave	City Chicago	State IL	Zip Code 60646
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 12/27/2025
		Aggregate Contributions \$500.00	Amount of Contribution \$500.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Chinatti	First Mary Ann	MI	Contribution ID # 0280
Residential Street Address 424 Norwich Rd	City Plainfield	State CT	Zip Code 06374
Principal Occupation DEVELOPMENT DIRECTOR	Name of Employer TOWN OF PUTNAM		
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 12/28/2025	Aggregate Contributions \$260.73
			Amount of Contribution \$260.73

Last Name Gallo-Hall	First Marie	MI	Contribution ID # 0281
Residential Street Address 205 Hanover Rd	City Newtown	State CT	Zip Code 06470
Principal Occupation Attorney	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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/28/2025	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Barton Reeves	First Andrea	MI	Contribution ID # 0282
Residential Street Address 61 Wilton Rd	City Windsor	State CT	Zip Code 06095
Principal Occupation Commissioner	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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/28/2025	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Diamond	First James	MI	Contribution ID # 0283
Residential Street Address 70 Forest St 7G	City Stamford	State CT	Zip Code 06901
Principal Occupation Law Professor	Name of Employer Yale University		
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 12/28/2025	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
Bysiewicz for CT	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Tomassetti	First Nicole	MI	Contribution ID # 0284
Residential Street Address 51 Winding Brook Ln	City Meriden	State CT	Zip Code 06450
Principal Occupation Lobbyist	Name of Employer Capitol Strategies 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 12/28/2025	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Tarbox	First Paul	MI	Contribution ID # 0285
Residential Street Address 1034 Fernbrook Rd	City Orange	State CT	Zip Code 06477
Principal Occupation Director of Public Policy and Communications	Name of Employer Connecticut Council on Problem Gambling		
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 12/28/2025	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Finch	First William	MI	Contribution ID # 0286
Residential Street Address 70 Crown St	City Bridgeport	State CT	Zip Code 06610
Principal Occupation Director	Name of Employer CTLMCC		
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 12/28/2025	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Groh	First Erica	MI	Contribution ID # 0287
Residential Street Address 183 Wagher Rd	City North Grosvenordale	State CT	Zip Code 06255
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 12/28/2025	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
Bysiewicz for CT	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Groh	First Lawrence	MI	Contribution ID # 0288
Residential Street Address 183 Wagher Rd	City North Grosvenordale	State CT	Zip Code 06255
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 12/28/2025	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

Last Name Aresimowicz	First Joseph	MI	Contribution ID # 0289
Residential Street Address 137 Brewster Rd	City West Hartford	State CT	Zip Code 06117
Principal Occupation Lobbyist	Name of Employer Gaffney Bennett		
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 12/28/2025	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Giordano	First Lucian	MI	Contribution ID # 0290
Residential Street Address 23 Maplecrest Dr	City Danbury	State CT	Zip Code 06811
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 12/28/2025	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

Last Name Moon	First Polly	MI	Contribution ID # 0291
Residential Street Address 23 Orchard Brook Dr	City Wethersfield	State CT	Zip Code 06109
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 12/28/2025	Aggregate Contributions \$260.73
			Amount of Contribution \$260.73

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Leahy	First Jim	MI	Contribution ID # 0292
Residential Street Address 14 Doe Run	City Tolland	State CT	Zip Code 06084
Principal Occupation Lobbyist	Name of Employer Liberty Square 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 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 #		Date Received 12/29/2025	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 Boynton	First Cynthia	MI	Contribution ID # 0293
Residential Street Address 48 Merwin Ave	City Milford	State CT	Zip Code 06460
Principal Occupation Communications Director	Name of Employer State of Connecticut		
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 12/29/2025	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 Selby	First Margaret	MI	Contribution ID # 0294
Residential Street Address 290 Northfield Rd	City Litchfield	State CT	Zip Code 06759
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 12/29/2025	Aggregate Contributions \$52.40
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 \$52.40	

Last Name Rooney	First Alison	MI	Contribution ID # 0295
Residential Street Address 35 Center Dr	City Old Greenwich	State CT	Zip Code 06870
Principal Occupation Technology	Name of Employer Kyndryl		
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 12/29/2025	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	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name LeBorious	First Richard	MI	Contribution ID # 0296
Residential Street Address 16 Church St	City Broad Brook	State CT	Zip Code 06016
Principal Occupation Owner	Name of Employer UNITED METALWORKING		
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? If yes, list Event #		Date Received 12/29/2025	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 Paulson	First Lorie	MI	Contribution ID # 0297
Residential Street Address 6 Turtleback Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation Psychotherapist	Name of Employer Lorie Paulson		
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? If yes, list Event #		Date Received 12/29/2025	Aggregate Contributions \$52.40
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 \$52.40	

Last Name Southard	First Kathleen	MI	Contribution ID # 0298
Residential Street Address 89 Wildwood Ln	City Uncasville	State CT	Zip Code 06382
Principal Occupation Teacher	Name of Employer Stonington 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? If yes, list Event #		Date Received 12/29/2025	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	

Last Name Gaiewski	First Daniel	MI	Contribution ID # 0299
Residential Street Address 234 Rogers Rd	City Groton	State CT	Zip Code 06340
Principal Occupation State Representative	Name of Employer State of Connecticut		
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? If yes, list Event #		Date Received 12/29/2025	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
Bysiewicz for CT	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Glassman	First Kimberly	MI	Contribution ID # 0300
Residential Street Address 324 Old Mill Rd	City Middletown	State CT	Zip Code 06457
Principal Occupation Director	Name of Employer Foundation for Fair Contracting 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 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 12/29/2025
		Aggregate Contributions \$50.00	Amount of Contribution \$50.00

Last Name Albis	First James	MI	Contribution ID # 0301
Residential Street Address 324 Old Mill Rd	City Middletown	State CT	Zip Code 06457
Principal Occupation Partner	Name of Employer Graff Public Solutions		
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 12/29/2025
		Aggregate Contributions \$50.00	Amount of Contribution \$50.00

Last Name OBrien	First Timothy	MI	Contribution ID # 0302
Residential Street Address 46 High Ridge Dr	City Pawcatuck	State CT	Zip Code 06379
Principal Occupation Engineer	Name of Employer Detotec		
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 12/29/2025
		Aggregate Contributions \$521.15	Amount of Contribution \$521.15

Last Name Gabriele	First Amanda	MI	Contribution ID # 0303
Residential Street Address 18 Renee Ln	City North Haven	State CT	Zip Code 06473
Principal Occupation Director, Data	Name of Employer Mayo Clinic		
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 12/29/2025
		Aggregate Contributions \$104.48	Amount of Contribution \$104.48

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Zoppo-Sassu	First Ellen	MI	Contribution ID # 0304
Residential Street Address 47 Kory Ln	City Bristol	State CT	Zip Code 06010
Principal Occupation Mayor	Name of Employer City of Bristol		
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 12/29/2025
		Aggregate Contributions \$250.00	Amount of Contribution \$250.00

Last Name Plummer	First Daria	MI	Contribution ID # 0305
Residential Street Address 235 Orchard Hill Dr	City South Windsor	State CT	Zip Code 06074
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 12/29/2025
		Aggregate Contributions \$104.48	Amount of Contribution \$104.48

Last Name Theroux	First Miriam	MI	Contribution ID # 0306
Residential Street Address 449 Trinity Rdg	City Rocky Hill	State CT	Zip Code 06067
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 12/29/2025
		Aggregate Contributions \$78.75	Amount of Contribution \$26.35

Last Name Bowsza	First Jason	MI	Contribution ID # 0307
Residential Street Address 121 East Rd	City Broad Brook	State CT	Zip Code 06016
Principal Occupation First selectman	Name of Employer Town of East Windsor		
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 12/29/2025
		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
Bysiewicz for CT	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Casey	First Steven	MI	Contribution ID # 0308
Residential Street Address 83 Peach Tree Ln	City Bristol	State CT	Zip Code 06010
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 12/29/2025	Aggregate Contributions \$26.35
			Amount of Contribution \$26.35

Last Name Carlsson-Bull	First Jan	MI	Contribution ID # 0309
Residential Street Address 344 Ridge Rd	City Middletown	State CT	Zip Code 06457
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 12/29/2025	Aggregate Contributions \$52.40
			Amount of Contribution \$52.40

Last Name Giammatteo	First Lucille	MI	Contribution ID # 0310
Residential Street Address 85 Riverside Dr	City Meriden	State CT	Zip Code 06451
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 12/29/2025	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Bowles	First Timothy	MI	Contribution ID # 0311
Residential Street Address 117 River Rd	City Preston	State CT	Zip Code 06365
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 12/29/2025	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
Bysiewicz for CT	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Pawlak	First Lucian	MI	Contribution ID # 0312
Residential Street Address 149 Vine St	City New Britain	State CT	Zip Code 06052
Principal Occupation Registrar of Voters	Name of Employer City of New Britain		
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 12/29/2025	Aggregate Contributions \$104.48
		Amount of Contribution \$104.48	

Last Name Conti	First William	MI	Contribution ID # 0313
Residential Street Address 3 Sarcka Ln	City Litchfield	State CT	Zip Code 06759
Principal Occupation Attorney	Name of Employer Conti Levy Salerno & Goodrich, 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 12/29/2025	Aggregate Contributions \$1,000.00
		Amount of Contribution \$1,000.00	

Last Name Braunstein	First SAMUEL	MI	Contribution ID # 0314
Residential Street Address 17 Finchwood Dr	City Trumbull	State CT	Zip Code 06611-0000
Principal Occupation Attorney	Name of Employer Braunstein and Todisco, PC		
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 12/29/2025	Aggregate Contributions \$2,000.00
		Amount of Contribution \$2,000.00	

Last Name Armata	First Cheryl	MI	Contribution ID # 0315
Residential Street Address 126 Randall Dr	City Suffield	State CT	Zip Code 06078
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 12/29/2025	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
Bysiewicz for CT	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Bransfield	First Susan	MI	Contribution ID # 0316
Residential Street Address 16 Covell Hill Rd	City Portland	State CT	Zip Code 06480-1567
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 12/29/2025
		Aggregate Contributions \$25.00	Amount of Contribution \$25.00

Last Name Casarella	First Karlene	MI	Contribution ID # 0317
Residential Street Address 76 Highland Park	City Enfield	State CT	Zip Code 06082
Principal Occupation part time tax preparer	Name of Employer Karlene M Casarella Tax Service		
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 12/29/2025
		Aggregate Contributions \$52.40	Amount of Contribution \$52.40

Last Name Bellezza	First Mary Ann	MI	Contribution ID # 0318
Residential Street Address 122 Gillies Rd	City Hamden	State CT	Zip Code 06517
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 12/29/2025
		Aggregate Contributions \$104.48	Amount of Contribution \$104.48

Last Name Richards	First Kathleen	MI	Contribution ID # 0319
Residential Street Address 73 Old Marlborough Tpke	City Portland	State CT	Zip Code 06480
Principal Occupation Receptionist	Name of Employer The Flood Law Firm		
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 12/29/2025
		Aggregate Contributions \$521.15	Amount of Contribution \$521.15

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Mounds	First Sharon	MI D	Contribution ID # 0320
Residential Street Address 53 Brookwood Dr Apt C	City Rocky Hill	State CT	Zip Code 06067
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 12/29/2025	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Walczak	First Bruce	MI	Contribution ID # 0321
Residential Street Address 12 Glover Ave	City Newtown	State CT	Zip Code 06470
Principal Occupation First selectman	Name of Employer Newtown 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 12/29/2025	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

Last Name Lindor	First Serge	MI	Contribution ID # 0322
Residential Street Address 38 Main Ain St Apt 407	City New Britain	State CT	Zip Code 06051
Principal Occupation Security Officer	Name of Employer Orion Protective Services 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 \$10.73
			Amount of Contribution \$10.73

Last Name Bharara	First Manmohan	MI	Contribution ID # 0323
Residential Street Address 65 Wake Robin Ln	City Harwinton	State CT	Zip Code 06791
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 12/29/2025	Aggregate Contributions \$2,000.00
			Amount of Contribution \$2,000.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Kading	First James	MI	Contribution ID # 0324
Residential Street Address 159 Mechanic St	City Pawcatuck	State CT	Zip Code 06379
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 12/29/2025	Aggregate Contributions \$52.40
			Amount of Contribution \$52.40

Last Name Demitto	First Michael	MI	Contribution ID # 0325
Residential Street Address 6 Deborah Ln	City Farmington	State CT	Zip Code 06032
Principal Occupation Legislator	Name of Employer Connecticut 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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/29/2025	Aggregate Contributions \$52.40
			Amount of Contribution \$52.40

Last Name Trice	First Kenneth	MI	Contribution ID # 0326
Residential Street Address 53 Doe Run	City Tolland	State CT	Zip Code 06084
Principal Occupation Banking	Name of Employer Bank of America		
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 \$25.00
			Amount of Contribution \$25.00

Last Name Kiner	First David	MI	Contribution ID # 0327
Residential Street Address 100 King Rd	City Somers	State CT	Zip Code 06071
Principal Occupation Board Member	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 12/29/2025	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
Bysiewicz for CT	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name OBrien	First Laura	MI	Contribution ID # 0328
Residential Street Address 178 Glengarry Rd	City Fairfield	State CT	Zip Code 06825
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 12/29/2025	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Werner	First Elaine	MI	Contribution ID # 0329
Residential Street Address 48 Mallard Dr	City Avon	State CT	Zip Code 06001
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 12/29/2025	Aggregate Contributions \$20.00
			Amount of Contribution \$20.00

Last Name Kexel	First Stephanie	MI	Contribution ID # 0330
Residential Street Address 159 High St	City Manchester	State CT	Zip Code 06040
Principal Occupation Chemist	Name of Employer University 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 12/29/2025	Aggregate Contributions \$104.48
			Amount of Contribution \$104.48

Last Name Levine	First Seth	MI	Contribution ID # 0331
Residential Street Address 60 Birch Pl	City Stratford	State CT	Zip Code 06614
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 12/29/2025	Aggregate Contributions \$26.35
			Amount of Contribution \$26.35

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Godfrey	First Robert	MI	Contribution ID # 0332
Residential Street Address 13 Stillman Ave	City Danbury	State CT	Zip Code 06810
Principal Occupation Representative	Name of Employer CT House of Representatives		
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 12/29/2025
		Aggregate Contributions \$104.48	Amount of Contribution \$104.48

Last Name DaSilva	First Joe	MI	Contribution ID # 0333
Residential Street Address 18 Washington Ave	City Danbury	State CT	Zip Code 06810
Principal Occupation Attorney	Name of Employer Russo & Rizio 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 12/29/2025
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name O'Neil	First Rick	MI	Contribution ID # 0334
Residential Street Address 345 Buckland Hills Dr Apt 12214	City Manchester	State CT	Zip Code 06042
Principal Occupation Senior CEC	Name of Employer State of CT House Democrats		
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 12/29/2025
		Aggregate Contributions \$10.73	Amount of Contribution \$10.73

Last Name Krell	First Paul	MI	Contribution ID # 0335
Residential Street Address 86 Vine Rd	City Bristol	State CT	Zip Code 06010
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 12/29/2025
		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
Bysiewicz for CT	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Honig	First Paul	MI	Contribution ID # 0336
Residential Street Address 71 Town Line Rd	City Harwinton	State CT	Zip Code 06791
Principal Occupation State Senator	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 12/29/2025	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

Last Name Hedrick	First Keith	MI	Contribution ID # 0337
Residential Street Address 156 Shennecossett Pkwy	City Groton	State CT	Zip Code 06340
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 12/29/2025	Aggregate Contributions \$260.73
			Amount of Contribution \$260.73

Last Name Holstein	First Jonathan	MI	Contribution ID # 0338
Residential Street Address 152 Cove Rd	City Stonington	State CT	Zip Code 06378
Principal Occupation VP of Operations	Name of Employer Spicer Plus, 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 12/29/2025	Aggregate Contributions \$521.15
			Amount of Contribution \$521.15

Last Name Capobianco	First Thomas	MI	Contribution ID # 0339
Residential Street Address 5 Partridge Ln	City Branford	State CT	Zip Code 06405
Principal Occupation CEO	Name of Employer HAFsCO		
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 12/29/2025	Aggregate Contributions \$1,000.00
			Amount of Contribution \$1,000.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Bourne	First Christine	MI	Contribution ID # 0340
Residential Street Address 17 Red Orange Rd	City Middletown	State CT	Zip Code 06457
Principal Occupation Business manager	Name of Employer East Haddam 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 12/29/2025
		Aggregate Contributions \$208.65	Amount of Contribution \$208.65

Last Name Hutchinson	First Alice	MI	Contribution ID # 0341
Residential Street Address 182 Greenwood Ave Apt 102	City Bethel	State CT	Zip Code 06801
Principal Occupation Owner	Name of Employer Byrd's 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/29/2025
		Aggregate Contributions \$104.48	Amount of Contribution \$104.48

Last Name Scheffler	First Bill	MI	Contribution ID # 0342
Residential Street Address 17 Walker Ln	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 12/29/2025
		Aggregate Contributions \$260.73	Amount of Contribution \$260.73

Last Name Islam	First Nyla	MI	Contribution ID # 0343
Residential Street Address 52 Turkey Hill Rd S	City Westport	State CT	Zip Code 06880
Principal Occupation Marriage and Family Therapist	Name of Employer Renovatio Counseling		
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 12/29/2025
		Aggregate Contributions \$2,000.00	Amount of Contribution \$2,000.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Cartier	First Michael	MI	Contribution ID # 0344
Residential Street Address 626 Laurel Hill Rd	City Norwich	State CT	Zip Code 06360
Principal Occupation Attorney	Name of Employer Puhlick and Cartier, P.C.		
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? 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 \$26.35
		Amount of Contribution \$26.35	

Last Name Carberry	First Nancy	MI	Contribution ID # 0345
Residential Street Address 190 Golden Pond Ln	City Fairfield	State CT	Zip Code 06824
Principal Occupation Student	Name of Employer Student		
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? 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 \$260.73
		Amount of Contribution \$260.73	

Last Name Koch	First Leslie	MI	Contribution ID # 0346
Residential Street Address 10 Scott Ln	City Millwood	State NY	Zip Code 10546
Principal Occupation Fundraising Consultant	Name of Employer LongPoint 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	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? 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 \$260.73
		Amount of Contribution \$260.73	

Last Name Inzinga	First Joan	MI	Contribution ID # 0347
Residential Street Address 15 Collins 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	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? 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 \$26.35
		Amount of Contribution \$26.35	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Kilian	First John	MI	Contribution ID # 0348
Residential Street Address 210 Ridge Rd	City Middletown	State CT	Zip Code 06457
Principal Occupation Database Administrator	Name of Employer Leidos		
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 12/30/2025	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Casey	First Maura	MI	Contribution ID # 0349
Residential Street Address 47 Kahn Rd	City North Franklin	State CT	Zip Code 06254
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 12/30/2025	Aggregate Contributions \$150.00
			Amount of Contribution \$150.00

Last Name Papa	First Leonidha	MI	Contribution ID # 0350
Residential Street Address 585 Ridge Rd	City Wethersfield	State CT	Zip Code 06108
Principal Occupation Kitchen	Name of Employer Lakeview Restaurant		
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 12/30/2025	Aggregate Contributions \$1,000.00
			Amount of Contribution \$1,000.00

Last Name Donaldson	First Ava	MI	Contribution ID # 0351
Residential Street Address 427 7th Ave Apt 2	City Brooklyn	State NY	Zip Code 11215
Principal Occupation Marketing	Name of Employer Google, 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 12/30/2025	Aggregate Contributions \$521.15
			Amount of Contribution \$521.15

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Desena	First John	MI	Contribution ID # 0352
Residential Street Address 30 Alsace Ter	City Middletown	State CT	Zip Code 06457
Principal Occupation Owner	Name of Employer JDS Holdings, 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? 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 \$2,000.00
			Amount of Contribution \$2,000.00

Last Name Jones	First Bruce	MI	Contribution ID # 0353
Residential Street Address 60 Flanders Rd	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? 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? 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 Kilbourne	First Dean	MI	Contribution ID # 0354
Residential Street Address 381 Fern Hill Rd	City Bristol	State CT	Zip Code 06010
Principal Occupation Attorney	Name of Employer Kilbourne & Tully, P.C.		
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? 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 \$1,000.00
			Amount of Contribution \$1,000.00

Last Name Leavy	First Ed	MI	Contribution ID # 0355
Residential Street Address 27 Jay St Apt 3	City New London	State CT	Zip Code 06320
Principal Occupation Field Rep	Name of Employer AFT 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? 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
Bysiewicz for CT	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Garibay	First Jane	MI	Contribution ID # 0356
Residential Street Address 409 Broad St	City Windsor	State CT	Zip Code 06095
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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/30/2025	Aggregate Contributions \$104.48
			Amount of Contribution \$104.48

Last Name Doucette	First Jason	MI	Contribution ID # 0357
Residential Street Address 85 Stephanies Way	City Manchester	State CT	Zip Code 06040
Principal Occupation Attorney	Name of Employer Gagliardi Doucette		
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 12/30/2025	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

Last Name Hernandez	First Wilson	MI	Contribution ID # 0358
Residential Street Address 71 Davis St	City Danbury	State CT	Zip Code 06810
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 12/30/2025	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Hershman	First Josh	MI	Contribution ID # 0359
Residential Street Address 695 Podunk Rd	City Guilford	State CT	Zip Code 06437
Principal Occupation Insurance	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"/> Personal Check <input type="checkbox"/> Money Order <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
Bysiewicz for CT	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Mais	First Andrew	MI	Contribution ID # 0360
Residential Street Address 9 Twin Oak Ln	City Wilton	State CT	Zip Code 06897
Principal Occupation Consultant	Name of Employer Self Employed		
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 \$104.48
			Amount of Contribution \$104.48

Last Name NOEL-JOHNSON	First Kathy	MI	Contribution ID # 0361
Residential Street Address 580 Pudding Hill Rd	City Hampton	State CT	Zip Code 06247
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 \$100.00
			Amount of Contribution \$100.00

Last Name Stowe	First Kathleen	MI	Contribution ID # 0362
Residential Street Address 25 Edgewood Dr	City Greenwich	State CT	Zip Code 06831
Principal Occupation Finance	Name of Employer Jordan & Jordan		
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 \$2,000.00
			Amount of Contribution \$2,000.00

Last Name Andrews	First Peter	MI	Contribution ID # 0363
Residential Street Address 893 Farmington Ave	City West Hartford	State CT	Zip Code 06119
Principal Occupation Constituent Engagement Coordinator	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 12/30/2025	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
Bysiewicz for CT	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Ansell	First Denise	MI	Contribution ID # 0364
Residential Street Address 170 Long Wharf Rd	City Mystic	State CT	Zip Code 06355
Principal Occupation Attorney	Name of Employer Self		
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 12/30/2025	Aggregate Contributions \$1,000.00
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 \$1,000.00	

Last Name Bindelglass	First David	MI	Contribution ID # 0365
Residential Street Address 26 Drewbarrie Ln	City Easton	State CT	Zip Code 06612
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 12/30/2025	Aggregate Contributions \$260.73
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 \$260.73	

Last Name Goff	First Brooke	MI	Contribution ID # 0366
Residential Street Address 46 Old Stone Xing	City West Hartford	State CT	Zip Code 06117
Principal Occupation Lawyer	Name of Employer Goff Law 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 12/30/2025	Aggregate Contributions \$2,000.00
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 \$2,000.00	

Last Name Caron	First William	MI	Contribution ID # 0367
Residential Street Address 71 Derry Hill Rd	City Uncasville	State CT	Zip Code 06382-1903
Principal Occupation Foreman	Name of Employer W r		
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 12/30/2025	Aggregate Contributions \$333.65
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 \$333.65	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Cragg	First Lauren	MI	Contribution ID # 0368
Residential Street Address 2905 Thayer Dr	City Saint Joseph	State MI	Zip Code 49085
Principal Occupation Risk Specialist	Name of Employer Rotary International		
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 \$260.73
			Amount of Contribution \$260.73

Last Name Adams	First Elaine	MI	Contribution ID # 0369
Residential Street Address 615 Montauk Ave	City New London	State CT	Zip Code 06320
Principal Occupation retired	Name of Employer Elaine Maynard Adams		
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 \$250.00
			Amount of Contribution \$250.00

Last Name Bello	First Amy	MI	Contribution ID # 0370
Residential Street Address 311 Hartford Ave	City Wethersfield	State CT	Zip Code 06109-1212
Principal Occupation Admin Asst	Name of Employer Wesleyan University		
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 \$104.48
			Amount of Contribution \$104.48

Last Name Klaskin	First Seth	MI	Contribution ID # 0371
Residential Street Address 130 Overbrook Rd	City Madison	State CT	Zip Code 06443
Principal Occupation Attorney	Name of Employer Klaskin Law Office		
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
Bysiewicz for CT	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Barnowski	First John	MI	Contribution ID # 0372
Residential Street Address 55 Loomis Rd	City Colchester	State CT	Zip Code 06415
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 \$104.48
			Amount of Contribution \$104.48

Last Name Chokshi	First Girish	MI	Contribution ID # 0373
Residential Street Address 21 Mystique Ln	City Cromwell	State CT	Zip Code 06416
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 \$25.00
			Amount of Contribution \$25.00

Last Name Brazaitis	First Peter	MI	Contribution ID # 0374
Residential Street Address 155 Woodchuck Ln	City Harwinton	State CT	Zip Code 06791
Principal Occupation Engineer	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 12/30/2025	Aggregate Contributions \$200.00
			Amount of Contribution \$200.00

Last Name Garibay	First Bernardo	MI	Contribution ID # 0375
Residential Street Address 409 Broad St	City Windsor	State CT	Zip Code 06095
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 \$156.56
			Amount of Contribution \$156.56

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Jameson	First John	MI	Contribution ID # 0376
Residential Street Address 317 Pennsylvania Ave SE	City Washington	State DC	Zip Code 20003
Principal Occupation Businessman	Name of Employer Winning Connections		
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 \$1,000.00	Amount of Contribution \$1,000.00

Last Name Desjardins	First Karla	MI	Contribution ID # 0377
Residential Street Address 398 Plainfield Pike Rd	City Plainfield	State CT	Zip Code 08037
Principal Occupation HR Manager	Name of Employer State of CT - BOR		
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 \$104.48	Amount of Contribution \$104.48

Last Name Weiner	First Jonathan	MI	Contribution ID # 0378
Residential Street Address 37 Rumford St	City West Hartford	State CT	Zip Code 06107
Principal Occupation Attorney	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 12/30/2025
		Aggregate Contributions \$250.00	Amount of Contribution \$250.00

Last Name Turner	First Michael	MI	Contribution ID # 0379
Residential Street Address 859 Westfield St	City Middletown	State CT	Zip Code 06457
Principal Occupation Manager	Name of Employer MJ Turner Exteriors, 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 12/30/2025
		Aggregate Contributions \$1,041.98	Amount of Contribution \$1,041.98

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Watanabe	First Myrna	MI	Contribution ID # 0380
Residential Street Address 155 Woodchuck Ln	City Harwinton	State CT	Zip Code 06791
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 12/30/2025	Aggregate Contributions \$260.73
		Amount of Contribution \$260.73	

Last Name Derynoski	First David	MI	Contribution ID # 0381
Residential Street Address 745 Berry Patch Way	City Southington	State CT	Zip Code 06489
Principal Occupation Sales	Name of Employer Reno machine Co		
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 \$250.00	

Last Name Hession	First Jude	MI	Contribution ID # 0382
Residential Street Address 368 Bartlett Dr	City Madison	State CT	Zip Code 06443
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 12/31/2025	Aggregate Contributions \$104.48
		Amount of Contribution \$104.48	

Last Name Murray	First Charlie	MI	Contribution ID # 0383
Residential Street Address 118 Marilyn Dr	City Glastonbury	State CT	Zip Code 06033-4131
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 12/31/2025	Aggregate Contributions \$26.35
		Amount of Contribution \$26.35	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Kearcher	First Lynn	MI	Contribution ID # 0384
Residential Street Address 148 Fairchild Rd	City Sharon	State CT	Zip Code 06069
Principal Occupation Selectman	Name of Employer Town of Sharon		
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 12/31/2025	Aggregate Contributions \$26.35
			Amount of Contribution \$26.35

Last Name Moor	First Anthony	MI	Contribution ID # 0385
Residential Street Address 15 Dearfield Ln	City Greenwich	State CT	Zip Code 06831
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 12/31/2025	Aggregate Contributions \$104.48
			Amount of Contribution \$104.48

Last Name Wenck	First Bill	MI	Contribution ID # 0386
Residential Street Address 110 Mile Creek Rd	City Old Lyme	State CT	Zip Code 06371
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 12/31/2025	Aggregate Contributions \$10.73
			Amount of Contribution \$10.73

Last Name Sugarman	First David	MI	Contribution ID # 0388
Residential Street Address 41 Highland St	City Moosup	State CT	Zip Code 06354
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 12/31/2025	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
Bysiewicz for CT	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Lenz	First Kenneth	MI	Contribution ID # 0389
Residential Street Address 382 Ridge Rd	City Orange	State CT	Zip Code 06477
Principal Occupation Magistrate	Name of Employer Self		
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 \$26.35	Amount of Contribution \$26.35

Last Name Aniello	First Claire	MI	Contribution ID # 0390
Residential Street Address PO Box 1071	City North Truro	State MA	Zip Code 02652-1071
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 12/31/2025
		Aggregate Contributions \$250.00	Amount of Contribution \$250.00

Last Name Erickson	First Julie	MI	Contribution ID # 0391
Residential Street Address 85 Hickory Hill Rd	City Berlin	State CT	Zip Code 06037
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 12/31/2025
		Aggregate Contributions \$26.35	Amount of Contribution \$26.35

Last Name Bolte	First Jessica	MI	Contribution ID # 0392
Residential Street Address 1081 Riverside Dr	City North Grosvenordale	State CT	Zip Code 06255
Principal Occupation Sr Property Claims Adjuster	Name of Employer Capstone ISG		
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 \$52.40	Amount of Contribution \$52.40

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Bello	First Richard	MI	Contribution ID # 0393
Residential Street Address 311 Hartford Ave	City Wethersfield	State CT	Zip Code 06109
Principal Occupation Sales Engineer	Name of Employer Blackhawk Industrial		
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 \$10.73
		Amount of Contribution \$10.73	

Last Name Zovas	First Anne	MI	Contribution ID # 0394
Residential Street Address 518 Buckland Dr	City Cheshire	State CT	Zip Code 06410
Principal Occupation Attorney	Name of Employer Strunk Dodge Aiken Zovas		
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 \$26.35
		Amount of Contribution \$26.35	

Last Name Bysiewicz	First John	MI	Contribution ID # 0395
Residential Street Address 2 Buena Vista Rd	City Branford	State CT	Zip Code 06405
Principal Occupation Race Director	Name of Employer Self Employed		
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 \$260.73
		Amount of Contribution \$260.73	

Last Name Reale	First Matthew	MI	Contribution ID # 0396
Residential Street Address 34 Brewster Pl	City Trumbull	State CT	Zip Code 06611
Principal Occupation Attorney	Name of Employer Anthony & Reale		
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 \$1,000.00
		Amount of Contribution \$1,000.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Heffernan	First Joseph	MI	Contribution ID # 0397
Residential Street Address 15 Fox HI Rf.	City Old Saybrook	State CT	Zip Code 06475
Principal Occupation Attorney	Name of Employer Heffernan Legal Group, 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? If yes, list Event #		Date Received 12/31/2025	Aggregate Contributions \$52.40
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 \$52.40	

Last Name Gomez	First Jaime	MI	Contribution ID # 0398
Residential Street Address 151 Ridgewood Rd	City Willimantic	State CT	Zip Code 06226-1312
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? If yes, list Event #		Date Received 12/31/2025	Aggregate Contributions \$26.35
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 \$26.35	

Last Name Garrett	First Merry	MI	Contribution ID # 0400
Residential Street Address 151 Kozley Rd	City Tolland	State CT	Zip Code 06084
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? If yes, list Event #		Date Received 12/31/2025	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 Yoskowitz	First Carol	MI	Contribution ID # 0401
Residential Street Address 180 E Pearson St # 6804	City Chicago	State IL	Zip Code 60611
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? If yes, list Event #		Date Received 12/31/2025	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
Bysiewicz for CT	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name DeMartino	First Dominick	MI	Contribution ID # 0402
Residential Street Address 122 Tri Mountain Rd # R	City Durham	State CT	Zip Code 06422
Principal Occupation Member	Name of Employer DeMartino Fixtures		
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 12/31/2025	Aggregate Contributions \$2,000.00
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 \$2,000.00	

Last Name Bourne	First Robert	MI	Contribution ID # 0403
Residential Street Address 17 Red Orange Rd	City Middletown	State CT	Zip Code 06457
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 12/31/2025	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	

Last Name Sekhon	First Malkit	MI	Contribution ID # 0404
Residential Street Address 13 Pent Rd	City Branford	State CT	Zip Code 06405
Principal Occupation Senior Process Engineer	Name of Employer Trelleborg		
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 12/31/2025	Aggregate Contributions \$2,000.00
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 \$2,000.00	

Last Name Peoples	First Sean	MI	Contribution ID # 0405
Residential Street Address 35 Stockade Rd	City South Glastonbury	State CT	Zip Code 06073
Principal Occupation Attorney/Probate Court Judge	Name of Employer Brown Paidiris & Scott, 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 12/31/2025	Aggregate Contributions \$104.48
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 \$104.48	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Castro	First Miguel	MI	Contribution ID # 0406
Residential Street Address 51 Bradley Ave	City Meriden	State CT	Zip Code 06451
Principal Occupation Business owner	Name of Employer Prestige Construction		
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 \$226.35
			Amount of Contribution \$200.00

Last Name Adams	First Michelle	MI	Contribution ID # 0407
Residential Street Address 14 Lyman Ln	City Bloomfield	State CT	Zip Code 06002
Principal Occupation Realtor	Name of Employer MBA 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"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/31/2025	Aggregate Contributions \$104.48
			Amount of Contribution \$104.48

Last Name Lavoie	First Eileen	MI M	Contribution ID # 0408
Residential Street Address 25 Highfield Ln	City North Branford	State CT	Zip Code 06471-1436
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 12/31/2025	Aggregate Contributions \$104.80
			Amount of Contribution \$52.40

Last Name Donahue	First Bob	MI	Contribution ID # 0409
Residential Street Address 28 Hidden Springs Rd	City Madison	State CT	Zip Code 06422
Principal Occupation Banking	Name of Employer Webster		
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 \$1,000.00
			Amount of Contribution \$1,000.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Sullivan	First Kevin	MI	Contribution ID # 0410
Residential Street Address 70 Timberwood Rd	City West Hartford	State CT	Zip Code 06117
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 12/31/2025	Aggregate Contributions \$52.40
			Amount of Contribution \$52.40

Last Name Knickerbocker	First Matthew	MI	Contribution ID # 0411
Residential Street Address 10 Colonial Dr	City Bethel	State CT	Zip Code 06801
Principal Occupation Town Administrator	Name of Employer Town of Wilton		
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 12/31/2025	Aggregate Contributions \$260.73
			Amount of Contribution \$260.73

Last Name Consoli	First Mary	MI	Contribution ID # 0412
Residential Street Address 42 Tamanny Trl	City Danbury	State CT	Zip Code 06811
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 12/31/2025	Aggregate Contributions \$104.48
			Amount of Contribution \$104.48

Last Name Tolbert	First John	MI	Contribution ID # 0413
Residential Street Address 20 Stonewall Ln	City Branford	State CT	Zip Code 06405
Principal Occupation Certified residential appraiser	Name of Employer JET Real Estate appraisals, 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 12/31/2025	Aggregate Contributions \$26.35
			Amount of Contribution \$26.35

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Marsh	First Harry	MI	Contribution ID # 0414
Residential Street Address 56 Great Meadow Ln	City Avon	State CT	Zip Code 06001
Principal Occupation Psychiatric Social Worker	Name of Employer Self		
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? If yes, list Event #		Date Received 12/31/2025	Aggregate Contributions \$26.35
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 \$26.35	

Last Name Sarsynski	First Elaine	MI	Contribution ID # 0415
Residential Street Address 75 Barndoor Hills Dr	City Suffield	State CT	Zip Code 06078
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? If yes, list Event #		Date Received 12/31/2025	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 Calabrese	First Gina	MI M	Contribution ID # 0416
Residential Street Address 300 Seaside Ave Unit 4A	City Stamford	State CT	Zip Code 06902
Principal Occupation Professor of Clinical Education	Name of Employer St. John's 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? If yes, list Event #		Date Received 12/31/2025	Aggregate Contributions \$31.56
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 \$31.56	

Last Name Hampton	First John	MI	Contribution ID # 0417
Residential Street Address 540 Hopmeadow St # 6	City Simsbury	State CT	Zip Code 06070
Principal Occupation Substitute Teacher	Name of Employer Kelly Educational Staffing		
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? If yes, list Event #		Date Received 12/31/2025	Aggregate Contributions \$52.40
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 \$52.40	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Hayden	First James	MI	Contribution ID # 0418
Residential Street Address 187 S Main St	City East Granby	State CT	Zip Code 06026
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 12/31/2025	Aggregate Contributions \$260.73
			Amount of Contribution \$260.73

Last Name Miller	First Laura	MI	Contribution ID # 0419
Residential Street Address 8 Diamond Dr	City Newtown	State CT	Zip Code 06470
Principal Occupation Principal of High School	Name of Employer EdAdvance		
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 12/31/2025	Aggregate Contributions \$52.40
			Amount of Contribution \$52.40

Last Name Hartmann	First Jeff	MI	Contribution ID # 0420
Residential Street Address 5 Cord Grass Ln	City Old Lyme	State CT	Zip Code 06371-2080
Principal Occupation Real Estate Developer	Name of Employer Elm Tree Communities		
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 12/31/2025	Aggregate Contributions \$2,000.00
			Amount of Contribution \$2,000.00

Last Name Fortier	First Mary	MI	Contribution ID # 0421
Residential Street Address 163 Goodwin St Fl 2	City Bristol	State CT	Zip Code 06010
Principal Occupation state representative	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 12/31/2025	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
Bysiewicz for CT	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Goyette	First Joseph	MI	Contribution ID # 0422
Residential Street Address 120 Watch Hill Dr	City Southbury	State CT	Zip Code 06488
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 12/31/2025	Aggregate Contributions \$52.40
			Amount of Contribution \$52.40

Last Name Rooke-Norman	First Gail	MI	Contribution ID # 0423
Residential Street Address 270 Bethel Rd	City Jewett City	State CT	Zip Code 06351
Principal Occupation Attorney-at-Law	Name of Employer Self / Rooke-Norman Law Offices		
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 12/31/2025	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Wyatt	First Michele	MI	Contribution ID # 0424
Residential Street Address 14 Beech Pl	City Colchester	State CT	Zip Code 06415
Principal Occupation Tax Collector	Name of Employer Town of Colchester		
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 12/31/2025	Aggregate Contributions \$52.40
			Amount of Contribution \$52.40

Last Name DeBeatham Brown	First Suzette	MI	Contribution ID # 0425
Residential Street Address 25 Fairfield Ln	City Bloomfield	State CT	Zip Code 06002
Principal Occupation Deputy Commissioner	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 12/31/2025	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
Bysiewicz for CT	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Anastas	First Paul	MI	Contribution ID # 0426
Residential Street Address 25 Den Hollow Rd	City Guilford	State CT	Zip Code 06437
Principal Occupation Professor	Name of Employer Yale		
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 12/31/2025	Aggregate Contributions \$250.00
		Amount of Contribution \$250.00	

Last Name Boske	First Laurie	MI	Contribution ID # 0427
Residential Street Address 18 Highland St	City Rocky Hill	State CT	Zip Code 06067
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 12/31/2025	Aggregate Contributions \$156.56
		Amount of Contribution \$156.56	

Last Name Dathan	First Lucy	MI	Contribution ID # 0428
Residential Street Address 950 Silvermine Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation State Representative	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 12/31/2025	Aggregate Contributions \$52.40
		Amount of Contribution \$52.40	

Last Name Criscuolo	First Claire	MI	Contribution ID # 0429
Residential Street Address 284 Cosey Beach Ave	City East Haven	State CT	Zip Code 06512
Principal Occupation Restaurateur	Name of Employer Claire's Corner Copia		
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 12/31/2025	Aggregate Contributions \$260.73
		Amount of Contribution \$260.73	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Carbone	First Maria	MI	Contribution ID # 0430
Residential Street Address 115 Tuttle Dr	City New Haven	State CT	Zip Code 06512
Principal Occupation preschool program	Name of Employer united way		
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 12/31/2025	Aggregate Contributions \$260.73
			Amount of Contribution \$260.73

Last Name Barakos	First Eve	MI	Contribution ID # 0431
Residential Street Address 534 N Society Rd	City Canterbury	State CT	Zip Code 06331-1222
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 12/31/2025	Aggregate Contributions \$521.15
			Amount of Contribution \$521.15

Last Name Fortner	First Cynthia	MI	Contribution ID # 0432
Residential Street Address 16 Orchard Rd	City East Haddam	State CT	Zip Code 06423
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 12/31/2025	Aggregate Contributions \$104.48
			Amount of Contribution \$104.48

Last Name Duarte	First Anthony	MI	Contribution ID # 0433
Residential Street Address 2613 Beaver Dam Ln	City Wilmington	State NC	Zip Code 28401
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 12/31/2025	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
Bysiewicz for CT	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Del Monaco	First Patricia	MI	Contribution ID # 0434
Residential Street Address 43 Warwick Rd	City New Fairfield	State CT	Zip Code 06812
Principal Occupation First Selectman	Name of Employer Town of New Fairfield		
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 \$250.00	

Last Name Moore	First David	MI M	Contribution ID # 0435
Residential Street Address 18 Bob White Way	City Weatogue	State CT	Zip Code 06089
Principal Occupation Attorney-Mediator	Name of Employer The Law Offices of David M. Moore, Esq., 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 \$260.73
		Amount of Contribution \$260.73	

Last Name Cantafio	First Dawn	MI	Contribution ID # 0436
Residential Street Address 72 Tait Rd	City Trumbull	State CT	Zip Code 06611
Principal Occupation Director of Finance	Name of Employer Trumbull Housing Authority		
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 \$104.48
		Amount of Contribution \$104.48	

Last Name Babbitt	First Todd	MI	Contribution ID # 0437
Residential Street Address 60 Cook Hill Rd	City Jewett City	State CT	Zip Code 06351
Principal Occupation Public works director	Name of Employer Town of Griswold		
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 \$208.65
		Amount of Contribution \$208.65	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Bailey	First Donna	MI	Contribution ID # 0438
Residential Street Address 803 Ocean Ave	City New London	State CT	Zip Code 06320
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 12/31/2025	Aggregate Contributions \$26.35
			Amount of Contribution \$26.35

Last Name JANNOTTA	First GREGORY	MI	Contribution ID # 0439
Residential Street Address 8047 Hobbes Way	City Palm Beach Gardens	State FL	Zip Code
Principal Occupation Business Owner	Name of Employer Jannco Lenders 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 12/31/2025	Aggregate Contributions \$312.81
			Amount of Contribution \$312.81

Last Name Macunas	First Matt	MI	Contribution ID # 0440
Residential Street Address 321 Ellis St # 505	City New Britain	State CT	Zip Code 06051
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 12/31/2025	Aggregate Contributions \$35.00
			Amount of Contribution \$35.00

Last Name Edison	First Leya	MI	Contribution ID # 0441
Residential Street Address 130 E Hyerdale Dr	City Goshen	State CT	Zip Code 06756
Principal Occupation Publisher	Name of Employer Goshen News		
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 12/31/2025	Aggregate Contributions \$260.73
			Amount of Contribution \$260.73

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Foster	First Aaron	MI	Contribution ID # 0442
Residential Street Address 28 Abbott Rd	City Ellington	State CT	Zip Code 06029
Principal Occupation Civil engineering	Name of Employer Hntb		
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	

Last Name Munsie	First Rachel	MI	Contribution ID # 0443
Residential Street Address 43 Bayberrie Dr	City Stamford	State CT	Zip Code 06902
Principal Occupation ECEO	Name of Employer Ounce of Care		
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 \$1,000.00
		Amount of Contribution \$1,000.00	

Last Name Dolan	First Kristin	MI	Contribution ID # 0444
Residential Street Address 100 Adla Dr	City Hamden	State CT	Zip Code 06514
Principal Occupation Accountant	Name of Employer Hurley		
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 \$250.00
		Amount of Contribution \$250.00	

Last Name Rush-Kittle	First Regina	MI	Contribution ID # 0445
Residential Street Address 26 Peria Dr	City Rocky Hill	State CT	Zip Code 06067
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 12/31/2025	Aggregate Contributions \$320.00
		Amount of Contribution \$320.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Britton	First Joseph	MI	Contribution ID # 0446
Residential Street Address 14 Fairfield Ave	City Danbury	State CT	Zip Code 06810
Principal Occupation Board of Education Attorney	Name of Employer City of Waterbury		
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? If yes, list Event #		Date Received 12/31/2025	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 Allyn	First Christian	MI	Contribution ID # 0447
Residential Street Address 9 Elm St	City Canaan	State CT	Zip Code 06018
Principal Occupation Owner	Name of Employer Invasive Plant Solutions		
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? If yes, list Event #		Date Received 12/31/2025	Aggregate Contributions \$1,041.98
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 \$1,041.98	

Last Name Bower	First Lewis	MI	Contribution ID # 0448
Residential Street Address 574 Haddam Quarter Rd	City Durham	State CT	Zip Code 06422
Principal Occupation CEO	Name of Employer Connecticut, Healthcare Inc.		
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? If yes, list Event #		Date Received 12/31/2025	Aggregate Contributions \$1,041.98
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 \$1,041.98	

Last Name Klaynberg	First Edward	MI	Contribution ID # 0449
Residential Street Address 111 Fulton St	City New York	State NY	Zip Code 10038-2779
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? If yes, list Event #		Date Received 12/31/2025	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	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Schulz	First Timothy	MI H	Contribution ID # 0450
Residential Street Address 24 Roosevelt Avenue Ext	City Preston	State CT	Zip Code 06365
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 checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/31/2025	Aggregate Contributions \$26.35
			Amount of Contribution \$26.35

Last Name Robertson	First Carol	MI	Contribution ID # 0479
Residential Street Address 20 Fenwick Ave	City Old Saybrook	State CT	Zip Code 06475
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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 12/31/2025	Aggregate Contributions \$500.00
			Amount of Contribution \$500.00

Total of Section B			\$311,083.29
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS			\$311,083.29

(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
Bysiewicz for CT	January 10 Filing - Original

C1. Contributions from Other Committees

Name of Committee IRON PAC 424			Name of Treasurer Joseph D Sorensen		
Address 15 Bernhard Rd		Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
		If yes, list Event #			
City North Haven	State CT	Zip Code 06473	Date Received 12/01/2025	Aggregate Contributions \$1,000.00	\$1,000.00

Name of Committee UA Plumbers & Pipefitters Local 777 PAC			Name of Treasurer Michael Rosario		
Address 1250 E Main St		Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
		If yes, list Event #			
City Meriden	State CT	Zip Code 06450	Date Received 12/01/2025	Aggregate Contributions \$3,000.00	\$3,000.00

Name of Committee Connecticut Laborer's Political League			Name of Treasurer Keith Brothers		
Address 475 Ledyard St		Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
		If yes, list Event #			
City Hartford	State CT	Zip Code 06114	Date Received 12/01/2025	Aggregate Contributions \$3,000.00	\$3,000.00

Name of Committee Singh PAC			Name of Treasurer Guntas Kaur		
Address 162 Scotland Rd		Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
		If yes, list Event #			
City Norwich	State CT	Zip Code 06360-2112	Date Received 12/03/2025	Aggregate Contributions \$2,000.00	\$2,000.00

I. MONETARY RECEIPTS (Section A-I)

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

C1. Contributions from Other Committees

Name of Committee Roofers Political Education Legislative Fund Of Ct.				Name of Treasurer Kevin J Guertin	
Address 19 Bernhard Rd			Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
			If yes, list Event #		
City North Haven	State CT	Zip Code 06473	Date Received 12/04/2025	Aggregate Contributions \$3,000.00	\$3,000.00

Name of Committee Iron Pac 15				Name of Treasurer Bret T Wells	
Address 49 Locust St			Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
			If yes, list Event #		
City Hartford	State CT	Zip Code 06114	Date Received 12/04/2025	Aggregate Contributions \$3,000.00	\$3,000.00

Name of Committee Sheet Metal Workers Local # 38				Name of Treasurer Thomas M Picheco	
Address 38 Starr Ridge Rd , PO Box 119			Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
			If yes, list Event #		
City Brewster	State NY	Zip Code 10509	Date Received 12/09/2025	Aggregate Contributions \$1,500.00	\$1,500.00

Name of Committee IUOE Local 478 Political Action Committee - State/Local				Name of Treasurer Michael Gates	
Address 1965 Dixwell Ave			Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
			If yes, list Event #		
City Hamden	State CT	Zip Code 06514	Date Received 12/10/2025	Aggregate Contributions \$3,000.00	\$3,000.00

I. MONETARY RECEIPTS (Section A-I)

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

C1. Contributions from Other Committees

Name of Committee Local 371 U.F.C.W. Political Action Committee				Name of Treasurer Keri Hoehne	
Address 290 Post Rd W			Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
			If yes, list Event #		
City Westport	State CT	Zip Code 06880	Date Received 12/10/2025	Aggregate Contributions \$1,500.00	\$1,500.00

Name of Committee Communication Workers Of America Local 1298				Name of Treasurer Louise M Gibson	
Address 3055 Dixwell Ave			Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
			If yes, list Event #		
City Hamden	State CT	Zip Code 06518	Date Received 12/10/2025	Aggregate Contributions \$1,000.00	\$1,000.00

Name of Committee Bricklayers & Allied Craftworkers Local 1 PAC Fund				Name of Treasurer John Chandler	
Address 17 N Plains Industrial Rd			Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
			If yes, list Event #		
City Wallingford	State CT	Zip Code 06492	Date Received 12/10/2025	Aggregate Contributions \$3,000.00	\$3,000.00

Name of Committee Sheet Metal Workers Local #40				Name of Treasurer John M Beal	
Address 100A Old Forge Rd			Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
			If yes, list Event #		
City Rocky Hill	State CT	Zip Code 06067	Date Received 12/18/2025	Aggregate Contributions \$1,500.00	\$1,500.00

I. MONETARY RECEIPTS (Section A-I)

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

C1. Contributions from Other Committees

Name of Committee International Brotherhood Of Electrical Workers Local Union 35			Name of Treasurer Michael L Nealy		
Address 208 Murphy Rd		Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
		If yes, list Event #			
City Hartford	State CT	Zip Code 06114	Date Received 12/26/2025	Aggregate Contributions \$900.00	\$900.00

Name of Committee International Brotherhood of Electrical Workers Local 90 PAC			Name of Treasurer John J Bacchicchi		
Address 2 N Plains Industrial Rd		Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
		If yes, list Event #			
City Wallingford	State CT	Zip Code 06492	Date Received 12/26/2025	Aggregate Contributions \$1,000.00	\$1,000.00

Name of Committee International Union Of Painters & Allied Trades Legislative & Educational Committee			Name of Treasurer Jason Werthman		
Address 7234 Parkway Dr		Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
		If yes, list Event #			
City Hanover	State MD	Zip Code 21076	Date Received 12/26/2025	Aggregate Contributions \$1,000.00	\$1,000.00

Name of Committee GLux PAC			Name of Treasurer Matthew S Kosinski		
Address 93 Plymouth Ln		Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
		If yes, list Event #			
City Manchester	State CT	Zip Code 06040	Date Received 12/31/2025	Aggregate Contributions \$2,000.00	\$2,000.00

Total of Section C1					\$31,400.00
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I. MONETARY RECEIPTS (Section A-I)

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Bysiewicz for CT	January 10 Filing - Original

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

Date of Receipt 11/14/2025	Method of Payment <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Amount \$2,083.65
Total of Section E		\$2,083.65

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Bysiewicz 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
Bysiewicz for CT	January 10 Filing - Original

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

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Bysiewicz 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	
Bysiewicz 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
Bysiewicz 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:	Description of Donation		Fair Market Value of Donation
Individual			
Business Entity	Date Received	Event #	Aggregate value for this event
Sole Proprietorship			

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

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

Name of Payee Rebecca Hyland		Date of Payment 11/21/2025	Method of Payment <input checked="" type="checkbox"/> Check # <u>100</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 18 Haller Pl		City Wallingford	State CT	Zip Code 06492
Purpose of Expend RMB	Description reimburse printing expenses			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 #
				\$56.37

Name of Payee Casa Nona, LLC		Date of Payment 11/26/2025	Method of Payment <input checked="" type="checkbox"/> Check # <u>90</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 90 Court St		City Middletown	State CT	Zip Code 06457
Purpose of Expend OVHD	Description November HQ rent			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 #
				\$400.00

Name of Payee David Donaldson		Date of Payment 12/01/2025	Method of Payment <input checked="" type="checkbox"/> Check # <u>91</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 15 Tall Timbers Rd		City Middletown	State CT	Zip Code 06457
Purpose of Expend REF	Description refund for exceeding max aggregate donation			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 #
				\$83.65

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Thomas Peters		Date of Payment 12/01/2025	Method of Payment <input checked="" type="checkbox"/> Check # <u>92</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 160 Daisy Ln		City Durham	State CT	Zip Code 06422
Purpose of Expend CNSLT	Description contractor invoice payment 11/14-11/30			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 #
				\$1,500.00

Name of Payee The Town & County Club		Date of Payment 12/02/2025	Method of Payment <input checked="" type="checkbox"/> Check # <u>94</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 22 Woodland St		City Hartford	State CT	Zip Code 06105
Purpose of Expend A-MAG	Description Holiday Gala Booklet 1/4 page ad			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 #
				\$125.00

Name of Payee BattleAxe Digital		Date of Payment 12/03/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 215 N Payne St		City Alexandria	State VA	Zip Code 22314
Purpose of Expend WEB	Description website design, build, hosting; google workspace set-up			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 #
				\$5,797.83

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Thomas Peters		Date of Payment 12/16/2025	Method of Payment <input checked="" type="checkbox"/> Check # <u>97</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 160 Daisy Ln		City Durham	State CT	Zip Code 06422
Purpose of Expend CNSLT	Description contractor invoice payment 12/1-12/15			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 #
				\$1,500.00

Name of Payee EveryAction Inc d/b/a NGP Van		Date of Payment 12/17/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 750 17th St NW Fl 3		City Washington	State DC	Zip Code 20006
Purpose of Expend Misc *	Description Monthly Fundraising & Compliance Standard Acct			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 #
				\$2,321.99

Name of Payee Thomas Peters		Date of Payment 12/18/2025	Method of Payment <input checked="" type="checkbox"/> Check # <u>98</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 160 Daisy Ln		City Durham	State CT	Zip Code 06422
Purpose of Expend RMB	Description reimburse office supplies			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 #
				\$213.62

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Comcast Business		Date of Payment 12/19/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 676 Island Pond Rd		City Manchester	State NH	Zip Code 03109
Purpose of Expend WEB	Description internet set-up and November & December bills			Amount \$726.34
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)	

Name of Payee Casa Nona LLC		Date of Payment 12/29/2025	Method of Payment <input checked="" type="checkbox"/> Check # <u>96</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 90 Court St		City Middletown	State CT	Zip Code 06457
Purpose of Expend OVHD	Description December HQ rent			Amount \$400.00
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)	

Name of Payee Anedot		Date of Payment 12/31/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Poydras St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expend WEB	Description Anedot service fee			Amount \$8,002.13
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)	

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Thomas Peters	Date of Payment 12/31/2025	Method of Payment <input checked="" type="checkbox"/> Check # <u>1001</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 160 Daisy Ln	City Durham	State CT	Zip Code 06422
Purpose of Expend RMB	Description reimburse office supplies	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 #
			\$156.00
Total of Section N			\$23,152.13

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
Bysiewicz 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
Bysiewicz 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
Bysiewicz for CT	January 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Hyland	First Rebecca	MI	Date of Payment to Vendor 11/21/2025	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 100 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Staples

Street Address of Vendor 1145 N Colony Rd .	City Wallingford	State CT	Zip Code 06492
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Purpose of Expenditure (by code) PRNT	Description printing certification forms
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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 \$56.37
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Peters	First Thomas	MI	Date of Payment to Vendor 11/24/2025	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 98 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Staples

Street Address of Vendor 900 Washington St	City Middletown	State CT	Zip Code 06457
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Purpose of Expenditure (by code) OFFICE	Description Purchase printer labels (14.99 x2)
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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 \$31.88
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
Bysiewicz for CT	January 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Peters	First Thomas	MI	Date of Payment to Vendor 11/26/2025	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 98 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant USPS
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Street Address of Vendor 11 Silver St	City Middletown	State CT	Zip Code 06457
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Purpose of Expenditure (by code) POST	Description purchase stamps
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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 \$78.00
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Peters	First Thomas	MI	Date of Payment to Vendor 12/09/2025	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 98 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant USPS
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Street Address of Vendor 11 Silver St	City Middletown	State CT	Zip Code 06457
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Purpose of Expenditure (by code) POST	Description purchase stamps
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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 \$78.00
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
Bysiewicz for CT	January 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Peters	Thomas		12/16/2025	<input checked="" type="checkbox"/> Check # 98 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant
Staples

Street Address of Vendor	City	State	Zip Code
900 Washington St	Middletown	CT	06457

Purpose of Expenditure (by code)	Description
OFFICE	envelopes

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
If yes, assign an Expenditure # and completes Itemization in Addendum R				\$27.64

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Peters	Thomas		12/23/2025	<input checked="" type="checkbox"/> Check # 1001 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant
USPS

Street Address of Vendor	City	State	Zip Code
11 Silver St	Middletown	CT	06457

Purpose of Expenditure (by code)	Description
POST	purchase stamps

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
If yes, assign an Expenditure # and completes Itemization in Addendum R				\$78.00

IV. EXPENDITURES (Sections N - S)

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

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Peters	First Thomas	MI	Date of Payment to Vendor 12/30/2025	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1001 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant USPS
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Street Address of Vendor 11 Silver St	City Middletown	State CT	Zip Code 06457
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Purpose of Expenditure (by code) POST	Description purchase stamps
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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 \$78.00
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Total of Section R	\$427.89
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IV. EXPENDITURES (Sectuibs N - S)

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