



COVER PAGE

| | | | | | |
|--|--|---|---|---|--|
| 1. NAME OF COMMITTEE | | | 2. TYPE OF COMMITTEE | | |
| CASE2026 | | | <input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee | | |
| 3. TREASURER NAME | | | | | |
| First Dustin | MI | Last Bingham | Suffix | | |
| 4. TREASURER ADDRESS | | | | | |
| Street Address 165 Lake Harwinton Rd | City Harwinton | State CT | Zip Code 06791 | | |
| 5. ELECTION DATE 11/03/2026 | 6. OFFICE SOUGHT (Complete only if Candidate Committee) State Representative | | | 7. DISTRICT NUMBER (if applicable) R063 | |
| 8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee) | | | | | |
| First Jay | MI | Last Case | Suffix | | |
| 9. TYPE OF REPORT | | | | | |
| January 10 Filing - Original | | | | | |
| 10. PERIOD COVERED | | | | | |
| Beginning Date | | Ending Date | | | |
| 11/01/2025 | | thru | | 12/31/2025 | |
| 11. CERTIFICATION | | | | | |
| <input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete. | | | | | |
| Electronic Filing SIGNATURE | Dustin Bingham PRINT NAME OF THE SIGNER | 01/03/2026 9:43:00AM 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 | |
|---|------------------------------|-----------------------|
| CASE2026 | 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) | \$6,720.00 | \$6,720.00 |
| 15. Receipts from Other Committees (Sections C1 and C2) | \$0.00 | \$0.00 |
| 16. Other Monetary Receipts (Section D through I) | \$0.00 | \$0.00 |
| 17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1) | \$0.00 | \$0.00 |
| 18. Total Monetary Receipts (add totals for lines 14 through 17) | \$6,720.00 | \$6,720.00 |
| 19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B) | \$6,720.00 | \$6,720.00 |
| 20. Expenses Paid by Committee (Section N) | \$405.67 | \$405.67 |
| 21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns) | \$6,314.33 | \$6,314.33 |
| 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 |
| CASE2026 | January 10 Filing - Original |

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

| | | | |
|---|----------------------------------|---|-----------------------------------|
| Last Name Bingham | First Dustin | MI | Contribution ID # 0001 |
| Residential Street Address 165 Lake Harwinton Rd | City Harwinton | State CT | Zip Code 06791 |
| Principal Occupation Finance | Name of Employer Ward Leonard | | |
| 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 11/08/2025 | Aggregate Contributions \$5.00 |
| Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$5.00 | |

| | | | |
|---|------------------------------------|---|-------------------------------------|
| Last Name Fragale | First Jacob | MI | Contribution ID # 0029 |
| Residential Street Address 63 Cobb City Rd | City Colebrook | State CT | Zip Code 06021 |
| Principal Occupation Construction | Name of Employer Fragale paving | | |
| 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 11/14/2025 | Aggregate Contributions \$250.00 |
| 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 \$250.00 | |

| | | | |
|---|-----------------------------|---|-------------------------------------|
| Last Name Cannavo | First Nancy | MI | Contribution ID # 0030 |
| Residential Street Address 121 Old North Rd | City Winchester | State CT | Zip Code 06098 |
| 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 11/14/2025 | Aggregate Contributions \$200.00 |
| 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 \$200.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| CASE2026 | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|---|---|---|------------------------------------|
| Last Name Landi | First Monique | MI | Contribution ID # 0031 |
| Residential Street Address 23 Prock Hill Rd | City Colebrook | State CT | Zip Code 06021 |
| Principal Occupation Nurse | 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 11/14/2025 | Aggregate Contributions \$25.00 |
| | | | Amount of Contribution \$25.00 |

| | | | |
|---|---|---|-------------------------------------|
| Last Name DiMauro | First Jason | MI | Contribution ID # 0032 |
| Residential Street Address 45 Troutwood Dr | City New Hartford | State CT | Zip Code 06057 |
| Principal Occupation Self employed | Name of Employer John,Ãs Package Store | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 11/14/2025 | Aggregate Contributions \$200.00 |
| | | | Amount of Contribution \$200.00 |

| | | | |
|---|---|---|------------------------------------|
| Last Name Landi | First Aubrey | MI | Contribution ID # 0033 |
| Residential Street Address 23 Prock Hill Rd | City Colebrook | State CT | Zip Code 06021 |
| Principal Occupation Clerical | Name of Employer Apple Rehab | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 11/14/2025 | Aggregate Contributions \$25.00 |
| | | | Amount of Contribution \$25.00 |

| | | | |
|---|---|---|------------------------------------|
| Last Name Landi | First Sarah | MI | Contribution ID # 0034 |
| Residential Street Address 23 Prock Hill Rd | City Colebrook | State CT | Zip Code 06021 |
| Principal Occupation Nurse | Name of Employer Apple Rehab | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 11/14/2025 | Aggregate Contributions \$25.00 |
| | | | Amount of Contribution \$25.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| CASE2026 | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|------------------------|---|-----------------------------------|
| Last Name Landi | First Michael | MI | Contribution ID # 0035 |
| Residential Street Address 23 Prock Hill Rd | City Colebrook | State CT | Zip Code 06021 |
| Principal Occupation Executive | Name of Employer 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 11/14/2025 |
| | | Aggregate Contributions \$25.00 | Amount of Contribution \$25.00 |

| | | | |
|--|-------------------------|---|------------------------------------|
| Last Name Ilany | First Franny | MI | Contribution ID # 0036 |
| Residential Street Address 212 Grantville Rd | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Homemaker | Name of Employer N/A | | |
| 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 11/14/2025 |
| | | Aggregate Contributions \$250.00 | Amount of Contribution \$250.00 |

| | | | |
|--|---------------------------------|---|------------------------------------|
| Last Name Ilany | First Jonathan | MI | Contribution ID # 0037 |
| Residential Street Address 212 Grantville Rd | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Manager | Name of Employer Tiptree 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 11/14/2025 |
| | | Aggregate Contributions \$250.00 | Amount of Contribution \$250.00 |

| | | | |
|--|-----------------------------|---|------------------------------------|
| Last Name Fragale | First Lisa Ann | MI | Contribution ID # 0038 |
| Residential Street Address 64 Cobb City Rd | City Colebrook | State CT | Zip Code 06021 |
| 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 11/14/2025 |
| | | 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 |
| CASE2026 | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|---|---|-------------------------------------|
| Last Name Klebe | First Matthew | MI | Contribution ID # 0039 |
| Residential Street Address 17 Emerald Dr | City Big Coppitt | State FL | Zip Code 33040 |
| 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 11/14/2025 | Aggregate Contributions \$250.00 |
| | | | Amount of Contribution \$250.00 |

| | | | |
|--|---|---|------------------------------------|
| Last Name Case | First Christopher | MI | Contribution ID # 0040 |
| Residential Street Address 72A Pine Rd | City Colebrook | State CT | Zip Code 06021 |
| Principal Occupation Job Super | Name of Employer Borghesi Building | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 11/15/2025 | Aggregate Contributions \$25.00 |
| | | | Amount of Contribution \$25.00 |

| | | | |
|--|---|---|-------------------------------------|
| Last Name Marino | First Paul | MI | Contribution ID # 0041 |
| Residential Street Address 678 E Wakefield Blvd | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Consultant | Name of Employer Automotive Performance Consulting, Inc | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 11/15/2025 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|--|---|---|------------------------------------|
| Last Name jones | First Stewart | MI | Contribution ID # 0042 |
| Residential Street Address 199 E Lake St | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Automotive | 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 11/15/2025 | 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 |
| CASE2026 | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|------------------------------------|
| Last Name jones | First Karen | MI | Contribution ID # 0043 |
| Residential Street Address 199 E Lake St | City Winsted | State CT | Zip Code 06098 |
| 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 11/15/2025 | Aggregate Contributions \$50.00 |
| | | Amount of Contribution \$50.00 | |

| | | | |
|--|--|---|------------------------------------|
| Last Name Thibault | First Jeanine | MI | Contribution ID # 0044 |
| Residential Street Address 218 Torringford St | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation retired | Name of Employer Me | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 \$50.00 |
| | | Amount of Contribution \$50.00 | |

| | | | |
|--|--|---|------------------------------------|
| Last Name Blass | First Robert | MI | Contribution ID # 0045 |
| Residential Street Address 87 Eno Hill Rd | City Colebrook | State CT | Zip Code 06021 |
| 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 \$20.00 |
| | | Amount of Contribution \$20.00 | |

| | | | |
|--|--|---|------------------------------------|
| Last Name Blass | First Jeannette | MI | Contribution ID # 0046 |
| Residential Street Address 87 Eno Hill Rd | City Colebrook | State CT | Zip Code 06021 |
| Principal Occupation Quality Engineer | Name of Employer Perry Technology Corporation | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 \$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 |
| CASE2026 | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-------------------------------------|
| Last Name Schlein | First Rob | MI | Contribution ID # 0047 |
| Residential Street Address 188 Grantville Rd | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Lawyer | Name of Employer Sullivan & Cromwell 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 11/16/2025 | Aggregate Contributions \$250.00 |
| | | | Amount of Contribution \$250.00 |

| | | | |
|--|--|---|-------------------------------------|
| Last Name Meltzer | First Harry | MI | Contribution ID # 0048 |
| Residential Street Address 242 Grantville Rd | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Architect | Name of Employer N/A | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 11/16/2025 | Aggregate Contributions \$250.00 |
| | | | Amount of Contribution \$250.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Nardine | First Jessica | MI | Contribution ID # 0049 |
| Residential Street Address 109 Prock Hill Rd | City Colebrook | State CT | Zip Code 06021 |
| Principal Occupation Teacher | Name of Employer The Gilbert 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 11/16/2025 | Aggregate Contributions \$25.00 |
| | | | Amount of Contribution \$25.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Barown | First Bridgett | MI | Contribution ID # 0050 |
| Residential Street Address 25 Bunnell Street Ext | City Colebrook | State CT | Zip Code 06021 |
| Principal Occupation Analyst | Name of Employer The 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 11/16/2025 | 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 |
| CASE2026 | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-------------------------------------|
| Last Name Vaill | First Sandra | MI | Contribution ID # 0051 |
| Residential Street Address 86B Rockwell St | City Winsted | State CT | Zip Code 06098 |
| 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 \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Marchand | First Kim | MI | Contribution ID # 0052 |
| Residential Street Address 115 W Wakefield Blvd | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Electrical contractor | Name of Employer Marchand Electric 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 11/16/2025 | Aggregate Contributions \$25.00 |
| | | | Amount of Contribution \$25.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Winn | First Donna | MI | Contribution ID # 0053 |
| Residential Street Address 116 Tarringford St | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Customer Service Representative | Name of Employer Superior Plus Propane | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 \$10.00 |
| | | | Amount of Contribution \$10.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Laigle | First Lois | MI | Contribution ID # 0054 |
| Residential Street Address 144 Silver Brook Ln | City Torrington | State CT | Zip Code 06790 |
| Principal Occupation Sales | Name of Employer Tribe 9 Foods 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 11/16/2025 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| CASE2026 | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|---|---|---|-----------------------------------|
| Last Name Case | First Gloria | MI | Contribution ID # 0055 |
| Residential Street Address 72A Pine Rd | City Colebrook | State CT | Zip Code 06021 |
| Principal Occupation Controller | Name of Employer Corotec 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 | |
| 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 11/16/2025 | Aggregate Contributions \$5.00 |
| | | | \$5.00 |

| | | | |
|---|---|---|-------------------------------------|
| Last Name Bernstein | First Carey | MI | Contribution ID # 0056 |
| Residential Street Address 436 Winchester Rd | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Attorney | Name of Employer Carey S. Bernstein, Esq., 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 | |
| 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 11/16/2025 | Aggregate Contributions \$250.00 |
| | | | \$250.00 |

| | | | |
|---|---|---|------------------------------------|
| Last Name Tracy | First Brenda | MI | Contribution ID # 0057 |
| Residential Street Address 677 E Wakefield Blvd | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Senior Financial Analyst | Name of Employer marketing.com | | |
| 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 11/17/2025 | Aggregate Contributions \$25.00 |
| | | | \$25.00 |

| | | | |
|---|---|---|-------------------------------------|
| Last Name DiMauro | First John | MI | Contribution ID # 0058 |
| Residential Street Address 81 Benton St | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation POS Manager | Name of Employer Hartford Distributor 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 | |
| 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 11/17/2025 | Aggregate Contributions \$100.00 |
| | | | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| CASE2026 | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|---|---|------------------------------------|
| Last Name Tracy | First Keith | MI | Contribution ID # 0059 |
| Residential Street Address 677 E Wakefield Blvd | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Project Manager | Name of Employer Arthur G Russell 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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 11/17/2025 | Aggregate Contributions \$25.00 |
| | | Amount of Contribution \$25.00 | |

| | | | |
|--|---|---|------------------------------------|
| Last Name Werner | First Kurt | MI | Contribution ID # 0060 |
| Residential Street Address 82 Crown St | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Insurance Producer | Name of Employer The Garceau Agency-Goosehead 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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 11/17/2025 | Aggregate Contributions \$50.00 |
| | | Amount of Contribution \$50.00 | |

| | | | |
|--|---|---|------------------------------------|
| Last Name Ward | First Leah | MI | Contribution ID # 0061 |
| Residential Street Address 113A Beech Hill Rd | City Colebrook | State CT | Zip Code 06021 |
| Principal Occupation Nurse practitioner | Name of Employer Optum UHG | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 11/17/2025 | Aggregate Contributions \$50.00 |
| | | Amount of Contribution \$50.00 | |

| | | | |
|--|---|---|-------------------------------------|
| Last Name Roberts | First James | MI | Contribution ID # 0062 |
| Residential Street Address 254 Grantville Rd | City Winchester | State CT | Zip Code 06098 |
| Principal Occupation App Developer | Name of Employer N/A | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 11/17/2025 | 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 |
| CASE2026 | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|---|--|-------------------------------------|
| Last Name Sterling | First Marsha | MI | Contribution ID # 0063 |
| Residential Street Address 254 Grantville Rd | City Winchester | State CT | Zip Code 06098 |
| Principal Occupation App Developer | Name of Employer N/A | | |
| 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 11/17/2025 | Aggregate Contributions \$250.00 |
| | | Amount of Contribution \$250.00 | |

| | | | |
|--|---|--|-------------------------------------|
| Last Name Weingart | First Richard | MI | Contribution ID # 0064 |
| Residential Street Address 70 Gillette Rd | City New Hartford | State CT | Zip Code 06057 |
| Principal Occupation No | Name of Employer 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 11/17/2025 | Aggregate Contributions \$250.00 |
| | | Amount of Contribution \$250.00 | |

| | | | |
|--|---|--|------------------------------------|
| Last Name Huber | First Kim | MI | Contribution ID # 0065 |
| Residential Street Address 107 Old Colebrook Rd | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Appeal Specialist | Name of Employer The Hartford Insurance 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 # | 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 11/19/2025 | Aggregate Contributions \$50.00 |
| | | Amount of Contribution \$50.00 | |

| | | | |
|--|---|--|------------------------------------|
| Last Name Murray | First Heather | MI | Contribution ID # 0066 |
| Residential Street Address 11 Birdsall St | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Assembler/office work | Name of Employer Norse, 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 11/19/2025 | 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) CASE2026 | TYPE OF REPORT January 10 Filing - Original |
|---|--|

B. Itemized Contributions from Individuals

| | | | | | |
|---|--|--|--|-----------------------------------|----------------------------------|
| Last Name jones | | First Deborah | | MI | Contribution ID # 0067 |
| Residential Street Address 364 Platt Hill Rd | | City Winsted | | State CT | Zip Code 06098 |
| Principal Occupation Registrar of Voters | | | Name of Employer Registrar of Voters | | |
| 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 Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution \$5.00 |
| Is this contribution associated with an event reported in Section 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 11/20/2025 | |
| | | | | Aggregate Contributions \$5.00 | |

| | | | | | |
|---|--|--|--|------------------------------------|----------------------------------|
| Last Name Bingham | | First Dustin | | MI | Contribution ID # 0068 |
| Residential Street Address 165 Lake Harwinton Rd | | City Harwinton | | State CT | Zip Code 06791 |
| Principal Occupation Finance | | | Name of Employer Ward Leonard | | |
| 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 Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution \$5.00 |
| Is this contribution associated with an event reported in Section 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 \$20.00 | |

| | | | | | |
|---|--|--|--|------------------------------------|----------------------------------|
| Last Name Bingham | | First Dustin | | MI | Contribution ID # 0069 |
| Residential Street Address 165 Lake Harwinton Rd | | City Harwinton | | State CT | Zip Code 06791 |
| Principal Occupation Finance | | | Name of Employer Ward Leonard | | |
| 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 Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution \$5.00 |
| Is this contribution associated with an event reported in Section 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 \$20.00 | |

| | | | | | |
|---|--|--|--|------------------------------------|----------------------------------|
| Last Name Bingham | | First Dustin | | MI | Contribution ID # 0070 |
| Residential Street Address 165 Lake Harwinton Rd | | City Harwinton | | State CT | Zip Code 06791 |
| Principal Occupation Finance | | | Name of Employer Ward Leonard | | |
| 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 Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution \$5.00 |
| Is this contribution associated with an event reported in Section 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 \$20.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| CASE2026 | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|---|---|---|-----------------------------------|
| Last Name Case | First Sydney | MI | Contribution ID # 0071 |
| Residential Street Address 233 Smith Hill Rd | City Winsted | State CT | Zip Code 06098 |
| 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 | |
| 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 11/22/2025 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|---|---|---|-----------------------------------|
| Last Name Case | First Amanda | MI | Contribution ID # 0072 |
| Residential Street Address 2 Rowley Pond Rd | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Quality Specialist | Name of Employer Pratt & Whitney | | |
| 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 11/22/2025 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|---|---|---|-----------------------------------|
| Last Name Case | First Kyle | MI | Contribution ID # 0073 |
| Residential Street Address 2 Rowley Pond Rd | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Engineer | 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 # | 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 \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|---|---|---|------------------------------------|
| Last Name Connolly | First Katie | MI | Contribution ID # 0074 |
| Residential Street Address 55 Lakeview Rd | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Human Resources | Name of Employer Northwest Community Bank | | |
| 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 11/22/2025 | 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 |
| CASE2026 | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|---|---|---|------------------------------------|
| Last Name Albanesius | First Glenn | MI | Contribution ID # 0075 |
| Residential Street Address 229 Grantville Rd | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Town Clerk | Name of Employer Town of Winchester | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 |

| | | | |
|---|---|---|-----------------------------------|
| Last Name Griffin | First Kris | MI | Contribution ID # 0076 |
| Residential Street Address 188 Pratt St | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation CEO | Name of Employer Winsted Health 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 11/22/2025 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|---|---|---|-----------------------------------|
| Last Name Leifert | First Dale | MI | Contribution ID # 0077 |
| Residential Street Address 188 Pratt St | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Finance | Name of Employer Windsor Federal Bank | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|---|---|---|-----------------------------------|
| Last Name Milo | First Nicole | MI | Contribution ID # 0078 |
| Residential Street Address 111 Upper Valley Rd | City Torrington | State CT | Zip Code 06790 |
| Principal Occupation CEO | Name of Employer House or Hope, Inc | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 11/22/2025 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| CASE2026 | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|--|
| Last Name Strubhar | First Sondra | MI | Contribution ID # 0079 |
| Residential Street Address 6 Stadler Hts | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Realtor | 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 11/22/2025 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|--|---|---|
| Last Name Engleman | First Robert | MI | Contribution ID # 0080 |
| Residential Street Address 488 Granville Rd | City East Hartland | State CT | Zip Code 06027 |
| Principal Occupation Environmental Service Director | Name of Employer Apple Rehab | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 11/22/2025 | Aggregate Contributions \$50.00 |
| | | Amount of Contribution \$50.00 | |

| | | | |
|--|--|---|---|
| Last Name M McDivitt | First Emily | MI | Contribution ID # 0081 |
| Residential Street Address 727 Toppingford East St | City Torrington | State CT | Zip Code 06790 |
| Principal Occupation homemaker, nurse | Name of Employer N/A | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 11/23/2025 | Aggregate Contributions \$10.00 |
| | | Amount of Contribution \$10.00 | |

| | | | |
|--|--|---|--|
| Last Name Farley | First Daniel | MI | Contribution ID # 0082 |
| Residential Street Address 174 Benham St | City Torrington | State CT | Zip Code 06790 |
| Principal Occupation City Treasurer | Name of Employer City of Torrington | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 \$5.00 |
| | | Amount of Contribution \$5.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| CASE2026 | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|---|---|-----------------------------------|
| Last Name Farley | First Lynn | MI | Contribution ID # 0083 |
| Residential Street Address 174 Benham St | City Torrington | State CT | Zip Code 06790 |
| Principal Occupation N/A | Name of Employer N/A | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 11/23/2025 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|---|---|-----------------------------------|
| Last Name Vogt | First Shelley | MI | Contribution ID # 0084 |
| Residential Street Address 57 Moore Ave | City Winchester | State CT | Zip Code 06098 |
| Principal Occupation MRI technician | Name of Employer AMI | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|---|---|-----------------------------------|
| Last Name Vogt | First Robert | MI | Contribution ID # 0085 |
| Residential Street Address 57 Moore Ave | City Winchester | State CT | Zip Code 06098 |
| Principal Occupation Maintenance Technician | Name of Employer Aptyx | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|---|---|-------------------------------------|
| Last Name Milo | First Alphonse | MI | Contribution ID # 0086 |
| Residential Street Address 129 Allison Dr | City Torrington | State CT | Zip Code 06790 |
| Principal Occupation No | Name of Employer No | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 \$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 |
| CASE2026 | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|---|---|---|-------------------------------------|
| Last Name Casey | First Mary anne | MI | Contribution ID # 0087 |
| Residential Street Address 70 Gillette Rd | City New Hartford | State CT | Zip Code 06057 |
| Principal Occupation Bail Agent | Name of Employer Casey Bail Bonds, 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 | |
| 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 11/23/2025 | Aggregate Contributions \$250.00 |
| | | Amount of Contribution \$250.00 | |

| | | | |
|---|---|---|-------------------------------------|
| Last Name Mongitore | First Anthony | MI | Contribution ID # 0088 |
| Residential Street Address 328 Winchester Rd | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Branch Manager | Name of Employer R&M Insulation 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 | |
| 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 11/23/2025 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

| | | | |
|---|---|---|-------------------------------------|
| Last Name Mongitore | First Tanya | MI | Contribution ID # 0089 |
| Residential Street Address 328 Winchester Rd | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Branch Accountant | Name of Employer R&M Insulation 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 | |
| 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 11/23/2025 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

| | | | |
|---|---|---|-------------------------------------|
| Last Name Milo | First Gloria | MI | Contribution ID # 0090 |
| Residential Street Address 129 Allison Dr | City Torrington | State CT | Zip Code 06790 |
| Principal Occupation No | Name of Employer 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: <input type="checkbox"/> Executive <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 11/23/2025 | 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 |
| CASE2026 | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|---|---|---|-------------------------------------|
| Last Name Schrock | First Rebecca | MI | Contribution ID # 0091 |
| Residential Street Address 89 Spencer Hill Rd | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation retired | Name of Employer CT | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 11/24/2025 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|---|---|---|------------------------------------|
| Last Name Marino | First Ellen | MI | Contribution ID # 0092 |
| Residential Street Address 596 Main St | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Lawyer | Name of Employer Law Office of Ellen C Marino | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 \$25.00 |
| | | | Amount of Contribution \$25.00 |

| | | | |
|---|---|---|-------------------------------------|
| Last Name Schoenly | First Conant | MI | Contribution ID # 0093 |
| Residential Street Address 46 Logan Rd | City Salisbury | State CT | Zip Code 06068 |
| Principal Occupation Businessman | Name of Employer Charter Oak Home Care | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 \$250.00 |
| | | | Amount of Contribution \$250.00 |

| | | | |
|---|---|---|------------------------------------|
| Last Name Sartirana | First David | MI | Contribution ID # 0094 |
| Residential Street Address 46 Millbrook Rd | City Colebrook | State CT | Zip Code 06021 |
| Principal Occupation Real Estate Broker | Name of Employer Northwest CT 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 \$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 |
| CASE2026 | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|---|---|---|-----------------------------------|
| Last Name McCarthy | First Brandon | MI | Contribution ID # 0095 |
| Residential Street Address 78 Walnut St | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Military | Name of Employer US Navy | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|---|---|---|-------------------------------------|
| Last Name Parent | First Spencer | MI | Contribution ID # 0096 |
| Residential Street Address 108 Danbury Quarter Rd | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Owner | Name of Employer Laurel City Towing | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 | |

| | | | |
|---|---|---|-----------------------------------|
| Last Name McCarthy | First Bob | MI | Contribution ID # 0097 |
| Residential Street Address 78 Walnut St | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation retired | Name of Employer Kk take 2 | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|---|---|---|-----------------------------------|
| Last Name McCarthy | First Kelly | MI | Contribution ID # 0098 |
| Residential Street Address 78 Walnut St | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Owner | Name of Employer KK Take 2 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 11/29/2025 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| CASE2026 | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|---|---|-----------------------------------|
| Last Name McCarthy | First Kimberly | MI | Contribution ID # 0099 |
| Residential Street Address 78 Walnut St | City Winsted | State CT | Zip Code 06098 |
| 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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 11/29/2025 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|---|---|-----------------------------------|
| Last Name Lewis | First Jennifer | MI | Contribution ID # 0100 |
| Residential Street Address 163 W Wakefield Blvd | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Practice Manager | Name of Employer Collaborative Medicine | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|---|---|-----------------------------------|
| Last Name Marchand | First Peter | MI | Contribution ID # 0101 |
| Residential Street Address 122 Wallens St | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation business analyst | Name of Employer COCC | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|---|---|-----------------------------------|
| Last Name Lloyd | First Cooper | MI | Contribution ID # 0102 |
| Residential Street Address 159 Vons Ln | City Winsted | State CT | Zip Code 06098 |
| 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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 11/30/2025 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| CASE2026 | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|---|---|-----------------------------------|
| Last Name Lloyd | First Jim | MI | Contribution ID # 0103 |
| Residential Street Address 159 Vons Ln | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Technical communicator | Name of Employer H.O. Penn machinery 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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 11/30/2025 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|---|---|-----------------------------------|
| Last Name Gauthier Sr | First Peter J | MI | Contribution ID # 0104 |
| Residential Street Address 872 W Wakefield Blvd | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Construction | 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 11/30/2025 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|---|---|-----------------------------------|
| Last Name Marchand | First Jennifer | MI | Contribution ID # 0105 |
| Residential Street Address 122 Wallens St | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Bank COO | Name of Employer Torrington Savings Bank | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|---|---|-----------------------------------|
| Last Name Spino | First Molly | MI | Contribution ID # 0106 |
| Residential Street Address 171 Torrington Heights Rd | City Torrington | State CT | Zip Code 06790 |
| Principal Occupation Mayor | Name of Employer City of Torrington | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 \$5.00 |
| | | | Amount of Contribution \$5.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| CASE2026 | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|---|---|-----------------------------------|
| Last Name Sartirana | First Amy | MI | Contribution ID # 0107 |
| Residential Street Address 46 Millbrook Rd | City Colebrook | State CT | Zip Code 06021 |
| Principal Occupation Realtor | Name of Employer Northwest CT 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|---|---|-----------------------------------|
| Last Name Horvay | First Ryan | MI | Contribution ID # 0108 |
| Residential Street Address 545 E Wakefield Blvd | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Sales | Name of Employer Oshkosh | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|---|---|-----------------------------------|
| Last Name Smith | First Lisa | MI | Contribution ID # 0109 |
| Residential Street Address 243 Wallens Hill Rd | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Caretaker | Name of Employer Caretaker | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|---|---|-----------------------------------|
| Last Name Spino | First Nick | MI | Contribution ID # 0110 |
| Residential Street Address 171 Torrington Heights Rd | City Torrington | State CT | Zip Code 06790 |
| Principal Occupation Safety Specialist | Name of Employer McPhee Electric | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 \$5.00 |
| | | | Amount of Contribution \$5.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| CASE2026 | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-----------------------------------|
| Last Name Cassaday | First Steve | MI | Contribution ID # 0111 |
| Residential Street Address 111 Torrington St | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Shipping | Name of Employer Regal Rexnord | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 12/01/2025 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Cassaday | First Alexandra | MI | Contribution ID # 0112 |
| Residential Street Address 111 Torrington St | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Student | Name of Employer Dollar Tree | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 12/01/2025 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Higgins | First Kim | MI J | Contribution ID # 0019 |
| Residential Street Address 20 Crescent St | City Winsted | State CT | Zip Code 06098 |
| 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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 12/01/2025 | Aggregate Contributions \$10.00 |
| | | | Amount of Contribution \$10.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Higgins | First Kevin | MI H | Contribution ID # 0020 |
| Residential Street Address 20 Crescent St | City Winsted | State CT | Zip Code 06098 |
| 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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 12/01/2025 | Aggregate Contributions \$10.00 |
| | | | Amount of Contribution \$10.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| CASE2026 | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|---|---|-----------------------------------|
| Last Name Buchanan | First Charles | MI | Contribution ID # 0113 |
| Residential Street Address 173 Stillman Hill Rd | City Colebrook | State CT | Zip Code 06021 |
| Principal Occupation Academic Associate | Name of Employer NVCC | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|---|---|-----------------------------------|
| Last Name Buchanan | First Mary Ann | MI | Contribution ID # 0114 |
| Residential Street Address 173 Stillman Hill Rd | City Colebrook | State CT | Zip Code 06021 |
| Principal Occupation School Administrator | Name of Employer Torrington 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 12/03/2025 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|---|---|-----------------------------------|
| Last Name Steck | First Terence | MI | Contribution ID # 0115 |
| Residential Street Address 356 W Wakefield Blvd | City Winsted | State CT | Zip Code 06098 |
| 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 \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|---|---|-----------------------------------|
| Last Name Arcelaschi | First Todd | MI | Contribution ID # 0116 |
| Residential Street Address 291 Colebrook Rd | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Administrator | Name of Employer Regional Refuse Disposal District # 1 | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 \$5.00 |
| | | Amount of Contribution \$5.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| CASE2026 | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|---|---|---|-----------------------------------|
| Last Name Campbell | First Morgan | MI | Contribution ID # 0117 |
| Residential Street Address 353 Platt Hill Rd | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Dog groomer | Name of Employer Petco | | |
| 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 12/03/2025 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|---|---|---|-----------------------------------|
| Last Name Steck | First James | MI | Contribution ID # 0118 |
| Residential Street Address 104 Rock Creek Ln | City Torrington | State CT | Zip Code 06790 |
| Principal Occupation Probate Judge/Attorney | Name of Employer Self-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 | |
| 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 12/03/2025 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|---|---|---|-----------------------------------|
| Last Name Scoville | First Thomas | MI | Contribution ID # 0119 |
| Residential Street Address 356 Westside Ln | City Torrington | State CT | Zip Code 06790 |
| Principal Occupation Plumbing | Name of Employer Plumbing manager | | |
| 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 12/03/2025 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|---|---|---|-----------------------------------|
| Last Name Scoville | First Jacqueline | MI | Contribution ID # 0120 |
| Residential Street Address 356 Westside Ln | City Torrington | State CT | Zip Code 06790 |
| Principal Occupation Nutrition | Name of Employer N/A | | |
| 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 12/03/2025 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| CASE2026 | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|--|----------------------------------|
| Last Name Hester | First William | MI | Contribution ID # 0121 |
| Residential Street Address 82 Boyd St | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Wastewater Operator | Name of Employer Norfolk Sewer District | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/04/2025 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

| | | | |
|--|-----------------------------|--|-----------------------------------|
| Last Name Marino | First Laura | MI | Contribution ID # 0021 |
| Residential Street Address 678 E Wakefield Blvd | City Winchester | State CT | Zip Code 06098 |
| 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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 12/04/2025 |
| | | Aggregate Contributions \$20.00 | Amount of Contribution \$20.00 |

| | | | |
|--|-----------------------------|--|----------------------------------|
| Last Name Prevaznak | First John | MI | Contribution ID # 0005 |
| Residential Street Address 281 Grantville Rd | City Winchester Center | State CT | Zip Code 06094 |
| 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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 12/04/2025 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

| | | | |
|--|-----------------------------|--|----------------------------------|
| Last Name Prevaznak | First Pamela | MI | Contribution ID # 0006 |
| Residential Street Address 281 Grantville Rd | City Winchester Center | State CT | Zip Code 06094 |
| 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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 12/04/2025 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| CASE2026 | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-----------------------------------|
| Last Name Smith | First Matthew | MI L | Contribution ID # 0007 |
| Residential Street Address 662 E Wakefield Blvd | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Real Estate | Name of Employer SVS | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated 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 12/04/2025 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|--|---|------------------------------------|
| Last Name Corey | First David | MI M | Contribution ID # 0024 |
| Residential Street Address 374 White Pine Rd | City Torrington | State CT | Zip Code 06790 |
| 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 12/05/2025 | Aggregate Contributions \$50.00 |
| | | Amount of Contribution \$50.00 | |

| | | | |
|--|--|---|------------------------------------|
| Last Name Corey | First Pamela | MI G | Contribution ID # 0025 |
| Residential Street Address 374 White Pine Rd | City Torrington | State CT | Zip Code 06790 |
| 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 12/05/2025 | Aggregate Contributions \$50.00 |
| | | Amount of Contribution \$50.00 | |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Connole | First Carmelina | MI M | Contribution ID # 0017 |
| Residential Street Address 18 Woodland Ave | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Window Cleaning | Name of Employer Connole Windows | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated 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 12/06/2025 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| CASE2026 | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|---|--|---|-----------------------------------|
| Last Name Connole | First James | MI J | Contribution ID # 0018 |
| Residential Street Address 18 Woodland Ave | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Window Cleaning | Name of Employer Connole Windows | | |
| 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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 12/06/2025 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|---|--|---|------------------------------------|
| Last Name Case | First Kathleen | MI M | Contribution ID # 0008 |
| Residential Street Address 137 Maloney Ct | City Winsted | State CT | Zip Code 06098 |
| 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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 12/06/2025 | Aggregate Contributions \$10.00 |
| | | | Amount of Contribution \$10.00 |

| | | | |
|---|--|---|-------------------------------------|
| Last Name Bacardi | First Nadja | MI | Contribution ID # 0022 |
| Residential Street Address 2 Prock Hill Rd | City Colebrook | State CT | Zip Code 06021 |
| 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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 12/06/2025 | Aggregate Contributions \$250.00 |
| | | | Amount of Contribution \$250.00 |

| | | | |
|---|--|---|-------------------------------------|
| Last Name Bacardi | First Totem | MI | Contribution ID # 0023 |
| Residential Street Address 2 Prock Hill Rd | City Colebrook | State CT | Zip Code 06021 |
| 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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 12/06/2025 | 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 |
| CASE2026 | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-----------------------------------|
| Last Name Fratini | First John | MI | Contribution ID # 0002 |
| Residential Street Address 25 Hubbard St | City Winsted | State CT | Zip Code 06098 |
| 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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 12/06/2025 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Fratini | First Helen | MI | Contribution ID # 0003 |
| Residential Street Address 133 Wahnee Rd | City Torrington | State CT | Zip Code 06790 |
| 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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 12/06/2025 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Alling | First Richard | MI L | Contribution ID # 0004 |
| Residential Street Address 133 Wahnee Rd | City Torrington | State CT | Zip Code 06790 |
| 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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 12/06/2025 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Brainard | First Serena | MI | Contribution ID # 0122 |
| Residential Street Address 16 Sandy Brook Rd | City Colebrook | State CT | Zip Code 06021 |
| Principal Occupation Administrative | Name of Employer No | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 \$5.00 |
| | | | Amount of Contribution \$5.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| CASE2026 | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|---|---|---|-----------------------------------|
| Last Name Fowler | First Jonathan | MI | Contribution ID # 0123 |
| Residential Street Address 74 Holley Pl | City Torrington | State CT | Zip Code 06790 |
| Principal Occupation Sales | Name of Employer Wittmann | | |
| 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 12/06/2025 | Aggregate Contributions \$5.00 |
| | | | \$5.00 |

| | | | |
|---|---|---|-----------------------------------|
| Last Name Maniccia | First Armand | MI | Contribution ID # 0124 |
| Residential Street Address 531 Charles St | City Torrington | State CT | Zip Code 06790 |
| Principal Occupation Teacher | Name of Employer Torrington 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 | |
| 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 12/06/2025 | Aggregate Contributions \$5.00 |
| | | | \$5.00 |

| | | | |
|---|---|---|-----------------------------------|
| Last Name Beyus | First Chris | MI | Contribution ID # 0125 |
| Residential Street Address 179 Pearl St | City Torrington | State CT | Zip Code 06790 |
| Principal Occupation Sales | Name of Employer Elevator Service Company | | |
| 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 12/06/2025 | Aggregate Contributions \$5.00 |
| | | | \$5.00 |

| | | | |
|---|---|---|-----------------------------------|
| Last Name Brainard | First Timothy | MI | Contribution ID # 0126 |
| Residential Street Address 16 Sandy Brook Rd | City Colebrook | State CT | Zip Code 06021 |
| Principal Occupation Owner operator | Name of Employer Brainard Classic Auto 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 | |
| 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 12/06/2025 | Aggregate Contributions \$5.00 |
| | | | \$5.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| CASE2026 | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|---|---|---|-----------------------------------|
| Last Name Fixer | First Cynthia | MI | Contribution ID # 0127 |
| Residential Street Address 1 Bunnell Street Ext | City Colebrook | State CT | Zip Code 06021 |
| 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 12/07/2025 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|---|---|---|-----------------------------------|
| Last Name Morhardt | First Jonathan | MI | Contribution ID # 0128 |
| Residential Street Address 219 Spencer Hill Rd | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Consultant, Student. | Name of Employer Men,Ãs Wearhouse | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 12/07/2025 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|---|---|---|-----------------------------------|
| Last Name Horvay | First Maggie | MI | Contribution ID # 0129 |
| Residential Street Address 545 E Wakefield Blvd | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Hygeinist | Name of Employer Dentist | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 12/07/2025 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|---|---|---|-----------------------------------|
| Last Name Decker | First Matthew | MI | Contribution ID # 0130 |
| Residential Street Address 203 E Wakefield Blvd | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Parts specialist | Name of Employer Torrington Ford | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 12/07/2025 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| CASE2026 | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|---|--|-----------------------------------|
| Last Name Sullivan | First Mark | MI | Contribution ID # 0131 |
| Residential Street Address 1 Bunnell Street Ext | City Colebrook | State CT | Zip Code 06021 |
| Principal Occupation retired | Name of Employer N/A | | |
| 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 12/07/2025 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|---|--|-----------------------------------|
| Last Name pavano | First Tammi | MI | Contribution ID # 0132 |
| Residential Street Address Platt hill rd | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Banker | Name of Employer Banker | | |
| 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 \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|---|--|-----------------------------------|
| Last Name Levesque | First Micayla | MI R | Contribution ID # 0009 |
| Residential Street Address 11 Gibbs St # 9 | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Graphic Artist | Name of Employer Annie Selke | | |
| 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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card | Date Received 12/09/2025 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|---|--|-----------------------------------|
| Last Name Sartirana | First Joshua | MI A | Contribution ID # 0010 |
| Residential Street Address 11 Gibbs St # 9 | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Laborer | Name of Employer Mttl Total Tree Care 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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card | Date Received 12/09/2025 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| CASE2026 | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|---|---|-----------------------------------|
| Last Name Boucino | First David | MI | Contribution ID # 0133 |
| Residential Street Address 666 E Wakefield Blvd | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Floor plan auditor | Name of Employer M&T bank | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|---|---|-----------------------------------|
| Last Name Boucino | First Melanie | MI | Contribution ID # 0134 |
| Residential Street Address 666 E Wakefield Blvd | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Nurse | Name of Employer Arden courts of Avon | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|---|---|-----------------------------------|
| Last Name Della Valle | First Jason | MI | Contribution ID # 0135 |
| Residential Street Address 111 Chapel Td | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Dormitories Manager/ Electrician | Name of Employer Kent 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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/10/2025 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|---|---|-----------------------------------|
| Last Name Carroll | First Diane | MI | Contribution ID # 0136 |
| Residential Street Address 1032 Tarringford West St | City Torrington | State CT | Zip Code 06790 |
| Principal Occupation Realtor | Name of Employer The Washington 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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/10/2025 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| CASE2026 | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|---|---|-----------------------------------|
| Last Name pavano | First Karen | MI | Contribution ID # 0137 |
| Residential Street Address 365 Platt Hill Rd | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Leave of Absence- HR Coordinator | Name of Employer CVS 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|---|---|-----------------------------------|
| Last Name pavano | First Paul | MI | Contribution ID # 0138 |
| Residential Street Address 365 Platt Hill Rd | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Landscaping | Name of Employer Pauls cutting edge lawn care 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 \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|---|---|-----------------------------------|
| Last Name LaMere | First Troy | MI | Contribution ID # 0139 |
| Residential Street Address 51 Morgan Dr | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Street superintendent | Name of Employer Town of Norfolk | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 12/12/2025 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|---|---|-----------------------------------|
| Last Name Sundie | First Bryan | MI | Contribution ID # 0140 |
| Residential Street Address 152 Spencer Hill Rd | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Communications | 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 12/12/2025 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| CASE2026 | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|---|---|-----------------------------------|
| Last Name Closson | First Craig | MI | Contribution ID # 0141 |
| Residential Street Address 851 E Wakefield Blvd | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Office manager | Name of Employer Part time town employee | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 12/12/2025 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|---|---|-----------------------------------|
| Last Name Closson | First Janet | MI | Contribution ID # 0142 |
| Residential Street Address 851 E Wakefield | City Winsted | State CT | Zip Code 06098 |
| 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 12/12/2025 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|---|---|-----------------------------------|
| Last Name Marchand | First Peter | MI L | Contribution ID # 0028 |
| Residential Street Address 118 Sucker Brook Rd | City Winsted | State CT | Zip Code 06098 |
| 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 12/12/2025 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|---|---|------------------------------------|
| Last Name Neal | First Martha | MI F | Contribution ID # 0026 |
| Residential Street Address 60 Shantry Rd | City Colebrook | State CT | Zip Code 06021 |
| 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 12/12/2025 | Aggregate Contributions \$20.00 |
| | | | Amount of Contribution \$20.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| CASE2026 | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|-----------------------------|--|-----------------------------------|
| Last Name Marchand | First Noreen | MI B | Contribution ID # 0027 |
| Residential Street Address 118 Sucker Brook Rd | City Winsted | State CT | Zip Code 06098 |
| 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 | Amount of Contribution \$5.00 |
| | | Date Received 12/12/2025 | Aggregate Contributions \$5.00 |

| | | | |
|--|-----------------------------|--|-----------------------------------|
| Last Name Pozzo | First Dee | MI | Contribution ID # 0143 |
| Residential Street Address 155 Newfield Rd | City Winsted | State CT | Zip Code 06098 |
| 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 | Amount of Contribution \$5.00 |
| | | Date Received 12/13/2025 | Aggregate Contributions \$5.00 |

| | | | |
|--|---------------------------|--|-----------------------------------|
| Last Name Pozzo | First William | MI | Contribution ID # 0144 |
| Residential Street Address 155 Newfield Rd | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Facilities Technician | Name of Employer Bomar | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 | Amount of Contribution \$5.00 |
| | | Date Received 12/13/2025 | Aggregate Contributions \$5.00 |

| | | | |
|--|-----------------------------|--|-----------------------------------|
| Last Name Johnstone | First Diane | MI | Contribution ID # 0145 |
| Residential Street Address 7 Deer Hill Rd | City Colebrook | State CT | Zip Code 06021 |
| 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 | Amount of Contribution \$5.00 |
| | | Date Received 12/13/2025 | Aggregate Contributions \$5.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| CASE2026 | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-----------------------------------|
| Last Name Johnstone | First Chris | MI | Contribution ID # 0146 |
| Residential Street Address 7 Deer Hill Rd | City Colebrook | State CT | Zip Code 06021 |
| 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 12/13/2025 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Pelletier | First Andrea | MI | Contribution ID # 0147 |
| Residential Street Address 36 Glendale Ave | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Law Enforcement | 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 12/13/2025 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Sartirana | First Helen | MI J | Contribution ID # 0011 |
| Residential Street Address 45 Millbrook Rd | City Colebrook | State CT | Zip Code 06021 |
| 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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 12/14/2025 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Sartirana | First Armand | MI | Contribution ID # 0012 |
| Residential Street Address 174 Wallens St | City Winsted | State CT | Zip Code 06098 |
| 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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 12/14/2025 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| CASE2026 | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-----------------------------------|
| Last Name Sartirana | First Virginia | MI P | Contribution ID # 0013 |
| Residential Street Address 174 Wallens St | City Winsted | State CT | Zip Code 06098 |
| 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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 12/14/2025 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Pound | First Robert | MI | Contribution ID # 0014 |
| Residential Street Address 35 Cobb City Rd | City Colebrook | State CT | Zip Code 06021 |
| Principal Occupation Carpenter | Name of Employer Burlington 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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 12/14/2025 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Pound | First Diana | MI | Contribution ID # 0015 |
| Residential Street Address 35 Cobb City Rd | City Colebrook | State CT | Zip Code 06021 |
| 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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 12/14/2025 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Lovetere | First Salvadore Joseph | MI | Contribution ID # 0016 |
| Residential Street Address 103 1-2 Suckerbrook Rd | City Winchester | State CT | Zip Code 06098 |
| Principal Occupation Electrician | Name of Employer Eagle Electric | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated 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 12/14/2025 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| CASE2026 | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|---|--|-----------------------------------|
| Last Name Lewis | First Mark | MI | Contribution ID # 0148 |
| Residential Street Address 163 W Wakefield Blvd | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Mechanic | Name of Employer Collinsville power equipment 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 12/15/2025 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|---|--|-----------------------------------|
| Last Name Andrews | First Georgi | MI | Contribution ID # 0149 |
| Residential Street Address 117 Mountain Rd | City Winsted | State CT | Zip Code 06098 |
| 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? <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 12/16/2025 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|---|--|-----------------------------------|
| Last Name Brown | First Wendy | MI | Contribution ID # 0150 |
| Residential Street Address 337 Colebrook River Rd | City Colebrook | State CT | Zip Code 06021 |
| Principal Occupation Manager | Name of Employer Education connection | | |
| 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 12/19/2025 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|---|--|-----------------------------------|
| Last Name Brown | First Donovan | MI | Contribution ID # 0151 |
| Residential Street Address 337 Colebrook River Rd | City Colebrook | State CT | Zip Code 06021 |
| Principal Occupation Tree work | Name of Employer Browns tree service | | |
| 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 12/19/2025 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| CASE2026 | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|---|---|---|--|
| Last Name Sundie | First Tara | MI | Contribution ID # 0152 |
| Residential Street Address 152 Spencer Hill Rd | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Program Manager | Name of Employer Hartford Foundation for Public Giving | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 12/19/2025 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|---|---|---|--|
| Last Name Kennedy | First Kate | MI | Contribution ID # 0153 |
| Residential Street Address 1 Center Brook Rd | City Colebrook | State CT | Zip Code 06021 |
| Principal Occupation Body worker | Name of Employer Equine Muscle Therapy | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|---|---|---|--|
| Last Name Morelduboil | First Lucy | MI | Contribution ID # 0154 |
| Residential Street Address 49 Bunnell St | City Colebrook | State CT | Zip Code 06021 |
| Principal Occupation Teacher | Name of Employer American School for the Deaf | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|---|---|---|--|
| Last Name Dutton | First Jeffrey | MI | Contribution ID # 0155 |
| Residential Street Address 821 E Wakefield Blvd | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Contractor | Name of Employer Dutton Builders | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 \$5.00 |
| | | Amount of Contribution \$5.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| CASE2026 | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|---|---|-----------------------------------|
| Last Name Napoleone | First Ruthie | MI | Contribution ID # 0156 |
| Residential Street Address 132 Williams Ave | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation College counselor | Name of Employer Frederick Gunn 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"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/20/2025 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|---|---|-----------------------------------|
| Last Name Scherer | First Michael | MI | Contribution ID # 0157 |
| Residential Street Address 16 Laurel St | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Luthier | Name of Employer Gewa Music USA | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 12/20/2025 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|---|---|-----------------------------------|
| Last Name Scherer | First Sandi Lynn | MI | Contribution ID # 0158 |
| Residential Street Address 16 Laurel St | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Alumni Director | Name of Employer W.L Gilbert Trust Corporation | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|---|---|-----------------------------------|
| Last Name Ruwet | First Anne | MI | Contribution ID # 0159 |
| Residential Street Address 1600 Tarringford St | City Torrington | State CT | Zip Code 06790 |
| 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 \$5.00 |
| | | Amount of Contribution \$5.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| CASE2026 | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|-----------------------------|---|-----------------------------------|
| Last Name Daigle | First Harris | MI | Contribution ID # 0160 |
| Residential Street Address 113 Buena Vista Ave | City Torrington | State CT | Zip Code 06790 |
| Principal Occupation Retirrd | 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 12/28/2025 |
| | | Aggregate Contributions \$20.00 | Amount of Contribution \$20.00 |

| | | | |
|--|---|---|-----------------------------------|
| Last Name Kijek | First Carol | MI | Contribution ID # 0161 |
| Residential Street Address 304 E Wakefield Blvd | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Dir of Legal Affairs | Name of Employer Bartlett Tree Experts | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 12/28/2025 |
| | | Aggregate Contributions \$20.00 | Amount of Contribution \$20.00 |

| | | | |
|--|-----------------------------------|---|----------------------------------|
| Last Name Beadle | First Joseph | MI | Contribution ID # 0162 |
| Residential Street Address 284 Florence St | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation Consultant | Name of Employer Jensen Hughes | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 12/28/2025 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

| | | | |
|--|--------------------------|---|-----------------------------------|
| Last Name Rouleau | First Brigitte | MI | Contribution ID # 0163 |
| Residential Street Address 136 Shore Dr | City Winsted | State CT | Zip Code 06098 |
| Principal Occupation IT leadership | Name of Employer Otis | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section 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 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| CASE2026 | January 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|---|--|---|------------------------------------|
| Last Name Hermenau | First Jason | MI | Contribution ID # 0164 |
| Residential Street Address 325 Colebrook Rd | City Winchester | State CT | Zip Code 06098 |
| Principal Occupation Dispatcher | 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 12/30/2025 | Aggregate Contributions \$20.00 |
| | | | Amount of Contribution \$20.00 |

| | | | |
|--|--|--|-------------------|
| Total of Section B | | | \$6,720.00 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Total on Line 14, Column A of Summary Page) | | | \$6,720.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| CASE2026 | January 10 Filing - Original |

C1. Contributions from Other Committees

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

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

I. MONETARY RECEIPTS (Section A-I)

| | | | | | |
|--|-------------|----------|---|------------------------------|-------------------|
| NAME OF COMMITTEE | | | | TYPE OF REPORT | |
| CASE2026 | | | | 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 | |
| CASE2026 | | | | January 10 Filing - Original | |
| D. Loans Received this Period | | | | | |
| Name of Lender | | Source of Loan: Bank Candidate Individual Other | | | Date of Receipt |
| Street Address | | City | State | Zip Code | Is there a cosigner or Guarantor of this loan? Yes No |
| Name of Cosigner/Guarantor (if applicable) | | | | | Amount Received |
| Street Address | | City | State | Zip Code | |
| Total of Section D | | | | | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|-------------------|------------------------------|
| NAME OF COMMITTEE | TYPE OF REPORT |
| CASE2026 | January 10 Filing - Original |

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

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

I. Monetary Receipts (Section A-I)

| | |
|-------------------|------------------------------|
| NAME OF COMMITTEE | TYPE OF REPORT |
| CASE2026 | 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 |
| CASE2026 | January 10 Filing - Original |

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

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

I. MONETARY RECEIPTS (Section A-I)

| | |
|-------------------|------------------------------|
| NAME OF COMMITTEE | TYPE OF REPORT |
| CASE2026 | 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 |
| CASE2026 | 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 |
| CASE2026 | January 10 Filing - Original |

J3. In-Kind Donations Not Considered Contributions

Name of the Donor

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

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

Total of Section J3

II. EVENT ACTIVITY (Sections J1 - J4)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| CASE2026 | 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 |
| CASE2026 | 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 |
| CASE2026 | 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 |

Total of Section L

IV. EXPENDITURES (Sections N - S)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| CASE2026 | January 10 Filing - Original |

N. Expenses Paid By Committee

| | | | | |
|--|---|----------------------------------|---|-------------------|
| Name of Payee Dustin Bingham | | Date of Payment 12/27/2025 | Method of Payment <input checked="" type="checkbox"/> Check # <u>90</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 165 Lake Harwinton Rd | | City Harwinton | State CT | Zip Code 06791 |
| Purpose of Expend RMB | Description USPS Stamp Reimbursement | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | \$312.00 |

| | | | | |
|--|---|----------------------------------|---|-------------------|
| Name of Payee Dustin Bingham | | Date of Payment 12/27/2025 | Method of Payment <input checked="" type="checkbox"/> Check # <u>90</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 165 Lake Harwinton Rd | | City Harwinton | State CT | Zip Code 06791 |
| Purpose of Expend RMB | Description Postage Supplies Reimbursement | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | \$93.67 |

Total of Section N**\$405.67**

| 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 | |
| CASE2026 | | | | | January 10 Filing - Original | |
| P. Expenses Incurred on Committee Credit Card | | | | | | |
| Name of Issuing Institution | | | | Type of Credit Card: Visa Master Card Discover American Express Other | | |
| Name of Vendor | | | | | Date of Transaction | |
| Street Address | | | City | | State | Zip Code |
| Purpose of Expenditure (by code) | | Description | | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Yes No | Expenditure # (if applicable) | | Event # | |
| If yes, assign an Expenditure # and complete Itemization in Addendum | | | | | | |
| Total of Section P | | | | | | |

IV. EXPENDITURES (Sections N - S)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| CASE2026 | 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 (bv 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 |
| CASE2026 | January 10 Filing - Original |

R. Itemization of Reimbursements and Secondary Payees

| | | | | |
|---|-----------------|----|---|---|
| Last Name of Worker/Consultant Bingham | First Dustin | MI | Date of Payment to Vendor 12/27/2025 | Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 90 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
|---|-----------------|----|---|---|

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

| | | | |
|---|-----------------|-------------|-------------------|
| Street Address of Vendor 151 N Main St | City Bristol | State CT | Zip Code 06010 |
|---|-----------------|-------------|-------------------|

| | |
|--|---|
| Purpose of Expenditure (by code) POST | Description USPS Stamp Reimbursement |
|--|---|

| | | | |
|---|-------------------------------|---------|--------------------|
| 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 \$312.00 |
| If yes, assign an Expenditure # and completes Itemization in Addendum R | | | |

| | | | | |
|---|-----------------|----|---|---|
| Last Name of Worker/Consultant Bingham | First Dustin | MI | Date of Payment to Vendor 12/27/2025 | Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 90 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
|---|-----------------|----|---|---|

| |
|--|
| Name of Vendor Paid by Committee Worker/Consultant Dollar General Store |
|--|

| | | | |
|--|-----------------|-------------|-------------------|
| Street Address of Vendor 106 North St | City Bristol | State CT | Zip Code 06010 |
|--|-----------------|-------------|-------------------|

| | |
|--|---|
| Purpose of Expenditure (by code) OFFICE | Description Postage Supplies Reimbursement |
|--|---|

| | | | |
|---|-------------------------------|---------|-------------------|
| 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 \$93.67 |
| If yes, assign an Expenditure # and completes Itemization in Addendum R | | | |

| | |
|---------------------------|-----------------|
| Total of Section R | \$405.67 |
|---------------------------|-----------------|

IV. EXPENDITURES (Sectuibs N - S)

| | | | | |
|---|------|------------------------------|----------|----------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | TYPE OF REPORT | | |
| CASE2026 | | January 10 Filing - Original | | |
| S. Surplus Distribution of Equipment and Furniture | | | | |
| Name of Recipient | | | | |
| Street Address | City | State | Zip Code | Original Purchase Amount of Item |
| Description of Item | | | | |
| Total of Section S | | | | |

Section J4. ADDENDUM

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

Section N. ADDENDUM

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

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

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

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